

**SCHOOL FOOD AUTHORITY/COMMERCIAL VENDOR
CONTRACT ADDENDUM TEMPLATE**

**School Nutrition Programs
VENDOR CONTRACT ADDENDUM
Between**

School Food Authority:	Name of Commercial Vendor:
Agreement Number:	
Address:	Address:
Contact Person:	Contact Person:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

This Addendum serves to amend the existing contract, as previously amended and renewed, if applicable, between the Parties dated _____ for the period commencing _____ and ending _____ (the "Contract").

Pursuant to Paragraph 1 of the Contract, the SFA and Vendor hereby agree to renew and extend the term of the Contract for the period of _____ [one or two] years, commencing _____ and ending _____ ("Term of the Contract").

The SFA will pay the following charges for vended meals that meet the School Nutrition Programs requirements and that are provided in accordance with this contract:

	Unit Price Per Meal/Snack		<i>ANNUAL</i> Estimated Number of Meals/Snacks	=	<i>ANNUAL</i> Estimated Cost
<small>(ESTIMATED # OF DAILY MEALS x # OF SERVING DAYS)</small>					
Breakfast:					
Price 1:	\$ _____	x	_____	=	\$ _____
Price 2: (If applicable)	\$ _____	x	_____	=	\$ _____
Lunch:					
Elementary:	\$ _____	x	_____	=	\$ _____
Middle:	\$ _____	x	_____	=	\$ _____
High:	\$ _____	x	_____	=	\$ _____
Snack:					
	\$ _____	x	_____	=	\$ _____
Dinner:					
	\$ _____	x	_____	=	\$ _____
TOTAL COST:					\$ _____

A Schedule A and a Schedule B for the 2016-17 school year are attached hereto and incorporated into this Addendum.
All terms contained herein shall be binding for the Term of the Contract, including all subsequent renewals, if applicable, unless amended.

I. REVISED PARAGRAPH XIII, Additional Vendor Responsibilities, Section E

Affirmative steps to ensure that small and minority firms, women's business enterprises, and labor surplus area firms are used when possible as a source of suppliers in accordance with **2 CFR Part 200**.

IN WITNESS WHEREOF, the Parties hereto have caused this Addendum to be signed by their duly authorized representatives as of the dates set forth below.

SFA Authorized Representative Signature:

Print Name: _____
Signature: _____
Title: _____
Date: _____

Vendor Authorized Representative Signature:

Print Name: _____
Signature: _____
Title: _____
Date: _____

SCHEDULE A

SFA SCHOOLS RECEIVING VENDED MEALS
Attach additional pages if needed

School Name & Address	School Type	Vended Meals Provided
	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High School	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afterschool Snack <input type="checkbox"/> Dinner
	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High School	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afterschool Snack <input type="checkbox"/> Dinner
	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High School	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afterschool Snack <input type="checkbox"/> Dinner
	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High School	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afterschool Snack <input type="checkbox"/> Dinner
	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High School	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afterschool Snack <input type="checkbox"/> Dinner
	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High School	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afterschool Snack <input type="checkbox"/> Dinner

SCHEDULE B

[Insert SFA School Year Calendar]