

Year 20 1 9

Agreement # 0645

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>Little Tumbleweed Daycare Too</u>	<u>GISD</u>
Address:	<u>253 Chimuri La Mesa NM 88044</u>	<u>PO Drawer 70 Anthony NM 88021</u>
Phone Number:	<u>575-312-6364</u>	<u>575-882-6771</u>
Contact Person:	<u>Sheri Seay</u>	<u>Maria Guerra</u>

2. This extension is in effect from 10 / 01 / 2019 to 9 / 30 / 2020 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>2.09</u> each	Breakfast: \$ <u>2.22</u> each
Lunch/Supper:	\$ <u>3.40</u> each	Lunch/Supper: \$ <u>3.50</u> each
Snack:	\$ <u>.88</u> each	Snack: \$ <u>.90</u> each
Total*	\$ <u>6.37</u>	Total* \$ <u>6.62</u>

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

5. The original contract was in effect from 10 / 01 / 2017 to 9 / 30 / 18 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: Sheri Seay

Signature: _____

Title: Owner/CEO

Date: 9/5/2018

Phone: 575-312-6364

Print Name: Maria Guerra

Signature: _____ 8/15/19

Title: SNP Director

Date: _____

Phone: 575-882-6295

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