CONTRACT EXTENSION

1	
1	2023
en the School Food Author	rity and Contractor named below:
FEDERAL TAX IDENTIFICATI	ON NUMBER
4	
1/23 Expiration date: 06	5/30/24
5	D FEDERAL TAX IDENTIFICATI

4. The parties mutually agree to this extension as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein: (Note: This section is used to indicate the current cost per meal. Please include your cost per meal table.)

Meal	Rate		New	Pricing
Breakfast – NSLP	\$	2.40	\$	2.50
Lunch – NSLP	\$	3.65	\$	3.80
Snack – NSLP	\$	1.00	\$	1.05
Lunch – SSO	\$	3.65	\$	3.80

Pay the Vendor by the 30th day of each month the full amount as presented on the monthly itemized invoice or be subject to 2.5% interest for each month that payment is not received. **Notify the Vendor within 48 hours of receipt of any discrepancy in the invoice.** Pay the Vendor for all meals delivered to SFA in accordance with the agreement. Neither CDE nor USDA assumes any liability for payment of the difference between the number of meals prepared, delivered and the number of meals served by the SFA that are ineligible for reimbursement.

Additional Pricing Disclosures:

- > Server Charge \$28.30 per hour, per server
- > Soy/Alternative/Shelf Stable Milk: \$1.15 per milk
- > Therapeutic Meals Breakfast: \$3.50 Lunch: \$4.80

<u>Fuel surcharge:</u> Should the Vendor experience a rising diesel/fuel rate increase beyond 5% from time of bid rate proposal submission then the Vendor may submit a fuel surcharge rate addendum via monthly Invoice to help cover the rising California diesel/fuel rates.

FOOD SERVICE MANAGEMENT COMPANY				
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)				
Fresh Start Healthy Meals				
BY (Authorized Signature)	DATE SIGNED (Do not type)			
<u> </u>				
PRINTED NAME AND TITLE OF PERSON SIGNING				
Juan Carlos Saucedo, CEO				
ADDRESS				
13294 Ralston Avenue, Rancho Cascades, CA 91342				
SCHOOL FOOD AUTHORITY				
SCHOOL FOOD AUTHORITY NAME				
TEACH Public Schools				
BY (Authorized Signature)	DATE SIGNED (Do not type)			
PRINTED NAME AND TITLE OF PERSON SIGNING				
ADDRESS				