

**ILLINOIS STATE BOARD OF EDUCATION**

Nutrition and Wellness Programs Division  
100 North First Street, W-270  
Springfield, Illinois 62777  
Fax: 217-524-6124

**Child and Adult Care Food Program (CACFP)  
SCHOOL AGREEMENT TO FURNISH FOOD SERVICE**

**INSTRUCTIONS:** This agreement is to be completed and signed by representatives from both parties. **A copy is to be returned to the above address.** The school agreement must accompany the Site Information Sheet(s) that is part of the fiscal year Child and Adult Care Food Program annual application renewal. Inform the school official of the following:

1. The quoted meal rate(s) should be on a full-cost recovery basis, including the value of government-donated commodities used, and
2. The meals included in this agreement will be claimed by your organization under the Child and Adult Care Food Program. These meals cannot be claimed by the school under the National School Lunch Program.

**CACFP SPONSORING ORGANIZATION DATA**

NAME OF SPONSORING ORGANIZATION	AGREEMENT NUMBER	TELEPHONE NUMBER (Include Area Code)
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ADDRESS (Street, City, State, Zip Code)	SPONSORING ORGANIZATION CONTACT
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**SCHOOL DATA**

NAME OF SCHOOL	CONTACT PERSON
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ADDRESS (Street, City, State, Zip Code)	TELEPHONE NUMBER (Include Area Code)
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**TERMS OF AGREEMENT**

**THIS AGREEMENT** is made and entered into by and between the \_\_\_\_\_  
*Name of School*

and the \_\_\_\_\_  
*Name of Institution*

**WHEREAS** the facilities of the institution are not adequate for preparing and serving meals to children, while the facilities of the school are adequate to serve meals to children at the institution the school agreed to supply unitized meals. **(Check one)**

**Inclusive** OR  **Exclusive** of milk to the institution with end for the rates herein listed:

Rates for each of the following: →

BREAKFAST*	LUNCH*	SUPPLEMENTS*	SUPPERS*
\$	\$	\$	\$

It is further agreed that the school, pursuant to the provisions of the Child and Adult Care Food Program regulations will assure that said meals meet the minimum requirements as to portion size and content and will maintain full and accurate records that the institution will need to meet its responsibility including the following:

1. Menu records, including amount of food prepared
2. Meals, daily number of meals delivered by type of meal

To ensure sufficient time is allowed for the institution to prepare and submit their Claim for Reimbursement to meet the federal government's submission deadline, the school agrees to submit an itemized invoice for all meals provided to the institution within 30 days of the last day of each month or the final day of the program. The school agrees to deposit payments from the institution into its nonprofit food service account. The school also agrees to retain records required under the preceding clauses for a period of three years after the end of the fiscal year to which they pertain and, upon request, to make all accounts and records pertaining to the program available to representatives of the U.S. Department of Agriculture and the General Accounting Office for audit or administrative review at a reasonable time and place.

This agreement shall be effective as of \_\_\_\_\_ and expire \_\_\_\_\_  
*Month/Day/Year* *Month/Day/Year*

This contract can be terminated for cause by notice in writing by the institution or school food authority with a 60-day written notification.

*\*Rates quoted should, at a minimum, recover all costs including the value of government-donated foods used.*

**ACCEPTANCE OF AGREEMENT**

SCHOOL REPRESENTATIVE	SPONSORING ORGANIZATION REPRESENTATIVE
_____ Signature of School Representative	_____ Signature of Sponsoring Organization Representative
_____ Printed Name of School Representative	_____ Printed Name of Sponsoring Organization Representative
_____ Date Signed	_____ Date Signed