

Child and Adult Care Food Program
Price Per Meal Rates

Sponsor Name: _____
FSMC Name: _____

Indicate whether FSMC will provide meals/snacks inclusive or exclusive of milk to the Sponsor:

The FSMC agrees to supply meals/snacks to the Purchaser for the prices listed below:

Meal Type	Unitized or Bulk Form	Estimated Daily Servings	Estimated Serving Days Per Year	Price per Meal	Estimated Total
Grand Total of Agreement					