

Year 20 16

RENEWAL OF CACFP VENDOR CONTRACT (to Provide Meals and/or Snacks)

1. This is an extension of the signed Vendor Contract to Provide Meals and/or Snacks between the

	Institution (Center/Sponsor)	Food Service Management Co. (Vendor)
Name:	<u>Dona Ana County Head Start NMS</u>	<u>Gadsden Independant School Distr</u>
Address:	<u>P.O. Box 30001, Dept. 3R, Las Cr</u>	<u>P.O. Drawer 70, Anthony, NM 8802</u>
Phone Number:	<u>575-647-8733x111</u>	<u>575-882-6771</u>
Contact Person:	<u>Amanda Gibson Smith</u>	<u>Mr. Demetrious P. Giovas</u>

2. This extension is in effect from 9 / 1 / 15 to 5 / 12 / 16 and may be terminated by mutual consent or by either party for reasons of cause with at least 30 days' notice. *Head Start*

3. Unit price per meal to be paid by the Center/Sponsor to the Vendor: Meals include milk
(check one) Yes No The rates are listed below:

	<u>Current price per meal</u>	<u>New price per meal</u>
4. Breakfast:	\$ _____ each	<i>Breakfast:</i> \$ <u>1.99</u> each
Lunch/Supper:	\$ _____ each	Lunch: \$ <u>3.24</u> each
Snack:	\$ _____ each	Snack: \$ <u>.84</u> each
Total*	\$ _____	Total* \$ <u>6.07</u>

**New total may NOT exceed 3% of current price per meal total (see instructions)*

5. The original contract was in effect from 9 / 2 / 14 to 5 / 8 / 15 and may be extended three times. This is the: *Head Start*

(Check one):

First Extension Second Extension _____ Third & Final Extension _____

6. **Certification by Center/Sponsor authorized representative:** By signing this document the Organization agrees to extend the contract under the same terms and conditions as previously agreed and in accordance with the new price per meal indicated above.

7. **Certification by FSM (Vendor) representative:** By signing this document the Vendor agrees to extend the contract under the same terms and conditions as previously agreed and in accordance with the new price per meal indicated above.

Print Name: Amanda I. Gibson Smith
 Signature: *Amanda I. Gibson Smith*
 Title: Director
 Date: July 22, 2015
 Phone: 575-647-8733x111

Print Name: _____
 Signature: _____
 Title: _____
 Date: _____
 Phone: _____

(Attach copy of current permits, cycle menus and a sample delivery invoice used for recording cost)