



Florida Department of Agriculture and Consumer Services  
Division of Food, Nutrition and Wellness

**2020/2021 RENEWAL CONTRACT  
NONPROFIT FOOD SERVICE PROGRAM**

Original Contract Date	8/2016
Year of Renewal (Check)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/>

The undersigned parties mutually agree to renew their current Food Service Contract for a period of one year beginning on 7/1/2020 (mo./day/yr.), and ending on 6/30/2021 (mo./day/yr.), with the first day of food service being 8/19/2020 (mo./day/yr.). All terms and conditions of the contract as amended herein shall remain in full force and effect for the duration of this renewal.

Per Meal Prices Must Be Quoted as if No USDA Foods Will Be Received

	2019-2020 Rate <sup>1</sup>	2020-2021 Rate <sup>1</sup>	Percentage Increase <sup>2</sup>
1. Reimbursable Breakfast	1. <u>1.57</u>	1. <u>1.60</u>	1. <u>2.5%</u>
2. Reimbursable Lunch (K-5)	2. <u>3.15</u>	2. <u>3.22</u>	2. <u>2.5%</u>
3. Reimbursable Lunch (6-8)	3. <u>3.15</u>	3. <u>3.22</u>	3. <u>2.5%</u>
4. Reimbursable Lunch (9-12)	4. _____	4. _____	4. _____
5. After-School Snack	5. <u>0.77</u>	5. <u>0.78</u>	5. <u>2.5%</u>
6. Special Milk	6. _____	6. _____	6. _____
7. Other (specify):	7. _____	7. _____	7. _____

<sup>1</sup>Rates must not be rounded up. Do not exceed four decimal places.  
<sup>2</sup>Percentage increase shall not exceed the maximum rate established in the original contract.

**APPROVAL**

This Renewal Contract is subject to approval by the Florida Department of Agriculture & Consumer Services, Division of Food, Nutrition and Wellness.

**SIGNATURES**

IN WITNESS WHEREOF, the parties hereto have executed this Renewal Contract as of the date indicated below. The individual signing as the authorized representative is deemed to have authorization to bind the agency to legal and binding agreements.

Sponsor

Rebecca Choinard SFA  
(Print) Name of Authorized Representative Title

\_\_\_\_\_  
Signature of Authorized Representative Date

Imagine School, Inc - 589  
Sponsor Number and Name

9001 Westview Dr.  
Address

Coral Springs, FL, 33067  
City, State, Zip

954-255-0020  
Telephone

Rebecca.Choinard@imagineSchools.org  
Email

Vendor (Caterer/FSMC)

Brian Albertson, Manager  
(Print) Name of Authorized Representative Title

[Signature] 5/1/2020  
Signature of Authorized Representative Date

SLA Management  
Name of Company

3217 Corrine Drive  
Address

Orlando, FL 32803  
City, State, Zip

407-740-7677  
Telephone

b.albertson@slamgmt.com  
Email



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**EXHIBIT A**  
**SITE INFORMATION LIST**  
**NONPROFIT FOOD SERVICE PROGRAM**

Sponsor Name: Imagine Schools, Inc.

Agreement Number 589

Site Name & Address	Enrollment	Grade Levels	Number of Days Meals Served	Average Daily Participation	Meal Type	Serving Times	
						Begin	End
<b>Imagine Charter School at Broward</b> 9001 Westview Drive Coral Springs, Florida 33067	846	PK-8	180	40	Break fast	8	9
<b>Imagine Charter School at Broward</b> 9001 Westview Drive Coral Springs, Florida 33067	846	PK-8	180	334	Lunch	10	2
<b>Imagine Charter School at Broward</b> 9001 Westview Drive Coral Springs, Florida 33067	846	PK-8	180	141	snack	3:15	4