

Head Start

Agreement # 0169

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</u>	<u>Gadsden Independent School Dist</u>
Address:	<u>P.O. Box 30001, Dept. 3R, 88003</u>	<u>P.O. Drawer 70, 88021</u>
Phone Number:	<u>Las Cruces, NM 575-647-8733</u>	<u>Anthony, NM 575-882-6771</u>
Contact Person:	<u>Amanda Gibson-Smith</u>	<u>Jacqueline Aguilar & Maria Guerra</u>

2. This extension is in effect from 8 / 29 / 16 to 5 / 11 / 17 and may be terminated by mutual consent or by either party for reasons of cause with at least 30 days' notice.

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:	\$ <u>1.99</u> each	Lunch: \$ <u>2.04</u> each
Lunch/Supper:	\$ <u>3.24</u> each	Lunch/Supper: \$ <u>3.33</u> each
Snack:	\$ <u>0.80</u> each	Snack: \$ <u>0.84</u> each
Total*	\$ <u>6.03</u>	Total* \$ <u>6.21</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:

(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 Gibson-Smith

Signature: 

Title: Director, DACHS

Date: Friday, 7/22/2016

Phone: 575-647-8733 extension 111

Print Name: _____

Signature: _____

Title: GISD Nutrition Program Director

Date: Friday, 7/22/2016

Phone: 575-882-6775

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