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

Name of Spansor/les		Vith District Schoo	ol Board/Sch		Food Service		
Name of Sponsor/Institution: Northern Kentucky Community Action Commission Head Start/Early He				1149	_		
437 W. 9 <sup>th</sup> Street, Ne	,	Phone No. 859-655-1151					
Site: Dayton H	Head Start						
701 Fifth Avei		KV 41074					
		ood Service agrees to fu	rnish meals dail	v to th	ne above child care o	center for the peri	l od from:
		nolidays or other days of			te with required (inc	dicate below):	
*AGES 1-5 M	EALS BASED ON PO	ORTION SIZES FOR AG	_x Paper <b>ES 3-5.</b>	prod	uctsx	condiments	x milk
Meal Type/Age	Estimated	Estimated No. of Unit Price		per Total Price		Delivery or	
71 0	Total No. of	Serving Days per	Meal			Pick-up	
	Meals Per Day	Year				Time	
Breakfast(1-5)*	20 student+ 3	140	\$2.75 stud	ent/	\$64.00/day	8:30 a.m.	
	Staff		\$3.00 staff				
Lunch(1-5)*	20 Student + 3	140	\$4.50		\$105.00/day	11:30 a.m.	
	staff		student/\$5	00.	, ,		
			staff				
PM Snack(1-5)*	20 Student +3	140	\$1.10		\$25.75/day	1:30 p.m.	
	Staff		student/\$1.2				
			staff				
nonthly invoice.	or whole wheat,	gram nen produc	its, cereais,	yogu	arts and combi	nation 100us	must be sent with
ovide meals in:X	( bulk orun	itized					
epare meals for:	pick up by cei	nter orx deliver	y by School Di	strict	Food Service at th	ne time(s) indica	ted above.
ovide delivery slips	using the KY CACFP	delivery slip form or e	equivalent.				
ubmit billing invoice	for payment by the	5th	of each montl	n to n	nailing address pro	ovided by center	·.
aintain receipts and	cost determination	records for a period	of 3 years afte	r the	end of the agreer	nent period to w	which they pertain.
nese records will be	made available to t	he KY CACFP, represer	ntatives of the	U.S.	Department of Ag	riculture, the ch	ild care center and
ne Kentucky Office o	f the Inspector Gen	eral.					
Sponsor/Institution	agrees to pay for m	eals based on the abo	ove unit price(s	s) wit	hin 30 days of rece	eint of invoice.	
•				-		•	y liability is severed up
	_		•				n a 30 day notification.
•		ave caused said agree	•	•	•		•
			by:				
Authorized Signature		Date		Authorized Signature			Date
	Title				Title		
					C. L.		
Child Care Center			School District Food Service				