

Issue Paper

DATE: September 12, 2022

AGENDA ITEM (ACTION ITEM):

Consider/Approve Child Care Food Program Meal Service Agreement between Student Nutrition and Learning Grove at Summit View Academy.

<u>APPLICABLE BOARD POLICY</u>: Legal Status of the Board 01.1

HISTORY/BACKGROUND:

Summit View Student Nutrition will provide approximately fifteen school breakfasts and fifteen school lunches per day to students enrolled in Learning Grove. Meals will be served on days the cafeteria is in operation, following the school calendar. Per the agreement terms meals will be billed at the approved 2022-2023 adult meal pricing.

FISCAL/BUDGETARY IMPACT: None.

RECOMMENDATION:

Approval to execute the Child Care Food Program Meal Service Agreement with Learning Grove.

<u>CONTACT PERSON</u>: Elizabeth Hord

Principal/Administrator

District Administrator

Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda. Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.

Child Care Food Program Meal Service Agreement With District School Board/School Food Service

Name of Sponsor/Institution:						
Contact Person:	boo lilat	ing brove	Pho	Phone No. 259-121-2075		
Address:	mawa	.3U1		001-1	012010	-
333	Madison	AVENUE			ne oran a data da ante	
Consina	top. hu	HIDII	00448 0201210			
The Kenton	COVNH school	District Food Service ag				
(Date)	(Date)	ept for holidays or oth	ner days of in-operat	ion complete with r	equired (indicate be	low):
(Date)	(Date)		paper pro	ducts	_ condiments	milk
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Meal Type/Age	Estimated	Estimated No. of	Unit Price per	Total Price	Delivery or	
	Total No. of	Serving Days per	Meal		Pick-up	
Due al 6 - at / 1 - 1 *	Meals Per Day	Year	200	\$\$5925	Time	
Breakfast(1-5)*	15	2,310	2.50	#5925	TBD	
Breakfast(6-12) AM Snack(1-5)*						
AM Snack(1-3)						
Lunch(1-5)*	15	2.370	4.50	#10,665	TRD	
Lunch(6-12)	10	6,510	10 10	110,000		
PM Snack(1-5)*						
PM Snack(6-12)					1	
Ensure meals will me Provide meals in: Prepare meals for: _ Provide delivery slips Submit billing invoice Maintain receipts and These records will be the Kentucky Office of Sponsor/Institution <u>E Kenton (OUNK</u>)	et or exceed the Ch bulk oru pick up by ce using the KY CACFI e for payment by the d cost determinatio made available to of the Inspector Ger agrees to pay for n School District For	enter or delive P delivery slip form or e5 n records for a period the KY CACFP, represe	od Program Meal F ry by School Distric equivalent. of each month to r of 3 years after th ntatives of the U.S ove unit price(s) wi eals provided are s	et Food Service at f mailing address pro- e end of the agree . Department of A thin <u>30</u> afe and wholesom	the time(s) indicat ovided by center. ement period to w griculture, the chi days of receipt of ne, but that any lia	hich they pertain. ild care center and invoice. ability is severed upon
WITNESS WHEREOF,	the parties hereto l	have caused said agree		ted by their duly a	uthorized officers	i.
Authorized Signature Date		By: Authorized Signature		Date		
Title			Title			
Child Care Center			School District Food Service			