

Meal Service Agreement Host School Provides Meal Service to Recipient School Students

The school preparing and serving meals will be called the host.

Host: _____

The school receiving meals for its students to eat either at their own school or at the host school is the recipient.

Recipient: _____

Check the grade groups that will be served. Grade groups determine the portion sizes to be served.

Lunch: PreK _____ K-5 _____ 6-8 _____ 9-12 _____ K-8 _____
Breakfast: PreK _____ K-5 _____ 6-8 _____ 9-12 _____ K-8 _____ 6-12 _____ K-12 _____
Snack: PreK _____ K-8 _____

Recipient School Responsibilities:

- Complete the annual School Meals Program Application in the [Child Nutrition Programs \(CNP\) System](#).
- The Authorized Representative in the application must be an official from the recipient school. Obtain a user ID and password by completing the [Computer Access Form](#).
- The recipient school must submit its own monthly claim for reimbursement in the Child Nutrition Programs (CNP) System.
- Complete the [State Treasure's ACH-W9](#) form for direct deposit of reimbursement into the recipient school's Non-Profit School Meals Account. The recipient school must have their own account. Reimbursement cannot be directly deposited to the Host School.
- Adhere to [Professional Standards](#) and [Civil Rights training requirements](#).
- Maintain compliance with **all requirements** of the [Permanent Agreement](#).

Mark the applicable items from the categories and options listed below:

Meal Transport and Location:

____ Delivered by Host School Delivery Time: Breakfast: _____ Lunch: _____ Snack: _____
____ Picked-up by Recipient School Pick-up Time: Breakfast: _____ Lunch: _____ Snack: _____
____ The host school agrees to allow students from the recipient school to eat in the host school's cafeteria.

Recipient School is responsible for submitting the meal order by (day and time): _____

Meal Benefits Determination:

____ The recipient school requests the host school to determine and maintain meal benefit eligibility for the recipient school's students (direct certification, household applications). It will also conduct verification. All information pertaining to student eligibility is confidential. The host school will be fiscally responsible for benefit eligibility errors that result in fiscal action.

Host school initials: _____ **Recipient school initials:** _____

Meal Counting and Claim Submission:

____ The host school will complete the daily Point of Service meal counts of free, reduced, and paid meals served to the recipient school's students and will provide this documentation to the recipient school.

____ The **host school** will submit claim information by eligibility category and the required [Edit Check Worksheet](#) to the recipient school no later than the 10th day of the month following the claim month. The host school will be fiscally responsible for any counting errors that result in an overclaim.

____ The **recipient school** will verify the completed [Edit Check Worksheet](#) and is responsible for submitting the monthly claim for reimbursement.

Program Charges and Payments:

____ The host school will collect payment for meals from the recipient school students according to the meal charges and collection procedure approved by the recipient school. *Meal payments for student meals must be given to the recipient school for deposit into its account.* The meal charges will be:

Lunch: Reduced Price: \$ _____ Pre-K Paid: \$ _____ Elementary Paid: \$ _____
 Middle School Paid: \$ _____ High School Paid \$ _____ Adults: \$ _____
Breakfast: Reduced Price: \$ _____ Pre-K Paid: \$ _____ Elementary Paid: \$ _____
 Middle School Paid: \$ _____ High School Paid \$ _____ Adults: \$ _____
Snack: Reduced Price: \$ _____ Pre-K Paid \$ _____ K-8 Paid \$ _____

The host school will bill the recipient school at the end of the month for the total number of student and adult meals ordered at the following prices for the applicable grade groups.

Mark if milk **is** included in pricing _____

Mark if milk **is not** included in pricing (recipient school purchases their own milk) _____

Lunch: PreK \$____ K-5 \$____ 6-8 \$____ 9-12 \$____ K-8 \$____
 Breakfast: PreK \$____ K-5 \$____ 6-8 \$____ 9-12 \$____ K-8 \$____ 6-12 \$____ K-12 \$____
 Snack: PreK \$____ K-8 \$____
 Second Entrees: \$____ Additional Milks: \$____
 Adult Lunch: \$____ Adult Breakfast: \$____

_____ The recipient school will pay the host school for services provided by the host school's staff (select below):
 _____ Delivery Fee in the amount of \$_____ indicate if daily _____ monthly _____ or annually _____
 _____ Food Service Director in amount of \$_____ indicate if monthly _____ or annually _____
 _____ Claim Contact/Bookkeeper in amount of \$_____ indicate if monthly _____ or annually _____

Additional Information:
_____ _____ _____ _____

The host school attests that all meals will meet USDA meal pattern requirements as to food components and portion sizes as stated in 7 CFR 210.10 for lunch and 7 CFR 220.8 for breakfast. The host school shall maintain complete and accurate production records listing the menu, portion sizes and the amount of food prepared. Information including standardized recipes, ingredient statements, nutrition fact labels and Child Nutrition labels must be on file at the host school. The host school will provide the recipient school a Hazard Analysis and Critical Control Point (HACCP) manual containing information pertinent to the vended meals provided. It is the recipient school's responsibility to maintain food safety documentation and annually update/review the manual to ensure compliance with USDA guidance and regulations.

The host agrees to retain records required under the preceding paragraph for a period of three (3) years after the end of the school year to which they pertain (or longer if audit is in progress). All records and accounts pertaining to the program must be made available to representatives of the recipient school, Nebraska Department of Education, U.S. Department of Agriculture and the General Accounting Office for audit and Administrative Review.

This agreement shall be effective from _____ to _____. It may be terminated by a 90-day written notice by either party. The terms of this agreement cannot exceed one year.

The parties have executed this agreement as of the dates indicated below:

<p>Host School:</p> <p>_____</p> <p>Authorized Representative Signature</p> <p>_____</p> <p>Printed Name</p> <p>_____</p> <p>Title</p> <p>_____</p> <p>Date</p>	<p>Recipient School:</p> <p>_____</p> <p>Authorized Representative Signature</p> <p>_____</p> <p>Printed Name</p> <p>_____</p> <p>Title</p> <p>_____</p> <p>Date</p>
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