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 220), 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.	
1. Contract Issued by:	i i
Brevard Alzheimer's Foundation Inc.	
Name of Institution/ACFP Provider	Telephone: (3 2 1) 2 5 3 - 4 4 3 0
Address: 4676 N. Wickham Rd	Fax: (3 2 1) 2 5 3 _ 1 9 9 3
City/State: Melbourne, FL Zip 32935	Email address_ttimmermann@brevardalz.org
OTHER CONTRACT OPTIONS	
2Ist year Contract Renewal Option exercised2nd year Contract Renewal Option exercised	
VENDOR IN FO R MAT ION	
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 Meal (Including Tax)
Brevard Community Kitchen	Breakfast: \$
Kitchen Address: 455 Rosa L. Jones Blvd	Supplement(Snack) AM:\$PM:\$
City/State: Cocoa, FL Zip: 32922	Lunch: \$_3.40
5. Contract Commence Date: 10 / 01 / 2021	Supper: \$
Contract Expiration Date: 09 / 30 / 2022	6. Signature: Caterer Ow ner or Authorized Designee
ACCEPTANCE BY INSTITUTION/ACFP PROVIDER #	
7. Signature:	Witness: Thusty William
Printed Name: Timothy Timmermann Title: Executive Director Date:	
FLORIDA DEPARTMENT OF ELDER AFFAIRS/ACFP APPROVAL	
8. Period of Provider Contract: 10/1/21 - 9/30/22 Approved Date: 8 , 30, 31 Denied Date:	