

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 Care Food Program (ACFP), a component of the Child and Adult Care 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 Caterer 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 notice. Increases and decreases in the number of meal orders may be made by the institution, as needed, within a prior notice period mutually agreed upon in the contract.

Please Type or Print Clearly (in Ink)

ACFP Provider: Complete Parts 1, 2, 3 and 7. **Vendor:** Complete Parts 4, 5 and 6. **DOEA/ACFP Representative:** Complete Part 8.

<p>1. Contract Issued by: <u>Brevard Alzheimer's Foundation Inc.</u> Name of Institution/ACFP Provider</p> <p>Address: <u>4676 N. Wickham Rd.</u></p> <p>City/State: <u>Melbourne, FL</u> Zip: <u>32935</u></p>	<p>Telephone: (321) <u>253</u> - <u>4430</u></p> <p>Fax: (321) <u>253</u> - <u>1993</u></p> <p>Email address: <u>timmermann@brevardalz.org</u></p>
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OTHER CONTRACT OPTIONS

2. Initial Vendor Contract
 1st year Contract Renewal Option exercised
 2nd 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

<p>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.</p> <p>Name of Approved Food Service Company: <u>Brevard Community Kitchen</u></p> <p>Kitchen Address: <u>455 Rosa L. Jones Dr</u></p> <p>City/State: <u>Cocoa, FL</u> Zip: <u>32922</u></p>	<p>4. Price per Meal (Including Tax)</p> <p>Breakfast: \$ _____</p> <p>Supplement (Snack) AM: \$ _____ PM: \$ _____</p> <p>Lunch: \$ <u>3.40</u></p> <p>Supper: \$ _____</p>
<p>5. Contract Commence Date: <u>10</u> / <u>01</u> / <u>2020</u></p> <p>Contract Expiration Date: <u>09</u> / <u>30</u> / <u>2021</u></p>	<p>6. Signature: _____ Caterer Owner or Authorized Designee</p>

ACCEPTANCE BY INSTITUTION/ACFP PROVIDER # 149 -

<p>7. Signature: _____ <u>Board President or Authorized Designee</u></p> <p>Printed Name: <u>Timothy Timmermann</u> (Typed or Printed Clearly)</p> <p>Date: <u>7, 30, 20</u></p>	<p>Witness: _____</p> <p>Title: <u>Executive Director</u></p>
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FLORIDA DEPARTMENT OF ELDER AFFAIRS/ACFP APPROVAL

8. Period of Provider Contract: 10/1/20 - 9/30/21 **Approved Date:** 9, 30, 20 **Denied Date:** ___ / ___ / ___

Signature of DOEA/ACFP Representative: Lehen Rodriguez