ICAA
Member of
Illinois Community
Action Association

Tri-County Opportunities Council
Community Action Agency
405 Emmons Avenue • P.O. Box 610 • Rock Falls, Illinois 61071
Phone (815) 625-7830 Voice/TTY • 1-800-323-5434

Community Action Partnership

June 29, 2026

NUTRITION VENDOR CONTRACT AGREEMENT

Tri-County Opportunities Council Early/Head Start looks forward to utilizing you as our food vendor. Please refer to the attached contract that begins on **August 1, 2026.** If agreeable, please sign the CACFP contract and note the highlighted areas. In addition, please remember that milk is included with the meal price as well.

*The Illinois State Board of Education **requires** all sponsoring organizations to have a copy of the vendor's most recent health inspection report for our records. There may or may not also be a certification regarding debarment sheet that is required to be completed by you as well. Please return your signed contract to me along with your inspection report, by Friday, July 17, 2025. Do not send it to Illinois State Board of Education.*

Please note all of our classrooms are going back to 5 days a week.

I look forward to receiving your signed contract and a copy of your most recent health inspection at your earliest convenience.

Thank you for partnering with us to support good nutrition for all of the children in our Early Head Start/Head Start program.

Sincerely,

Alyssa Saxton
Program Operations Manager
TCOC EHS/HS
405 Emmons Ave.
Rock Falls, IL 61071
Phone:815-322-9318
Fax: 815-322-9318

Illinois State Board of Education

100 North First Street, W-270
Springfield, Illinois 62777-0001

Child and Adult Care Food Program (CACFP)
SCHOOL AGREEMENT TO FURNISH FOOD SERVICE

NUTRITION AND WELLNESS PROGRAMS DIVISION

INSTRUCTIONS: This agreement is to be completed and signed by representatives from both parties. *A copy is to be returned to the above address.* The school agreement must accompany the Site Information Sheet(s) that is part of the fiscal year Child and Adult Care Food Program annual application renewal. Inform the school official of the following:

1. The quoted meal rate(s) should be on a full-cost recovery basis, including the value of government-donated commodities used, and
2. The meals included in this agreement will be claimed by your organization under the Child and Adult Care Food Program. These meals cannot be claimed by the school under the National School Lunch Program.

CACFP SPONSORING ORGANIZATION DATA

NAME OF SPONSORING ORGANIZATION	AGREEMENT NUMBER	TELEPHONE NUMBER (Include Area Code)
Tri-County Opportunities Council Early Head Start/Head Start	47098013P00	815-322-9318
ADDRESS (Street, City, State, Zip Code)	**SPONSORING ORGANIZATION CONTACT**	
405 Emmons Ave. Rock Falls, IL 61071	Alyssa Saxton- Program Operations Mananger	

SCHOOL DATA

NAME OF SCHOOL	CONTACT PERSON
Streator Elementary School Dist. #44	Bethany McConnell
ADDRESS (Street, City, State, Zip Code)	**TELEPHONE NUMBER (Include Area Code)**
1520 N. Bloomington Streator, IL 61364	815-672-0771

TERMS OF AGREEMENT

THIS AGREEMENT is made and entered into by and between the Streator Elementary School Dist. #44 (*Name of School*) and the T.C.O.C Early Head Start/Head Start-Streator Center (*Name of Institution*)

WHEREAS the facilities of the institution are not adequate for preparing and serving meals to children, while the facilities of the school are adequate to serve meals to children at the institution the school agreed to supply unitized meals. *(Check one)*

☒ Inclusive OR ☐ Exclusive of milk to the institution with end for the rates herein listed:

	BREAKFAST*	LUNCH*	SUPPLEMENTS*	SUPPERS*
Rates for each of the following: →	$	$ 4.70	$	$

It is further agreed that the school, pursuant to the provisions of the Child and Adult Care Food Program regulations will assure that said meals meet the minimum requirements as to portion size and content and will maintain full and accurate records that the institution will need to meet its responsibility including the following:

1. Menu records, including amount of food prepared
2. Meals, daily number of meals delivered by type of meal

To ensure sufficient time is allowed for the institution to prepare and submit their Claim for Reimbursement to meet the federal government's submission deadline, the school agrees to submit an itemized invoice for all meals provided to the institution within 30 days of the last day of each month or the final day of the program. The school agrees to deposit payments from the institution into its nonprofit food service account. The school also agrees to retain records required under the preceding clauses for a period of three years after the end of the fiscal year to which they pertain and, upon request, to make all accounts and records pertaining to the program available to representatives of the U.S. Department of Agriculture and the General Accounting Office for audit or administrative review at a reasonable time and place.

This agreement shall be effective as of August 1, 2026 (*Month/Day/Year*) and expire May 31, 2027 (*Month/Day/Year*).

This contract can be terminated for cause by notice in writing by the institution or school food authority with a 60-day written notification.

**Rates quoted should, at a minimum, recover all costs including the value of government-donated foods used.*

ACCEPTANCE OF AGREEMENT

SCHOOL REPRESENTATIVE	SPONSORING ORGANIZATION REPRESENTATIVE
Signature of School Representative	Signature of Sponsoring Organization Representative
Jeffrey Arnold	Rachael Deer
Printed Name of School Representative	Printed Name of Sponsoring Organization Representative
6/25/26	6/25/26
Date Signed	Date Signed