

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

| | |
|----------------------------------------------------------------------------------|----------------------------------|
| Name of Sponsor/Institution: Central Ky Head Start (West Main Head Start) | CNIPS ID: 11400 |
| Contact Person: Nicole Burchell (nicole.burchell@ckyhs.org) | Phone No.: (270) 795-4301 |
| Address: 356 West Main Street, Lebanon, KY 40033 | |

The Marion County School District Food Service agrees to furnish meals daily to the above childcare center for the period from: 8/1/24 to 9/30/25, except for holidays or other days of in-operation complete with required (indicated below):

_____ paper products _____ condiments ___X___ milk

| Meal Type/Age | Estimated Total No. of Meals per Day | Estimated No. of Serving Days per Year | Unit Price per Meal | Total Price | Delivery or Pick-Up Time |
|-----------------|--------------------------------------|----------------------------------------|---------------------|-------------|--------------------------|
| Breakfast(1-2) | | | | | |
| Breakfast(3-5) | | | | | |
| Breakfast(6-12) | | | | | |
| AM Snack(1-2) | | | | | |
| AM Snack(3-5) | | | | | |
| AM Snack(6-12) | | | | | |
| Lunch(1-2) | | | | | |
| Lunch(3-5) | 38 | 144 | \$4.00 | \$21,888.00 | 10:45am |
| Lunch(6-12) | | | | | |
| PM Snack(1-2) | | | | | |
| PM Snack(3-5) | | | | | |
| PM Snack(6-12) | | | | | |

The Marion County School District Food Service agree to:

- Ensure meals will meet or exceed the Child and Adult Care Food Program Meal Pattern for Children (attached).
- Provide meals in: ___X___ bulk or _____ unitized
- Provide meals for: ___X___ pick up by center or _____ delivery by School District Food Service at the time(s) indicated above.
- Provide delivery slips using the KY CACFP delivery slip form.
- Submit billing invoice payment by the ___5th___ of each month to the mailing address provided.
- Maintain receipts and cost determination records for a period of 3 years after the end of the agreement period to which they pertain. These records will be made available to the KY CACFP, representative of the U.S. Department of Agriculture, the childcare center and the Kentucky Office of the Inspector General.

The sponsor/Institution agrees to pay for meals based on the above unit price(s) within ___30___ days of receipt of invoice. The Bethlehem High School District Food Service warrants meals provided are safe and wholesome, but that liability is severed upon receipt of meals. If for any reason this agreement is no longer desired, either party may terminate these services with a 2-week notification.

In witness whereof, the parties hereto have caused said agreement to be executed by their duly authorized officers.

By:  5-7-24

 Authorized Signature Date

 Title
CENTRAL KY HEAD

 Child Care Center
START

By: _____

 Authorized Signature Date

 Title

 School District Food Service

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

| | |
|--------------------------------------------------------------------------------|----------------------------------|
| Name of Sponsor/Institution: Central Ky Head Start (Lebanon Head Start) | CNIPS ID: 11400 |
| Contact Person: Nicole Burchell (nicole.burchell@ckyhs.org) | Phone No.: (270) 692-4291 |
| Address: 1081 Corporate Drive, Lebanon, KY 40033 | |

The Marion County School District Food Service agrees to furnish meals daily to the above childcare center for the period from: 8/1/24 to 9/30/25, except for holidays or other days of in-operation complete with required (indicated below):

_____ paper products _____ condiments ___X___ milk


| Meal Type/Age | Estimated Total No. of Meals per Day | Estimated No. of Serving Days per Year | Unit Price per Meal | Total Price | Delivery or Pick-Up Time |
|-----------------|--------------------------------------|----------------------------------------|---------------------|-------------|--------------------------|
| Breakfast(1-2) | | | | | |
| Breakfast(3-5) | | | | | |
| Breakfast(6-12) | | | | | |
| AM Snack(1-2) | | | | | |
| AM Snack(3-5) | | | | | |
| AM Snack(6-12) | | | | | |
| Lunch(1-2) | 8 | 144 | \$4.00 | \$4,608.00 | 10:45am |
| Lunch(3-5) | 72 | 144 | \$4.00 | \$41,472.00 | 10:45am |
| Lunch(6-12) | | | | | |
| PM Snack(1-2) | | | | | |
| PM Snack(3-5) | | | | | |
| PM Snack(6-12) | | | | | |

The Marion County School District Food Service agree to:

- Ensure meals will meet or exceed the Child and Adult Care Food Program Meal Pattern for Children (attached).
- Provide meals in: ___X___ bulk or _____ unitized
- Provide meals for: ___X___ pick up by center or _____ delivery by School District Food Service at the time(s) indicated above.
- Provide delivery slips using the KY CACFP delivery slip form.
- Submit billing invoice payment by the ___5th___ of each month to the mailing address provided.
- Maintain receipts and cost determination records for a period of 3 years after the end of the agreement period to which they pertain. These records will be made available to the KY CACFP, representative of the U.S. Department of Agriculture, the childcare center and the Kentucky Office of the Inspector General.

The sponsor/Institution agrees to pay for meals based on the above unit price(s) within ___30___ days of receipt of invoice. The Bethlehem High School District Food Service warrants meals provided are safe and wholesome, but that liability is severed upon receipt of meals. If for any reason this agreement is no longer desired, either party may terminate these services with a 2-week notification.

In witness whereof, the parties hereto have caused said agreement to be executed by their duly authorized officers.

By:  5-7-24
 Authorized Signature Date
CE NORA KY HEAD START
 Title Child Care Center

By: _____
 Authorized Signature Date

 Title School District Food Service