VENDOR CONTRACT ADULT CARE FOOD PROGRAM

Purpose—This is a contract to furnish meals (unitized, if applicable) to be served to adults participating in the Adult Case Food Program (ACIP), a component of the Child and Adult Case Food Program established by the United States Department of Agriculture (7 CFR, Part 226), administered by the Florida Department of Elder Affairs. It sets forth the terms and conditions applicable to the proposed procurement. Upon acceptance, this document and its required attachments shall constitute the contract between the vendor and the institution named herein. The Caterier may not subcontract for the total meal or the assembly of the meal. Subcontracting includes producing food from any kitchen other than from the location stated in Section 3 of this contract. The institution is entitled to change the number of meals ordered with 24-hour advance cootice. Increases and decreases in the number of meal orders may be made by the institution, as needed, within a prior notice period grunnally agreed upon in the contract.

ACEP Provider: Complete Parts 1. 2,3 and 7: Vendor: Complete Parts 4,	5 and 6. DOEA/ACTP Representative: Complete Part 8.
1. Contract Issued by:	
Brevard Alzheimer's Foundation, Inc.	
Name of Institution/ACFP Provider	Telephone: (321) 2534430
Address: 4676 N. Wickham Road	Fax: (321) 253 - 1993
City/State: Melbourne, FL Zip 32935	Email addressttimmermann@brevardalz.org
OTHER CONTRACT OPTIONS	
2Initial Vendor Contract X1 st year Contract Renewal Option exercised 2 nd year Contract Renewal Option exercised The following attachments are required:	
A. Debarment & Suspension Certification recently completed and signed by Vendor. B. Copy of Vendor's current food-service Inspection Report from licensing agency, with any needed explanations. — C. Vendor's current license to operate a food-service facility. D. Current 28-day cycle of menus for each type of meal service vended.	
VENDOR INFORMATION	
3. The accumulation of 12 high priority violations in 12 calendar months, beginning July 1 through June 30, and/or closure (temporary or permanent) issued by DBPR will result in immediate termination of this contract & subsequent removal from the ACFP catering list. Name of Approved Food Service Company:	4. Price per Mesl (Including Tax)
Brevard Community Kitchen	Breakfast: \$
Kitchen Address: 455 Rosa L Jones Drive	Supplement (Snack) AM: \$PM: S
City/State: Cocoa, FL Zip: 32922	Lunch: \$ 3.25
5. Contract Commence Date: 10 / 1 / 2019	Supper: \$
Contract Expiration Date: 0 9 30 20 20	6. Signature: Cateror Owner or Authorized Designee
ACCEPTANCE BY UNSTITUTION/ACFP PROVIDER # 149	
7. Signature: Board President or Authorized Designee Witness: How a Name: Find May Connecretary	
FLORIDA DEPARTMENT OF ELDER AFFAIRS/ACFP APPROVAL	
8. Period of Provider Contract: 10/1/19 9/30/20 Approved Date: 9/4/19 Denied Date:	