Meal Service Agreement
With a Child Care Food Program Contractor

Child Care Center Requesting Meals:	
Name of Institution:	
CCFP Authorization No.:	
Contact Name and Phone No.:	
Child Care Center Providing Meals:	
Name of CCFP Contractor:	
CCFP Authorization No.:	
Contact Name and Phone No.:	

Type of Meals Requested	**Estimated Total No. of Meals per Day**	**Estimated No. of Serving Days per Year**	**Unit Price per Meal**	**Total Price**	**Delivery or Pick-up Time**
Breakfast (Ages 1-5)					
Breakfast (Ages 6-12)					
Lunch (Ages 1-5)					
Lunch (Ages 6-12)					
Snack (Ages 1-5)					
Snack (Ages 6-12)					

Period Covered by Contract:

From: _____ 20_____To: _____ 20_____
Month/Day Month/Day

The Child Care Food Program Contractor certifies that he/she shall operate in accordance with all applicable State and federal regulations.

This agreement is solely between the Institution (Child Care Center) and the Child Care Food Program Contractor. The Florida Department of Health, Bureau of Child Nutrition Programs is in no way liable as an active participant in this contract. The Department of Health, Bureau of Child Nutrition Programs acts only in an advisory capacity.

Child Care Center Requesting Meals:	**Child Care Center Providing Meals:**
Original Signature of Authorized Institution Representative	Original Signature of Authorized CCFP Representative
Printed Name of Authorized Institution Representative	Printed Name of Authorized CCFP Representative
Title	Title
Date	Date