

Issue Paper

DATE:

11-11-25

AGENDA ITEM (ACTION ITEM):

Consider/Approve a six month (instead of annual) sales order renewal between Kenton County Student Nutrition and Nutrislice.

APPLICABLE BOARD POLICY:

Powers and Duties of the Board of Education 01.1

HISTORY/BACKGROUND:

Nutrislice is an online platform to deliver menus to the Kenton County School District community. Nutrislice provides access to menus, nutrition information, and allergen information through the website or smartphone application. The School and Community Nutrition division of the Kentucky Department of Education (KDE) has begun offering Mosaic Back of House (BOH) software, that will provide these functions, at no charge. Not only is it fiscally responsible to change to the software that does not cost the department money, but our district has already been utilizing Mosaic Point of Sale (POS) software for several years. Thus, the BOH software will coincide with our current POS software, and KDE is offering support during the transition. The BOH software has already been piloted and implemented in the first group of Kentucky school districts; KCSD is in the second group. Importing and data entry for the Mosaic BOH software began in October 2025 in our district and should be complete within the next several months. The shortest contract renewal with Nutrislice is six months, which will provide the needed support in the transition to full implementation of Mosaic BOH.

FISCAL/BUDGETARY IMPACT:

Six month subscription fee to be paid by Student Nutrition is \$3,068.22.

RECOMMENDATION:

Approval to renew the sales order for six months between Kenton County Student Nutrition and Nutrislice.

CONTACT PERSON:

Jennifer Notton, Director of Student Nutrition

rincipal/Administrator District Administra

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.









Ref. #: 47462

Sales Order

Renewal

Overview

This Sales Order constitutes a contract between Kenton County SD ("Client") and Nutrislice, Inc. ("Nutrislice") for the purchase and provision of the Software, Services, and/or Products described below.

Contact Information

| Nutrislice | Kenton County SD | | | | |
|---|---|--|--|--|--|
| Contact Name: Erica Onstad | Contact Name: Jennifer Notton | | | | |
| Email: erica@nutrislice.com Email: jennifer.notton@kenton.kyschools.us | | | | | |
| Phone: | Phone: 8599572687 | | | | |
| Address: 1550 Wewatta Street #200 Denver, Colorado 80202 United States | Address: 1055 EATON DR FT WRIGHT, Kentucky 41017-9655 United States | | | | |

CONFIDENTIALITY NOTICE: As further provided in the Terms and Conditions referenced below, proprietary information included in this Sales Order, including but not limited to pricing and product information, is confidential, except to the extent Client is a public (or publicly funded) entity and disclosure is required by applicable law.

Sales Order Overview

Term

Term Length:

6 Months

Start Date:

December 1, 2025

End Date:

May 31, 2026

Next Renewal Date:

June 1, 2026

Billing

Payment Terms:

Net 30

Initial Invoice Date:

December 1, 2025

Billing Frequency: Annual Billing Date:

Annually

June 1

COST SUMMARY

Initial Invoice Amount:

\$6,136.44

Total Contract Amount*:

\$3,068.22

Annual Subscription Fees*:

\$6,136,44

^{*} Calculated based on purchases in this Sales Order only – subject to change with any additional purchases and upon renewal.

Purchase Details

Nutrislice agrees to provide the Software, Services, and/or Products and Client agrees to pay the corresponding amounts as provided in the following table(s)**:

| Subscription Fees – Recurring | | | |
|-------------------------------|-----|--|---------------------------------------|
| DESCRIPTION | QTY | UNIT PRICE (12 months) | INVOICE AMOUNT (Initial 12 months) |
| Nutrislice Menus - Pro | 1 | \$6,136.44 Per Each | \$6,136.44 |
| | | SUBSCRIPTIONS SUBTOTAL For Initial 12 months | \$6,136.44 |
| | | SALES ORDER SUBTOTAL Term of 6 months | \$3,068.22 |

Following the initial invoice, subsequent recurring Subscription fees are due annually and are subject to annual inflationary price increases. Unless the parties have agreed otherwise, purchased Subscriptions will be directly incorporated into any future renewal, subject to applicable pricing at that time.

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^{**} Unless otherwise provided in this Sales Order and/or its Terms and Conditions, all purchases are non-cancellable, non-returnable (as applicable), and committed to by Client upon execution of this Sales Order.

Terms and Conditions

Nutrislice's agreement to provide the Software, Services, and/or Products purchased hereunder is subject to and conditioned upon Client's agreement to and compliance with the terms, conditions and obligations (collectively, the "Terms and Conditions") provided in the following agreement(s), which shall hereby be incorporated into this Sales Order by reference:

> the terms and conditions provided or referenced in the contract between Client and Nutrislice dated December 1, 2024.

[Signature Page Follows]

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APPROVAL

By affixing my signature, I do hereby accept and agree, on behalf of the party named below, to this Sales Order, including the Terms and Conditions provided or incorporated by reference above and any attachments provided herewith, and do hereby acknowledge that I have full authority to do so.

| For Kenton County SD: | For Nutrislice, Inc.: Stanton Aydlett, CFO or other authorized signer | | | | | |
|---|--|------------|-------|------|--------------|----|
| Signature | | | | | | |
| Name | | | | | e e | |
| Title | Date | | | | | |
| Date | | | | | | |
| Client Billing Information | | | | | | |
| Billing Contact Name/Dept: | | | | | | |
| Billing Email Address: | | | | | | |
| Tax-Exempt? (Yes/No)* | | | | | | |
| *If your organization is tax exempt, please forward the appropriate billing@nutrislice.com upon full execution of this sales order. | tax-exempt o | ertificate | for y | our/ | jurisdiction | to |
| PO Required? (Yes/No): | | | | | | |
| PO # (if required): | | | | | | |

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