

Bernadette Fall

From: RJ Hartwell
Sent: Thursday, July 8, 2021 11:14 AM
To: Bernadette Fall
Subject: FW: [Ext] 21-22 Emergency SFSP solicitation
Attachments: Jordan Elbridge SD (NY) 2021 Emergency SFSP AGR v2.pdf

Bernadette,

Please put this on the Aug 18 BOE agenda to approve and have Karen sign. It is the Chartwells contract for 9/21-6/22.

Thanks
RJ

From: Smith, David <David.Smith6@compass-usa.com>
Sent: Thursday, July 1, 2021 12:43 PM
To: RJ Hartwell <rjhartwell@jecsd.org>
Subject: RE: [Ext] 21-22 Emergency SFSP solicitation

Attached is Chartwells signed contract for Sept-2021 through June-2022.
Remember to print in color signature pages as all signatures must be in Blue Ink.
Once approved by State please provide me with a copy.



Dave Smith | District Manager | C. 518.291.7812
David.smith6@compass-usa.com

From: RJ Hartwell <rjhartwell@jecsd.org>
Sent: Tuesday, June 29, 2021 2:21 PM
To: Smith, David <David.Smith6@compass-usa.com>
Subject: [Ext] 21-22 Emergency SFSP solicitation

This email contains a link or attachment. Please make sure it's from a trusted source before you open the attachment or click on the link

Hello Dave,

Please see attached 21-22 SFSP solicitation with sampling of menu from Bill Vita. Can you review and obtain signatures, then I'll do the same so we can submit for the 21-22 school year under SFSP SSO?

Thanks!
RJ

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Mr. R. J. Hartwell

EMERGENCY
CONTRACT FORM
2021

SUMMER FOOD SERVICE PROGRAM SOLICITATION FOR FOOD SERVICE MANAGEMENT COMPANY AND CONTRACT

SECTION A

<p>This document contains an invitation to food service management companies to bid for the furnishing of unitized meals to be served to children participating in the Summer Food Service Program (SFSP) authorized by Section 13 of the National School Lunch Act and operated under Part 225 of the US Department of Agriculture 9USDA) regulations. This document sets forth the terms and conditions applicable to the proposed procurement. Upon acceptance it shall constitute the contract between the bidder and the Sponsor named below,</p>		<p>According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0280. The time required to complete this information collection is estimated to average 39 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.</p>																					
SPONSOR		BID OPENING																					
SPONSOR LEA CODE 420501-06-0000		BID ISSUE DATE 7/7/2020	BID NUMBER																				
NAME Jordan-Elbridge CSD		DATE 7/8/2020																					
ADDRESS (include city, state, zip code) PO Box 902, 9 N. Chappell St Jordan, NY 13080		TIME 10:00 am																					
		LOCATION PO Box 902, 9 N. Chappell St Jordan, NY 13080																					
TELEPHONE NUMBER 315-689-8500 x 5114	CONTACT PERSON R. J. Hartwell	SPONSOR TO ENTER ESTIMATED NUMBER OF MEALS. FIXED UNIT PRICE BIDS TO BE INSERTED BY THE BIDDER. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th></th> <th style="text-align: center;">Fixed Unit Price Bid Per Meal</th> <th style="text-align: center;">Sponsors Estimated # of Meals</th> <th style="text-align: center;">Totals</th> </tr> </thead> <tbody> <tr> <td>Breakfast</td> <td style="text-align: center;">\$ 2.6813 X</td> <td style="text-align: center;">88,200</td> <td style="text-align: right;">\$236,490.66</td> </tr> <tr> <td>Snack</td> <td style="text-align: center;">\$ _____ X</td> <td style="text-align: center;">_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Lunch/Supper</td> <td style="text-align: center;">\$ 3.0069 X</td> <td style="text-align: center;">88,200</td> <td style="text-align: right;">\$265,208.58</td> </tr> <tr> <td colspan="3" style="text-align: right;">ESTIMATED TOTAL \$</td> <td style="text-align: right;">_____</td> </tr> </tbody> </table>			Fixed Unit Price Bid Per Meal	Sponsors Estimated # of Meals	Totals	Breakfast	\$ 2.6813 X	88,200	\$236,490.66	Snack	\$ _____ X	_____	\$ _____	Lunch/Supper	\$ 3.0069 X	88,200	\$265,208.58	ESTIMATED TOTAL \$			_____
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ESTIMATED TOTAL \$			_____																				
CONTRACT DATES																							
COMMENCEMENT 9/7/2021																							
EXPIRATION 6/30/2022																							
BID BOND PERCENTAGE REQUIRED (Sponsor shall insert appropriate percentage from 5% to 10%) 5%		PROMPT PAYMENT DISCOUNT (to be inserted by the bidder) <table style="width: 100%; margin-top: 5px;"> <tr> <td style="border: 1px solid black; width: 100px; text-align: center;">%</td> <td style="padding: 0 10px;">For payment within</td> <td style="border: 1px solid black; width: 100px; text-align: center;">days</td> </tr> </table>		%	For payment within	days																	
%	For payment within	days																					
		PERFORMANCE BOND PERCENTAGE REQUIRED Not less than 10% and not more than 25%																					
BIDDER																							
NAME Compass Group USA, Inc., by and through its Chartwells Division		SIGNATURE (in ink) 																					
STREET ADDRESS (include city, state, zip code) 2 International Drive Rey Brook, NY 10573		NAME (print or type) Belinda Oakley																					
		TITLE CEO, Chartwells K12																					
TELEPHONE NUMBER 914-935-5300		DATE 7/1/2021																					
ACCEPTANCE																							
CONTRACT NUMBER		SPONSOR NAME Jordan-Elbridge Central School District																					
SPONSOR SIGNATURE		TITLE President, JECSD Board of Education	DATE																				

SECTION B

CERTIFICATE OF INDEPENDENT PRICE DETERMINATION

A. By submission of this offer, the offeror certifies and in the case of a joint offer, each party thereto certifies as to its own organization, that in connection with this procurement:

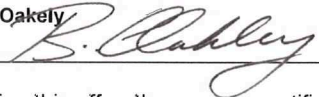
1. The prices in this offer have been arrived at independently, without consultation, communication or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other offeror or with any competitor;
2. No attempt has been made or will be made by the offeror to induce any person or firm to submit or not to submit, an offer for the purpose of restricting competition.

as to the prices being offered herein and that he or she has not participated, and will not participate, in any action contrary to A1 through A3 above; or

2. He or she is not the person in the offeror's organization responsible within that organization for the decision as to the prices being offered herein, but that he or she has been authorized in writing to act as agent for the persons responsible for such decision in certifying that such persons have not participated and will not participate, in any action contrary to A1 through A3 above, and as their agent does hereby so certify; and he or she has not participated, and will not participate, in any action contrary to A1 through A3 above.

B. Each person signing this offer certifies that:

1. He or she is the person in the offeror's organization responsible within that organization for the decision

SIGNATURE OF VENDOR'S AUTHORIZED REPRESENTATIVE Belinda Oakley 	TITLE CEO, Chartwells K12	DATE 7/1/2021
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In accepting this offer, the sponsor certifies that the sponsor's officers, employees or agents have not taken any action which may have jeopardized the independence of the offer referred to above.

SIGNATURE OF AUTHORIZED SPONSOR REPRESENTATIVE
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(Accepting a bidder's offer does not constitute acceptance of the contract.)

NOTE: Sponsor and Bidder shall execute this Certificate of Independent Price Determination.

SECTION C

INSTRUCTIONS

1. Definitions

As used herein:

- a) Bid – The bidder's offer.
- b) Contractor – a successful bidder who is awarded a contract by a Sponsor under the SFSP.
- c) Food Service Management Company – any commercial enterprise or nonprofit organization with which a sponsor may contract for preparing unitized meals, with or without milk or juice, for use in the Program, or for managing a sponsor's food service operations in accordance with the SFSP regulations. Food service management companies may be: (a) Public agencies or entities; (b) private, non-profit organizations; or (c) private, for profit companies.
- d) Unitized Meal – an individual proportioned meal consisting of a combination of foods meeting the SFSP pattern requirements, delivered as a unit with or without milk or juice. The State agency may approve exceptions to the unitized meal such as separate hot and cold packs.

Other terms shall have the meaning ascribed to them in the SFSP regulations (7CFR Part 225).

2. Submission of Bids

- a) Bidders are expected to examine carefully the specifications, schedules, attachments, terms and conditions. Failure to do so will be at the bidder's risk.

- b) Bids must be executed and submitted in triplicate. If accepted, this will become the contract, and one copy of the contract will be forwarded to the successful bidder. The copy marked "original" will be governing should there be a variance between that copy of the bid and the other two copies submitted by the bidder. No changes in the specifications or general conditions are allowed. Erasures on all copies must be initialed by the bidder prior to submission. Failure to do so may result in rejection of the bid.
- c) Bids over \$250,000 shall include a bid bond in the amount of _____% of bid price. (Sponsor shall insert appropriate percentage from 5% to 10%. Sponsor should also insert this percentage on the IFB/Contract Face Sheet. Only those bonding and surety companies contained in the current Treasury Circular 570 may be used to obtain the required bonding. The Treasury Circular is published annually, for the information of Federal bond-approving officers and persons required to give bonds to the United States. All certificates of Authority expire June 30, and are renewable July 1, annually.
- d) A copy of a current State or local health certificate for the food preparation facilities shall be submitted with the bid.

Failure to comply with any of the above shall be reason for rejection of the bid.

SECTION D

SCOPE OF SERVICES

- A. USDA regulations 7 CFR Part 225, entitled Summer Food Service Program is hereby incorporated by reference.
- B. Contractor agrees to deliver unitized meals * inclusive of milk or juice to locations set out in Schedule A, attached hereto and made a part hereof, subject to the terms and conditions of this solicitation.
- C. All meals furnished must meet or exceed USDA requirements set out in Schedule C, attached hereto and made a part hereof.
- Food Service Management Companies may prepare unitized meals, with or without milk or juice, for use in Summer Food Service Program.
- D. Contractor shall furnish meals as ordered by the Sponsor during the period of ** 9/7/2021 to ** 6/30/2022. Meals are to be served *** 5 days of a week, as specified in Schedule A.

NOTE: Meals served daily at school with kids learning in an in-person format.

* Insert "inclusive" or "exclusive" as applicable.

** Sponsor shall insert contract commencement date and expiration date.

*** Sponsor shall insert appropriate number of serving days.

SECTION E

UNIT PRICE SCHEDULE AND INSTRUCTIONS

1. Bidders are asked to submit prices in accordance with Schedule(s) D for meals with/without milk or juice* meeting the contract specifications set forth in Schedule C and to be delivered to all of the sites stated in Schedule A. Please note that bidders must complete a Schedule D for each meal type (breakfast, lunch, supplement, etc.) covered by the IFB.

* Sponsor should indicate whether or not milk or juice should be included in the meals/supplements.

2. Evaluation of bids will be performed as follows:

Determine the grand total bid for each bidder by totaling the bids for each meal type from Schedule(s) D. Bidders' calculations will be checked prior to totaling.

3. Pricing shall be on the menus described in Schedule B. All bidders must submit bids on the same menu cycle provided by the Sponsor. Deviation from this menu cycle shall be permitted only upon authorization of the Sponsor. Bid price must include the price of food components (including milk and/or juice, if part of unitized meal), packaging, transportation and all other related costs (e.g., condiments, utensils, etc.).

The unit prices of each meal type which the bidder agrees to furnish must be written in ink or typed in the blank space provided and must include proper packaging as required in the specifications and delivery cost to the designated sites. Unit prices shall include taxes, but any charges or taxes which are required to be paid under future laws must be paid by the bidder at no additional charge to the Sponsor.

4. Average Daily Number of Meals are estimated: They are the best-known estimates for requirements during the operating period. The Sponsor reserves the right to order more or less meals than estimated at the beginning of the operating period. Contractor will be paid at the 100% unit cost rate during the payment period specified. (The Sponsor should indicate in Section F, #4, "Method of Payment," whether the payment period is to be weekly, bi-weekly, or monthly.) Sponsor does not guarantee orders for quantities shown. The maximum number of meals will be determined based on the approved level of meal services designated by the administering office for each site serving meals provided by the contractor. However, if average meals delivered per day by type over the contract period fall below 90% of the applicable average daily estimate, adjustments will be made to the per unit price in accordance with Schedule D.

5. Evaluation of Bidders: Each bidder will be evaluated on the following factors:

- a. Financial capability to perform a contract of the scope required.
- b. Adequacy of plant facilities for food preparation, with approved license certification that facilities meet all applicable State and local health, safety and sanitation standards.
- c. Previous experience of the bidder in performing series similar in nature and scope.
- d. Other factors such as transportation capability, sanitation, and packaging.

Bidders that do not satisfactorily meet the above criteria may be rejected as non-responsive and not be considered for award.

6. Meal Orders Sponsors will order meals on ** Friday_____ of the week preceding the week of delivery; orders will be places for the total number of operating days in the succeeding week and will include breakdown totals for each site and each type of meal.

The Sponsor reserves the right to increase or decrease the number of meals ordered on a *** 24_____ hour notice, or less if mutually agreed upon between the parties to this contract.

7. Meal-Cycle Change Procedure. Meals will be delivered on a daily basis in accordance with the menu cycle which appears in Schedule B. Menu changes may be made only when agreed upon by both parties. When an emergency situation exists which might prevent the contractor from delivering a specified meal component, the Sponsor shall be notified immediately so substitutions can be agreed upon. The Sponsor reserves the right to suggest menu changes within the vendor's suggested food cost, periodically throughout the contract period.

8. Non-compliance. The Sponsor reserves the right to inspect and determine the quality of food delivered and reject any meals which do not comply with the requirements and specifications of the contract. The contractor will not be paid for unauthorized menu changes, incomplete meals, meals not delivered within the specified delivery time

* See appendices for additional bid and procurement specifications: Bid Specifications Appendix p.27 and Schedule B-1 Food and Beverage Procurement Specifications p.

** Insert mutually agreed day.

*** Sponsor shall insert appropriate number.

period and meals rejected because they do not comply with the specifications. The Sponsor reserves the right to obtain meals from other sources, if meals are rejected due to any of the stated reasons. The contractor will be responsible for any excess cost but will receive no adjustment in the event the meals are procured at lesser cost. The Sponsor or inspecting agency shall notify the contractor in writing as to the number of meals rejected and the reasons for rejection.

The SFSP regulations provide that statistical sampling methods may be used to disallow payment for meals which are not served in compliance with Program regulations. In the event that disallowances are made on the basis of statistical sampling, the Sponsor and the administering agency as to the number of meals disallowed, the reasons for disallowance, and the methodology of the statistical sampling procedures employed.

9. Specifications

A. Packaging:

- 1) Hot Meal Unit – Package suitable for maintaining meals in accordance with local health standards. Container and overlay should have an air-tight closure, be of non-toxic material, and be capable of withstanding temperatures of 400 degrees (204 degrees C) or higher.
- 2) Cold Meal Unit (or Unnecessary to Heat) – Container and overlay to be plastic or paper and non-toxic.
- 3) Cartons – Each carton to be labeled. Label to include:
 - a) Processor's name and address (plant).
 - b) Item identity, meal type.
 - c) Date of production.
 - d) Quantity of individual units per carton.
- 4) Meals shall be delivered with appropriate nonfood items: condiments, straws for milk,

napkins, single service ware, etc. Sponsor shall insert the types of nonfood items that are necessary for the meals to be eaten:

None

a) Food Preparation:

Meals shall be prepared in accordance with State and local health standards.

b) Food Specifications:

Bids are to be submitted on the menu cycle included in Schedule B; and portions shall, as a minimum, be the quantities specified by USDA for each component of each meal, as included in Schedule C of this contract.

All meals in the menu cycle must meet the food specifications and quality standards. All meat and meat products shall have been slaughtered, processed and manufactured in plants inspected under USDA approved inspection program and bear the appropriate seal. All meat and meat products must be sound, sanitary and free of objectionable odors or signs of deterioration of delivery.

Milk and milk products are defined as "... pasteurized fluid types of flavored or unflavored whole milk, low-fat milk, skim milk, or cultured buttermilk which meet State and local standards for such milk. . . All milk should contain vitamins A and D at the levels specified by the Food and Drug Administration and consistent with State and local standards for such milk." Milk delivered hereunder shall conform to these specifications.

SECTION F

GENERAL CONDITIONS

1. Delivery Requirements

- A. Delivery will be made by the contractor to each site in accordance with the order from the Sponsor.
- B. Meals are to be delivered daily, unloaded, and placed in the designated location by the contractor's personnel at each of the sites and times listed in Schedule A.
- C. The contractor shall be responsible for delivery of all meals and/or dairy products at the specified time. Adequate refrigeration or heating shall be provided during delivery of all food to insure the wholesomeness of food at delivery in accordance with State or local health codes.
- D. The Sponsor reserves the right to add or delete food service sites by amendment of the initial list of approved sites in Schedule A and make changes in the approved level for the maximum number of meals which may be served under the Program at each site (established under Section 225.6(d)(2) of the SFSP regulations). The Sponsor shall notify the contractor by providing an amendment to Schedule A of all sites which are approved, cancelled, or terminated subsequent to acceptance of this contract, and of any changes in the approved level of meal service for a site. Such amendments shall be provided within * _____ hours or less.

2. Supervision and Inspection

The contractor shall provide management supervision at all times and maintain constant quality control inspections to check for portion size, appearance and packaging, in addition to the quality of products.

3. Recordkeeping

- A. Delivery tickets must be prepared by the contractor at a minimum in three copies: one for the contractor, one for the site personnel and one for the Sponsor. Delivery tickets must be itemized to show the number of meals of each type delivered to each site. Designees to the Sponsor at each site will check adequacy of delivery and meals before signing the delivery ticket. Invoices shall be accepted by the

Sponsor only if signed by Sponsor's designee at the site.

- B. The contractor shall maintain records supported by delivery tickets, invoices, receipts, purchase orders, production records for this contract, or other evidence for inspection and reference, to support payments and claims.
- C. The books and records of the contractor pertaining to this contract shall be available for a period of three years from the date of submission of the Sponsor's final claim for reimbursement, or until the final resolution of any audits, for inspection and audit by representatives of the State agency, representative of the U.S. Department of Agriculture, the Sponsor and the U.S. General Accounting Office at any reasonable time and place.

4. Method of Payment

The contractor shall submit its itemized invoices to the Sponsor ** monthly in compliance with Section 225.6(h)(2)(iv) of the SFSP regulations. Each invoice shall give a detailed breakdown of the number of meals delivered at each site during the preceding period. The Sponsor shall calculate the average number of meals delivered each day for the applicable period. Payment will be made at the unit price shown for that range. Each payment period will be calculated and paid for independent of other periods. No payment shall be made unless the required delivery receipts have been signed by the site representative of the Sponsor.

The contractor shall be paid by the Sponsor for all meals delivered in accordance with this contract and SFSP regulations. However, neither the Department nor the State agency assumes any liability for payment of differences between the number of meals delivered by the contractor and the number of meals served by the Sponsor that are eligible for reimbursement.

5. Inspection of Facility

- A. The Sponsor, the State agency and USDA reserve the right to inspect the contractor's facilities without notice at any time during the contract period, including the right to be present during preparation and delivery of meals.

* Insert mutually agreed upon number.

** Sponsor shall insert "weekly", "bi-weekly" or "monthly".

- B. The contractor's facilities shall be subject to periodic inspections by State and local health departments of any other agency designated to inspect meal quality for the State. This will be accomplished in accordance with USDA regulations.
- C. The contractor shall, when required by the State Health Department, provide meals which it prepares to be inspected by the local health department or an independent agency to determine bacterial levels in the meals being served. Such levels shall conform to the standards which are applied by the local health authority with respect to the level of bacteria which may be present in meals served by other establishments in the locality. The results of the inspections must be submitted promptly to the Sponsor and State agency.

6. Performance Bond Requirement

The successful bidder shall provide the Sponsor with a performance bond in the amount of 10% -25% of the contract price. The bond shall be executed by the contractor and a licensed surety company listed in the current Department of Treasury Circular 570. Only those bonding and surety companies contained in the current Treasury Circular 570 may be used to obtain the required bonding. The Treasury Circular is published annually, for the information of Federal bond-approving officers and persons required to give bonds to the United States. All certificates of Authority expire June 30, and are renewable July 1, annually.

The bond shall be furnished not later than ten days following award of the contract.

7. Insurance

Sponsors will insert herein their insurance requirements.

8. Availability of Fund

The Sponsor reserves the right to cancel this contract if the Federal funding to support the SFSP is withdrawn. It is further understood that, in the event of cancellation of the contract, the Sponsor shall be responsible for meals that have already been assembled and delivered in accordance with this contract.

9. Number of Meals and Delivery Times

The contractor must provide exactly the number of meals ordered. Counts of meals will be made by the Sponsor at all sites before meals are accepted. Damaged or incomplete meals will not be included when the number of delivered meals is determined.

10. Emergencies

In the event of unforeseen emergency circumstances, the contractor shall immediately notify the Sponsor by telephone or telegraph of the following: (1) the impossibility of on-time delivery; (2) the circumstance(s) precluding delivery; and (3) a statement of whether or not succeeding deliveries will be affected. No payments will be made for deliveries made later than *** 2 hours after specified meal time.

Emergency circumstances at the site precluding utilization of meals are the concern of the Sponsor. The Sponsor may cancel orders provided it gives the contractor at least **** 24 hours' notice or less if mutually agreed upon between the parties to this contract.

Adjustment for emergency situations affecting the contractor's ability to deliver meals, or Sponsor's ability to utilize meals, for periods longer than 24 hours will be mutually worked out between the contractor and Sponsor.

11. Termination

This contract may be terminated for cause by either party with 60-days or more notification. The Sponsor shall have the right, upon such written notice, to terminate the contract and the contractor or surety company, if applicable, shall be liable for any damages incurred by the Sponsor. Prior to termination, the Sponsor shall contact the State agency or regional office concerning procedures for conducting a re-procurement action.

A. The Sponsor reserves the right to terminate this contract if the contractor fails to comply with any of the requirements of this contract. The Sponsor shall notify the contractor and surety company, if applicable, of specific instances of non-compliance in writing.

B. The Sponsor may, by written notice to the contractor, terminate the right of the contractor to proceed under this contract, if it is found by the Sponsor that gratuities in the form of entertainment, gifts or otherwise were offered or given by the contractor to any officer or employee of the Sponsor with a view toward securing a contract or securing favorable treatment with respect to the awarding or amending of the contract; provided that the existence of the facts upon which the Sponsor makes such findings shall be in issue and may be reviewed in any competent court.

*** Sponsor shall set time in accordance with State agency instructions.

**** Insert same number as in Section F #1-D on page 8.

- C. In the event this contract is terminated as provided in paragraph (b) hereof, the Sponsor shall be entitled (i) to pursue the same remedies against the contractor as it could pursue in the event of a breach of contract by the contractor, and (ii) as penalty in addition to any other damages in an amount which shall not be less than three nor more than ten times the cost incurred by the contractor in providing any such gratuities to any such officer or employee

12. Subcontractors and Assignments

The contractor shall not subcontract for the total meal, or for the assembly of the meals; and shall not assign, without the advance written consent of the Sponsor, this contract or any interest therein.

13. Quality Control Plan

To ensure that health and sanitation requirements are met at all times in the preparation and delivery of the summer meals, each vendor must submit the following documents with the invitation for bid:

- A. A copy of the company's quality control assurance plan that provides complete details on the quality assurance procedures for meal preparation, packaging of food items, transportation and delivery schedules.
- B. Quality assurance procedures shall identify the food production monitoring methods used to ensure that all foods are handled in a safe and sanitary manner. Quality assurance procedures will include but shall not be limited to the following:
- 1) The production/handling procedures for food (meal assembly shall identify specific measures designed to monitor and assure the maintenance of personnel hygiene, sanitary conditions of the facility and the length of time associated with meal production periods.
 - 2) Food product temperature monitoring procedures must provide a description of the procedures utilized to assure maintenance of safe food temperatures during all phases of handling, production, storage and shipment of meals. All records used for monitoring and recording food temperatures must be maintained.

After the contract has been awarded and the program is in operation, the vendor is responsible for submitting a copy of the records used for monitoring and recording food temperature during handling, production, storage, and delivery of the meals to the sponsor.

The vendor is also responsible for submitting samples of weights taken during program operations.
It is the responsibility of the Sponsor to ensure that the Quality Control Plan is in place before the contract begins.

SECTION G

GENERAL PROVISIONS

Equal Opportunity

"The FSMC shall comply with Title VI of the Civil Rights Act of 1964, as amended, USDA regulations implementing Title IX of the Education Amendments, and Section 504 of the Rehabilitation Act of 1973, and any additions or amendments." The FSMC shall comply with Equal Employment Opportunity provision. Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of "federally assisted construction contract" in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, "Equal Employment Opportunity" (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and implementing regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."

"By accepting this assurance, the vendor agrees to compile data, maintain records, and submit reports as required, to permit effective enforcement of nondiscrimination laws and permit authorized USDA personnel during hours of program operation to review such records, books, and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the Department of Agriculture, FNS, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the vendor, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from USDA. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the vendor."

Clean Air and Water

If this contract is in excess of \$250,000, the Sponsor and FSMC shall comply with all applicable standards, orders, or regulations issued pursuant to the Clean Air Act of 1970 (42 USC 1857), or the Federal Water Pollution Control Act (33 USC 1319), as amended.

Debarment and Suspension

Debarment and Suspension (Executive Orders 12549 and 12689)—A contract award (see 2 CFR 180.220) must not be made to parties listed on the governmentwide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), "Debarment and Suspension." SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

Assurance of Civil Rights Compliance

"The vendor hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), the Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.); all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines, 28 CFR Part SO.3 and 42; and FNS directives and guidelines, to the effect that, no person shall, on the grounds of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under any program or activity for which the vendor receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement."

U. S. DEPARTMENT OF AGRICULTURE

Certification Regarding Debarment, Suspension, Ineligibility And Voluntary Exclusion – Lower Tier Covered Transactions

This certification is required by the regulations implementing Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4722). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1) This prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attaché as explanation to this proposal.


Compass Group USA, Inc., by and through its Chartwells Division

Organization Name

PR/Award Number or Project Name

Belinda Oakley, CEO, Chartwells K12

Name(s) and Title(s) of Authorized Representative(s)



Signature(s)

7/1/2021

Date

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this form, the prospective lower tier participant is providing the certification set out on the reverse side in accordance with these instructions.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person in which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in the covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this form that it will include this clause titles "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non-Procurement List.
8. Nothing contained in the foregoing shall be construed to required establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available in the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Form #7 – Debarment Option B

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions

SFAs are required to ensure that all sub-contractors and sub-grantees are neither excluded nor disqualified under the suspension and debarment rules found at 2 CFR 200.212 by doing any one of the following:

- Checking the Excluded Parties List found at the System for Award Management www.SAM.gov;
- Collecting a certification that the entity is neither excluded nor disqualified. Since a Federal certification form is no longer available, the grantee or sub-grantee electing this method must devise its own;
- Including a clause to this effect in the sub-grant agreement and in any procurement, contract expected to equal or exceed \$25,000, awarded by the grantee or a sub-grantee under its grant or sub-grant;
- Sub-grantee and contractors must obtain a DUNS Number. All Federal Government awards are required to have a DUNS number. To obtain a DUNS number, contact Dun and Bradstreet at 1-800-368-6976 or visit their website at <https://eupdate.dnb.com/requestoptions.asp>. There is no charge for a DUNS number. The DUNS number serves as a means of tracking and identifying applications for Federal assistance and is required on all applications for Federal assistance.

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension. 2 CFR 200.212 Suspension and Debarment. The regulations were published as Part III of the December 26, 2013, Federal Register (pages 78590-78691). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON NEXT PAGE)

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

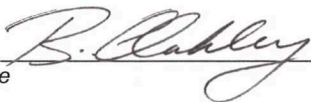
Compass Group USA, Inc., by and through its Chartwells Division

Organization Name

PR/Award Number or Project Name

Belinda Oakley, CEO, Chartwells K12

Name and Title(s) of Authorized Representative(s)



Signature

7/1/2021

Date

**Complete this form to disclose lobbying activities pursuant to 31 USC 1352
(See reverse for public burden disclosure)**

Approved by OMB
0348-0046

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/applications <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change for Material Change only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____ if known: Congressional District, if known: _____	5. If Reporting Entity in #4 is Subawardee, enter Name and Address of Prime: _____ Congressional District, if known: _____	
6. Federal Department/Agency	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from #10a.) (last name, first name, MI):	
Attach Continuation Sheet(s) SF-LLL-A if necessary		
11. Amount of Payment (check all that apply): \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned	13. Type of Payment (check all that apply): <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____	
12. Form of Payment (check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind: specify: nature _____ value _____		
14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment indicated in Item 11: Attach Continuation Sheet(s) SF-LLL-A if necessary		
15. Continuation Sheet(s) SR-LLL-A attached: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
16. Information requested through this form is authorized by title 31 USC section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 USC 1352. This information will be reported to the congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty not less than 10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: <u>Belinda Oakley</u> Title: <u>CEO, Chartwells K12</u> Telephone #: <u>914-935-5300</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the first tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient, include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal Agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0-348-0046), Washington, DC 20503.

INSTRUCTIONS FOR COMPLETION OF SCHEDULE A

SITE INFORMATION LIST

1. Enter Sponsor's name in upper left-hand corner.
2. Use correct street address for all sites listed.
3. Check "X" if site has adequate refrigeration to store all meals ordered and could receive early deliveries.
4. Under columns (1) and (2), enter the beginning and ending dates for meal service at each site.
5. Under column (3), enter the total number of days meals will be served at each site.
6. Enter in column (5) beside the appropriate meal type, the average number of each type of meal that is estimated to be served each day at the site. For example, if a site plans to serve 11,000 lunches for 44 days during the summer, then the average is 250 ($11,000 \div 44$). Do not

insert the maximum number that will be served on a particular day during the summer.

7. Enter in column (6) the result of column (3) times column (5).
8. Enter in column (7) the delivery time for each meal type.

When estimating the Average Meals Served Per Day (column (5)), use the average from the prior summer if the site was in operation at that time.

Since Schedule A must be completed well in advance of the application deadline, it is recognized that changes will occur in the data by the time the program begins. However, be as accurate as possible since the data is used by the vendor to arrive at his bid prices. The vendor awarded the bid will accept changes after the bid opening.

Schedule A

SUMMER FOOD SERVICE PROGRAM

Sites Where Program Will Operate

Sponsor Name		Address		Contact Person/ Phone #		Food Service Management Company Name					
Jordan-Elbridge Central School District		PO Box 902, 9 N. Chappell St. Jordan, NY 13080		RJ Hartwell 315-689-8500 x 5114		Compass Group USA, Inc. by and through its Chartwells Division					
Name of Site Address & Phone #	Authorized Designee	Holding Facilities		Dates		Days of The Week	Total Days Operating	Type(s) of Meal	Estimated Aver. # of Meals/Day (6)	Total Number of Meals (4 x 6) (7)	Delivery Time for each Meal Type (8)
		Yes	No	Begin (1)	End (2)						
Jordan-Elbridge High School	RJ Hartwell	x		9/7/21	6/30/22	5	180	Breakfast	170	30,600	7-9 am
								AM Snack			
								Lunch	170	30,600	10 am-12 pm
								PM Snack			
								Supper			
Jordan-Elbridge Middle School	RJ Hartwell	x		9/7/21	6/30/22	5	180	Breakfast	120	21,600	7-9 am
								AM Snack			
								Lunch	120	21,600	10 am-12 pm
								PM Snack			
								Supper			
Jordan-Elbridge Elementary School	RJ Hartwell	x		9/7/21	6/30/22	5	180	Breakfast	200	36,000	7-9 am
								AM Snack			
								Lunch	200	36,000	10 am-12 pm
								PM Snack			
								Supper			
								Breakfast			
								AM Snack			
								Lunch			
								PM Snack			
								Supper			
								Breakfast			
								AM Snack			
								Lunch			
								PM Snack			
								Supper			

SCHEDULE B

U.S. DEPARTMENT OF AGRICULTURE – FOOD AND NUTRITION SERVICE

SUMMER FOOD SERVICE PROGRAM
MENU CYCLE *

* Sponsor shall attach a menu cycle for each site.

Attached

SCHEDULE B-1

INSERT FOOD AND BEVERAGE PROCUREMENT SPECIFICATIONS HERE

SCHEDULE C

U.S. DEPARTMENT OF AGRICULTURE – FOOD AND NUTRITION SERVICE

SUMMER FOOD SERVICE PROGRAM USDA REQUIRED MEAL PATTERNS

The meal requirements for the Program are designed to provide nutritious and well-balanced meals to each child. Except as otherwise provided in Section 225.16(b) of the SFSP regulations, the following table presents the minimum requirements for meals served to children in the Program.

BREAKFAST

Milk

Fluid Milk	1 cup (1/2 pint)
------------	------------------

Vegetables and Fruits

Vegetables and/or fruits or full-strength vegetable or fruit juice	1/2 cup
(Or an equivalent quantity of any combination of vegetables, fruits, and juice)	1/2 cup

Bread and Bread Alternates

Bread (whole-grain or enriched) or	1 slice
Bread Alternates (whole-grain or enriched):	
Cornbread, biscuits, rolls, muffins, etc. or	1 serving
Cooked pasta or noodle products or	1/2 cup
Cooked cereal grains, such as rice, corn grits, or bulgur or	1/2 cup
(Whole-grain, enriched, or fortified):	
Cooked cereal or cereal grains or cold dry cereal	3/4 cup or 1 ounce
	(whichever is less)

(Or an equivalent quantity of a combination of bread or bread alternates)

❖ (OPTIONAL) Serve as often as possible:

Meat and Meat Alternates

(See lists under Lunch or Supper)	1 ounce
-----------------------------------	---------

SCHEDULE C

SNACK (Supplemental Food)

Choose two items from the following four components:

Meat and Meat Alternates

Lean meat or poultry or fish or

1 ounce
(edible portion as served)

Meat Alternates

Cheese or

1 ounce

Egg or

1 large

Cooked dry beans or peas or

1/4 cup

Peanut butter or other nut or

Seed butters or

Nuts and/or seeds or

2 tablespoons

Yogurt (plain, sweetened or flavored)

8 ounces

(or an equivalent quantity or any combination of meat

4 ounces

Or meat alternates)

Vegetables and Fruits

Vegetables and/or fruits or

3/4 cup

Full-strength vegetable or fruit juice

3/4 cup

(or an equivalent quantity of any combination of vegetables,
fruits, and juice)

Juices cannot be served with milk

Bread and Bread Alternates

Bread (whole-grain or enriched) or

1 slice

Bread Alternates (whole-grain or enriched):

Cornbread, biscuits, rolls, muffins, etc. or

1 serving

Cooked pasta or noodle products or

1/2 cup

Cooked cereal grains, such as rice, corn grits, or bulgur or

1/2 cup

(Whole-grain, enriched, or fortified):

Cooked cereal or cereal grains or cold dry cereal

3/4 cup or 1 ounce
(whichever is less)

(Or an equivalent quantity of a combination of bread or bread alternates)

Milk

Fluid Milk

1 cup (1/2 pint)

SCHEDULE C

LUNCH OR SUPPER

Milk

Fluid Milk 1 cup (1/2 pint)

Meat and Meat Alternates

Lean meat or poultry or fish or 2 ounces
(edible portion as served)

Cheese or 2 ounces

Egg or 1 large

Cooked dry beans or peas or 1/2 cup

Peanut butter or other nut or

Seed butters or

Nuts and/or seeds or

4 tablespoons

Yogurt (plain, sweetened or flavored)

1 ounce = 50% *

(or an equivalent quantity of any combination of meat
or meat alternates)

Vegetables and Fruits

Vegetables and/or fruits (2 or more selections for a total of 3/4 cups) or 3/4 cup

Full-strength vegetable or fruit juice

3/4 cup

(or an equivalent quantity of any combination of vegetables,
fruits, and juice)

Juice may not be counted to meet more than 1/2 of this requirement.

Bread and Bread Alternates

Bread (whole-grain or enriched) or 1 slice

Bread Alternates (whole-grain or enriched):

Cornbread, biscuits, rolls, muffins, etc. or

1 serving

Cooked pasta or noodle products or

1/2 cup

Cooked cereal grains, such as rice, corn grits, or bulgur

1/2 cup

(Or an equivalent quantity of a combination of bread or bread alternates)

* No more than one-half of the requirement shall be met with nuts or seeds. Nuts or seeds shall be combined with another meat/meat alternate to fulfill the requirement.

NOTE: The serving sizes of food specified in the meal patterns are minimum amounts. If the administering agency approves the sponsor to serve smaller portion sizes to children under 6 years, the Sponsor must meet the meal patterns specified in the Child Care Food Program (CCFP) regulations. You can obtain copies of these regulations from your State agency. Children over 6 years old may be served larger portions, but not less than the minimum requirements specified in the Summer Food Service Program regulations. Remember that you do not receive reimbursement for meals that do not meet the minimum program requirements.

SCHEDULE D**SPONSOR: Jordan-Elbridge CSD****UNIT PRICE SCHEDULE****INSTRUCTION:**

VENDOR: Complete items (d) and (e) for each meal type.

SPONSOR: Complete items (a) – (c) for each meal type.

Total Meals X Cost = Total Cost

(a) MEAL TYPE (i.e. Lunch)	(b) AVERAGE DAILY MEALS NEEDED ¹	(c) TOTAL NUMBER OF MEALS ²	(d) UNIT COST ³	(e) TOTAL BID
Breakfast	490	88,200	\$2.6813	\$236,490.66
Lunch	490	88,200	\$3.0069	\$265,208.58

ADJUSTMENTS

If the average daily meals billed is less than the average daily meals needed (per item (b) above) a one time adjustment to the unit price will be made as follows:

AVERAGE DAILY MEALS BILLED
- AVERAGE DAILY MEALS NEEDED

MULTIPLY "UNIT COST" (D)
BY THIS AMOUNT

81 – 90%	1.05
71 – 80%	1.10
61 – 70%	1.15
51 – 60%	1.20
50% or below	1.30

EXAMPLE: If the average daily meals billed – by the "average daily meals needed" (item b above) = .82 or 82%, multiply the "unit cost" (item d above) by 1.05.

The contractor will invoice the Sponsor at the 100% unit cost indicated above bi-weekly. To determine if an additional cost per meal is due the vendor, complete the following calculation. Divide the total number of meals billed by type (lunch, breakfast or supplement) for the total length of the program by the total number of days the program was operated. Any additional charges resulting from this higher "adjustment" will be reflected in the final statement from the vendor.

NOTE: The unit cost per meal should not exceed the maximum operational reimbursement for each meal type as stated in Part 7 CFR225 of the federal regulations.

1. Obtained from Columns (3) and (6), Schedule A, by dividing total meals for each specific meal type by the greatest number of days operated by a site in Column (3).
2. Obtained from Schedule A by totaling Column (6) for each specific meal type.
3. Unit cost specified is that cost based on 100% Average Meals Needed Per Day.

SUMMARY BID SHEET

MEAL TYPE	TOTAL NUMBER OF MEALS	UNIT COST ¹	TOTAL
Breakfast	88,200	\$2.6813	\$236,490.66
AM Snack		\$	\$
Lunch	88,200	\$3.0069	\$265,208.58
PM Snack		\$	\$
Supper		\$	\$
TOTAL	176,400	\$	\$501,699.24

¹ Unit cost must be identical to those costs listed on the UNIT PRICE SCHEDULE

SCHEDULE E

Standard Clauses for All New York State School Food Authority – Food Service Management Company Contracts

The parties of the attached contract, license, lease amendment or other agreement or any kind (hereinafter, the contract or this contract) agree to be bound by the following clauses which are hereby made a part of the contract (the word Contractor herein refers to any party other than the School Food Authority (SFA), whether a contractor, licensor, licensee, lessor, lessee, or any other party):

1. **GOVERNING LAW.** This contract shall be governed by the laws of the State of New York except where the Federal supremacy clause requires otherwise.
2. **CONFLICTING TERMS.** In the event of a conflict between the terms of the contract (including any and all attachments thereto amendments thereof) and the terms of this Schedule E, the terms of this Schedule E shall control.
3. Contracts shall recognize mandatory standards and policies relating to energy efficiency which are contained in the State energy conservation plan issued in compliance with the Energy Policy and Conservation Act (P.L. 94-163).

Grantor agencies are permitted to require changes, remedies, changed conditions, access and record retention and suspension of work clauses approved by the Office of Federal Procurement Policy.

4. **HOLD HARMLESS.** The Contractor shall be solely responsible and answerable in damages for any and all accidents and/or injuries to persons (including death) or property arising out of or related to the negligent acts, errors or omissions of its employees providing the services rendered by the Contractor pursuant to this Agreement. The Contractor shall defend and indemnify and hold harmless the SFA and its officers and employees from claims, suits, actions, damages and costs of every nature arising out of the negligent provision of services pursuant to this Agreement.
5. Where applicable, all contracts awarded by grantees and subgrantees in excess of \$2,000 for construction contracts and in excess of \$2,500 for other contracts which involve the employment of mechanics or laborers shall include a provision for compliance with Sections 103 and 107 of the Contract Work Hours and Safety Standards Act (40 USC 327 330) as supplemented by Department of Labor regulations (29 CFR, Part 5). Under Section 103 of the Act, each contractor shall be required to compute the wages of every mechanic and laborer on the basis of standard workday of 8 hours and a standard workweek of 40 hours. Work in excess of the standard workday or workweek is permissible provided that the worker is compensated at a rate of not less than 1 times the basic rate of pay for all hours worked in excess of 8 hours in any calendar day or 40 hours in the workweek. Section 107 of the Act is applicable to construction work and provides that no laborer or mechanic shall be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous to his health and safety as determined under construction safety and health standards promulgated by the Secretary of Labor. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

PO Box 136
Pulaski, NY 13142
315.532.7033

TB Finn Online, LLC

SCAN

To:	Mr. Jim Froio, Superintendent	From:	Bonnie Finnerty
Fax:	NA	Pages:	15, incl. cover sheet
Phone:	315.532.7033	Date:	June 7, 2021
Re:	Admin Coaching Service Proposal	cc:	

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

Hello Jim.

Please find attached the School Leader Coaching Service Contract proposal we discussed. Upon your review, please feel free to contact me to discuss the contract proposal in more detail. I am more than happy to answer any questions you may have. In addition, I'd like to talk further about the kick-off work on July 22nd for your admin retreat.

I thank you for this opportunity and look forward to working with your team.

Respectfully,

Bonnie

School Leader Coaching Service Contract

I. The Parties. This Service Contract ("Agreement") made _____ ("Effective Date"), is by and between:

Service Provider: TB Finn Online, LLC, with a mailing address of PO Box 136, City of Pulaski, NY 13142 ("Service Provider"),

AND

Client: _____, with a mailing address of _____, City of _____, State of _____ ("Client"),

Service Provider and Client are each referred to herein as a "Party" and, collectively, as the "Parties."

NOW, THEREFORE, FOR AND IN CONSIDERATION of the mutual promises and agreements contained herein, the Client hires the Service Provider to work under the terms and conditions hereby agreed upon by the Parties:

II. Term. The term of this Agreement shall commence on July 21, 2021 and terminate: (check one)

☐ - **At-Will:** Written notice of at least _____ days' notice.

☒ - **End Date:** On June 30, 2022.

☐ - **Other:** _____.

III. The Service. The Service Provider agrees to provide the following: _____ See attached proposal (Addendum A) dated June 3, 2021.

Hereinafter known as the "Service".

Service Provider shall provide, while providing the Service, that he/she/they shall comply with the policies, standards, and regulations of the Client, including local, State, and Federal laws and to the best of their abilities.

IV. Payment Amount. The Client agrees to pay the Service Provider the following compensation for the Service performed under this Agreement: (check one)

☐ - \$ _____ / Hour

☐ - \$ _____ / per Job.

☒ - Other: \$15,000.00.

Hereinafter known as the "Payment Amount".

V. Payment Method. The Client shall pay the Payment Amount: (check one)

☐ - When Invoiced

☐ - Daily

☐ - Weekly

☐ - Bi-Weekly

☐ - Monthly

X - Other: Two equal payments: First payment on or by December 31, 2021.
Second payment on or by June 30, 2022.

Hereinafter known as the "Payment Method". The Payment Amount and Payment Method collectively shall be referred to as "Compensation".

VI. Retainer. The Client is: (check one)

☐ - To pay a retainer in the amount of \$_____ to the Service Provider as an advance on future Services to be provided ("Retainer"). (check one)

☐ - Retainer is Refundable.

☐ - Retainer is Non-Refundable.

X - Not required to pay a retainer before the Service Provider is able to commence work.

VII. Taxes. Service Provider shall pay and be solely responsible for all withholdings, including, but not limited to, Social Security, State unemployment, State and Federal income taxes, and any other obligations. In addition, Service Provider shall pay all applicable sales or use taxes on the labor provided and materials furnished or otherwise required by law in connection with the Services performed.

VIII. Independent Contractor Status. Service Provider acknowledges that he/she/they are an independent contractor and not an agent, partner, joint venture, nor an employee of the Client. Service Provider shall have no authority to bind or otherwise obligate the Client in any manner, nor shall the Service Provider represent to anyone that it has a right to do so.

IX. Additional Terms & Conditions. The Payment Amount includes all costs related to this service contract including, but not limited to: travel, materials, supplies, copying, software, phone and internet service. No additional fees or costs will be billed to the client.

XXI. Entire Agreement. This Agreement constitutes the entire agreement between the Parties to its subject matter and supersedes all prior contemporaneous agreements,

representations, and understandings of the Parties. No supplement, modification, or amendment of this Agreement shall be binding unless executed in writing by all Parties.

IN WITNESS WHEREOF, the Parties hereto agree to the above terms and have caused this Agreement to be executed in their names by their duly authorized officers.

Client's Signature _____ **Date** _____

Print Name _____

Service Provider's Signature Bonnie Finerty **Date** June 3, 2021

Print Name Bonnie Finerty

ADDENDUM A

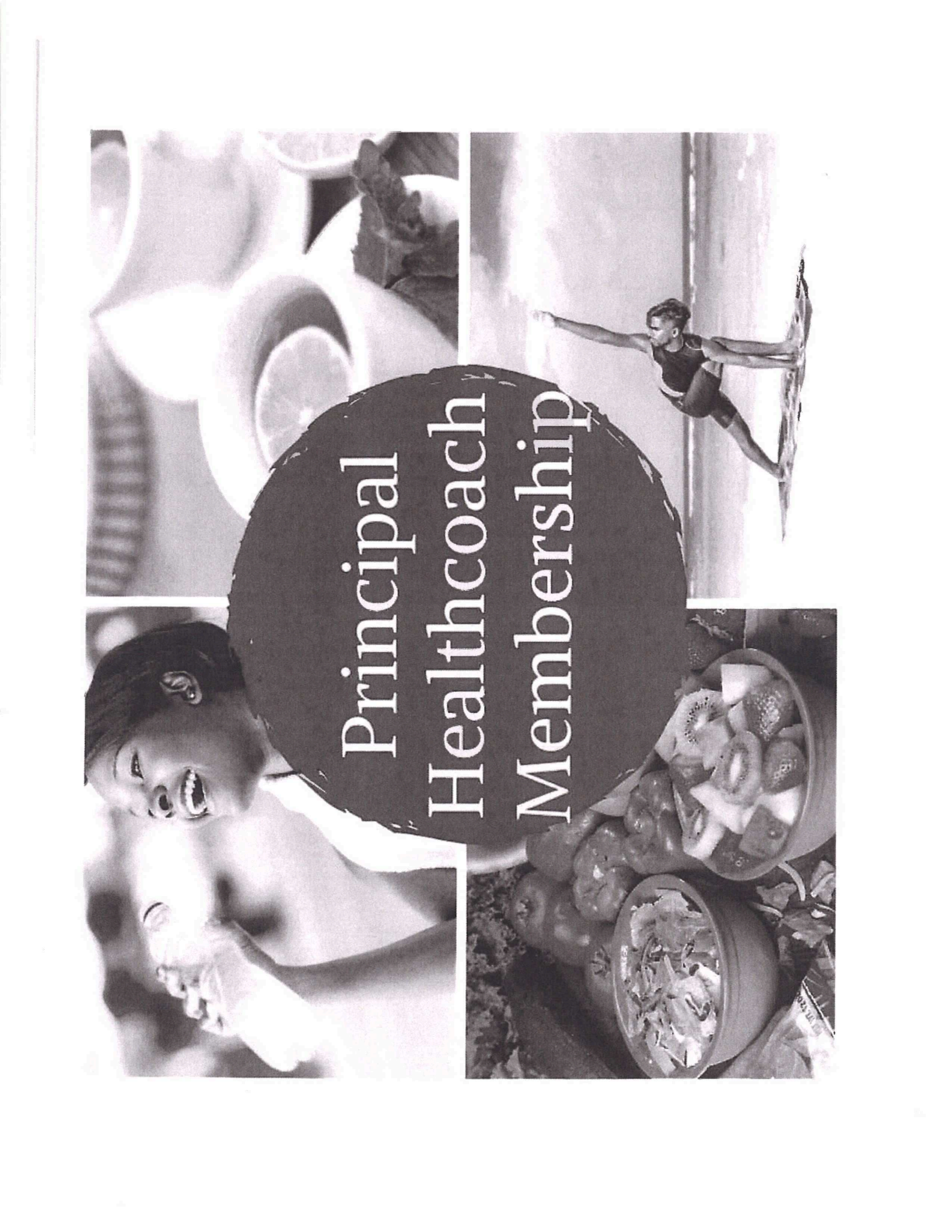
Contract for Service Details

Dated: June 3, 2021

Contract term: July 21, 2021 – June 30, 2022

Below, please find the details of the School Leader Coaching Service Agreement between TB Finn Online, LLC (specifically Bonnie Finnerty, coach/mentor) and the Jordan-Elbridge CSD.

1. In-person introductory session with entire Jordan-Elbridge administrative team on July 21, 2021 during their 2021 Summer Administrator Retreat (time, duration and content TBD). (\$1500 value)
2. Weekly individual coaching/mentoring for 7 school leaders (6 non-tenured, 1 tenured). This service provider will hold Tuesdays and Wednesdays in her schedule each week as priority days for J-E administrator coaching/mentoring/planning scheduling. (\$28,000 value)
 - a. One in-person coaching/mentoring/planning session (up to 60 minutes each) per administrator during the first week of each month commencing August 1, 2021.
 - b. Three additional remote coaching/mentoring/planning sessions (up to 60 minutes each) per administrator each month via Zoom.
 - c. Coaching/mentoring/planning sessions will focus on areas of need/growth/goals as determined by each individual administrator as well as long range planning, systems thinking, "Big Rocks"/Covey-style quadrant prioritization, highly effective communication based on targeted stakeholder group, courageous conversations that result in win-win outcomes, mindset, visioning, and more.
3. Seven (7) full-access annual memberships to "Principal Healthcoach" – our online membership designed to help school leaders identify and prioritize health promoting habits so they can feel rejuvenated and expand their leadership capacity. Membership effective August 1, 2021 – June 30, 2022. (\$2800 value). Information about "Principal Healthcoach" membership has been included with this contract.



Principal Healthcoach Membership

Principal Healthcoach

CONNECT ♦ GROW ♦ LEAD ♦ REJUVENATE



Our mission is to help you identify and prioritize sustainable health promoting habits so you can feel rejuvenated and expand your leadership capacity

Principal Healthcoach Membership:

A community of principals changing the way leadership looks and feels.

[JOIN NOW](#)

**Many principals are stressed,
overwhelmed and exhausted by the daily
demands of their job.**



THAT DOESN'T HAVE TO BE YOU!

**Wouldn't it be awesome if you
could...**

- ✓Manage stress to avoid burnout
- ✓Get better, more restorative sleep
 - ✓Find "lost" time in your day
 - ✓Improve your overall health
- ✓Figure out how to "turn it all off" once you leave work
 - ✓Find balance between work, home and life
 - ✓Spend more time with loved ones
 - ✓Develop clarity, focus, and healthy habits
- ✓Connect and collaborate with other self-care minded principals
 - ✓Practice self-care
 - ✓Smile and laugh more
 - ✓Find joy in your work again

PRINCIPAL HEALTHCOACH MEMBERSHIP

Become a **PRINCIPAL HEALTHCOACH** member and receive:

- ✓ A private forum to chat and share ideas with other Principal Healthcoach members
- ✓ Weekly self-care tips, strategies & reminders to take care of YOU
- ✓ Weekly resource-rich emails focused on the SCP4 tenets designed to help you grow your leadership without sacrificing your own well-being
- ✓ Healthy recipes that compliment a principal's "on the go" lifestyle
- ✓ Motivational messages to keep you going
- ✓ Monthly Self-Care Peak Performance challenges with accountability and LIVE 60-minute group healthcoaching Q&A call
- ✓ **BONUSES:** Each month you will receive a leadership focused resource designed to help you solve issues and challenges you face in your day-to-day work as a principal

BEGIN YOUR TRANSFORMATION

BENEFITS OF JOINING

COMMUNITY FOCUSED

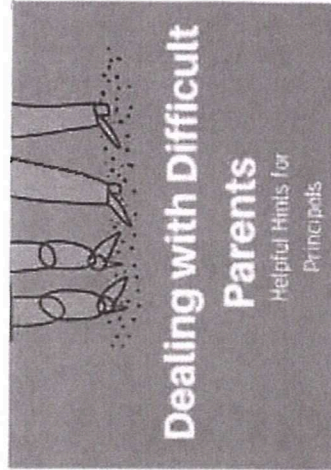
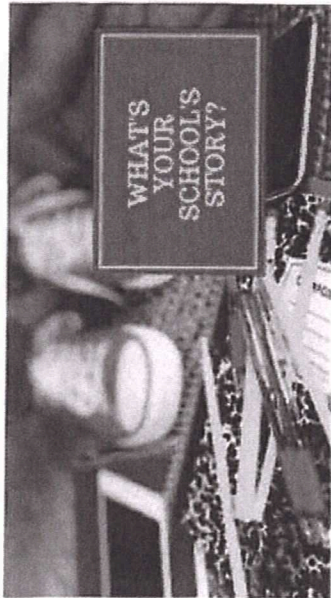
We will connect you with a community of self-care, leadership focused principals through a PRIVATE, confidential forum.

You will join like-minded principals from around the world who are leading their schools with excellence by focusing on their own well-being and finding balance between school, work and life.

You never have to "go it alone" again!

SUPPORT & COACHING

PRINCIPAL HEALTHCOACH is built around our SCP4™ program. SCP4™ stands for "Self-Care Peak Performance Power Players"™ and is the lens through which we approach our coaching and support. We recognize there are key self-care and leadership habits that when given the attention and focus needed, can have a profound impact on one's health, well-being and leadership capacity. The Peak Performance Power Players we focus on are: mindset, nutrition, sleep, stress reduction, hydration, and productivity.



SUBSTITUTE TEACHER HANDBOOK OUTLINE

- WELCOME
- GENERAL DUTIES
- TEACHING DUTIES
- SUBSTITUTE TEACHER BINDER
- DAILY TEACHER REPORT FORM
- CLASSROOM MANAGEMENT
- STUDENT DISCIPLINE PHILOSOPHY & PRACTICES
- CLASSROOM SURVIVAL TIPS
- STUDENT ENGAGEMENT STRATEGIES
- "DO NOT DO" LIST - AVOIDING NEGLIGENCE
- WORKING WELL WITH OTHERS
- CONFIDENTIALITY-FERPA

THE PRINCIPAL STOP DOING List

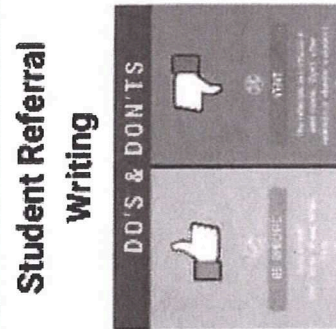
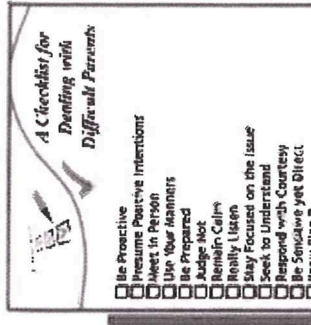
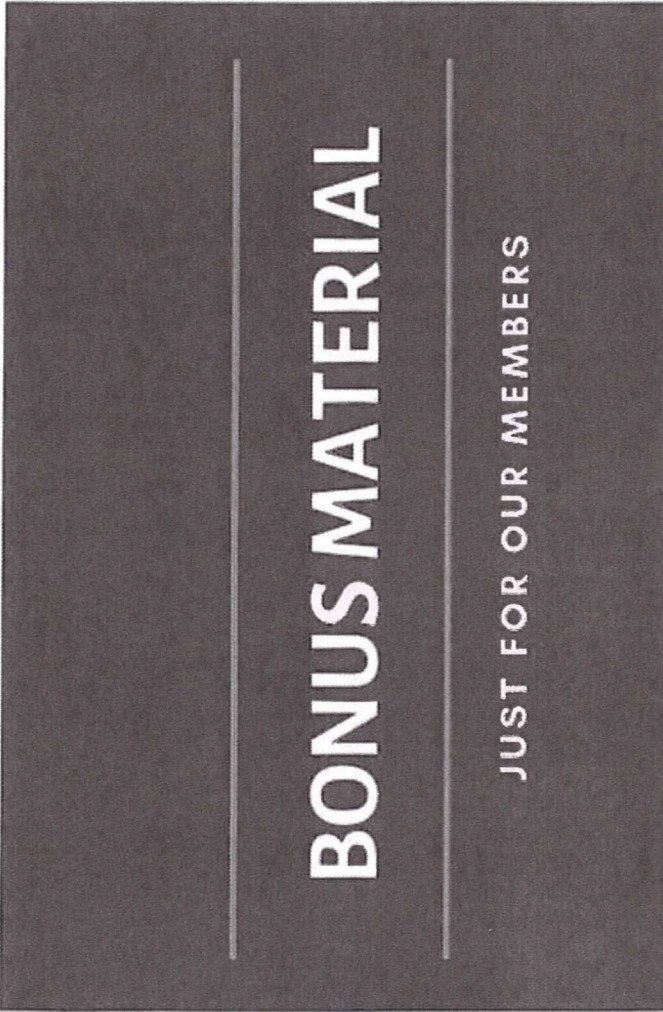
PUTTING OUT FIRES

Stop spending a disproportionate amount of time putting out fires and focus on the engine maintenance.

FOCUSING JUST ON TODAY



THE JULUL IN SCHOOL





WHAT SETS US APART FROM OTHERS?

Bonnie is a former MS/HS science and health teacher. She has 20 years experience as a public school administrator, enjoys coaching and mentoring principals, and taught post-graduate courses in Educational Leadership. She holds certifications as an Integrative Nutrition Health coach, Sleep Science, Stress Management, and Mental Performance Mastery (MPM) Coach.

Tom is a former MS/HS math teacher, Assistant Director of Technology, and currently serves as an Assistant Superintendent for Business and Personnel. He provides Principal Healthcoach technical support behind the scenes.

We understand school leadership. We practice it and live it every day.

FREQUENTLY ASKED QUESTIONS

What exactly is an Integrative Nutrition® Health Coach?

An integrative Nutrition Health Coach is:

- A supportive mentor and holistic wellness authority who will help you feel your best through individualized food and lifestyle changes that meet your unique needs and health goals
- A certified professional who provides their services through one-on-one and/or group coaching models, focusing on the idea that we're all different and have unique dietary, lifestyle, emotional, and physical needs
- A confidential, caring human being who will listen and work with you to help you discover how to fuel your body and become the healthiest, happiest version of yourself

How is PRINCIPAL HEALTHCOACH different from any other health coach membership or model?

As an experienced school administrator, Bonnie brings a unique perspective to health coaching. Her focus on principals comes directly from her personal interest in holistic wellness and her passion to support, grow and help principals become the healthiest and most well-balanced leadership version of themselves. She also recognizes that leadership at that level can often feel extremely lonely which is why active engagement by members in the **PRINCIPAL HEALTHCOACH** community is so strongly encouraged. She "gets it" because she lives it.

Could PRINCIPAL HEALTHCOACH membership benefit assistant principals or aspiring school leaders?

YES! The trainings, resources, and opportunities to connect with like-minded professionals are invaluable to up-and-coming principals and those interested in pursuing positions in school building leadership. We wish we had a resource like this when we were new administrators.

Do you accept school purchase orders?

YES! We accept a purchase order for our annual membership only. If you want to use a purchase order, please fill out our **CONTACT US** form and include "School Purchase Order" in the subject line. We will contact you within 24 hours.

Do you have a district discount?

We are pleased to offer two payment options to best suit your needs. We believe every individual will find significant value in our trainings, resources, and especially as a member in the community. We believe our membership pricing reflects that value. We do offer a 10% discount to districts with a minimum of 5 annual memberships. We also offer a larger discount for districts with 25 or more annual memberships. Please click on our **CONTACT US** page and provide us with the name and number of a district contact. Please add "Membership Discount" in the subject line. We will contact you within 24 hours with our discount information.

School Leader Coaching Service Contract

I. The Parties. This Service Contract ("Agreement") made 08/01/21 ("Effective Date"), is by and between:

Service Provider: TB Finn Online, LLC, with a mailing address of PO Box 136, City of Pulaski, NY 13142 ("Service Provider"),

AND

Client: Jordan-Elbridge CSD, with a mailing address of 9 N. Chappell St., City of Jordan, State of NY ("Client"),

Service Provider and Client are each referred to herein as a "Party" and, collectively, as the "Parties."

NOW, THEREFORE, FOR AND IN CONSIDERATION of the mutual promises and agreements contained herein, the Client hires the Service Provider to work under the terms and conditions hereby agreed upon by the Parties:

II. Term. The term of this Agreement shall commence on September 1, 2021 and terminate on June 30, 2022.

III. The Service. The Service Provider agrees to provide the following: administrator mentor service 1:1 for Nina Baker.

Hereinafter known as the "Service".

Service Provider shall provide, while providing the Service, that he/she/they shall comply with the policies, standards, and regulations of the Client, including local, State, and Federal laws and to the best of their abilities.

IV. Payment Amount. The Client agrees to pay the Service Provider the following compensation for the Service performed under this Agreement: (check one)

- ☐ - \$____ / Hour
- ☐ - \$____ / per Job.

X - Other: \$2,500.00.

Hereinafter known as the "Payment Amount".

V. Payment Method. The Client shall pay the Payment Amount: (check one)

- ☐ - When Invoiced
- ☐ - Daily
- ☐ - Weekly
- ☐ - Bi-Weekly
- ☐ - Monthly
- ☒ - Other: One payment (Full payment due on or by September 30, 2021).

Hereinafter known as the "Payment Method". The Payment Amount and Payment Method collectively shall be referred to as "Compensation".

VI. Retainer. The Client is: (check one)

- ☐ - To pay a retainer in the amount of \$_____ to the Service Provider as an advance on future Services to be provided ("Retainer"). (check one)
 - ☐ - Retainer is Refundable.
 - ☐ - Retainer is Non-Refundable.
- ☒ - Not required to pay a retainer before the Service Provider is able to commence work.

VII. Taxes. Service Provider shall pay and be solely responsible for all withholdings, including, but not limited to, Social Security, State unemployment, State and Federal income taxes, and any other obligations. In addition, Service Provider shall pay all applicable sales or use taxes on the labor provided and materials furnished or otherwise required by law in connection with the Services performed.

VIII. Independent Contractor Status. Service Provider acknowledges that he/she/they are an independent contractor and not an agent, partner, joint venture, nor an employee of the Client. Service Provider shall have no authority to bind or otherwise obligate the Client in any manner, nor shall the Service Provider represent to anyone that it has a right to do so.

IX. Additional Terms & Conditions. The Payment Amount includes all costs related to this service contract including, but not limited to: travel, materials, supplies, copying, software, phone and internet service. No additional fees or costs will be billed to the client.

XXI. Entire Agreement. This Agreement constitutes the entire agreement between the Parties to its subject matter and supersedes all prior contemporaneous agreements, representations, and understandings of the Parties. No supplement, modification, or amendment of this Agreement shall be binding unless executed in writing by all Parties.

IN WITNESS WHEREOF, the Parties hereto agree to the above terms and have caused this Agreement to be executed in their names by their duly authorized officers.

Client's Signature _____ **Date** _____

Print Name _____

Service Provider's Signature Bonnie Finnerly Date 08/01/2021

Print Name Bonnie Finnerly for
TBFinn Online, LLC

**INTERMUNICIPAL AGREEMENT FOR
SHARING A PHYSICAL EDUCATION TEACHER**

THIS AGREEMENT made this 18th day of August, 2021, by and between the **Board of Education** of Weedsport Central School District, a municipal corporation with its principal address at 2821 East Brutus Street, Weedsport, NY 13166, (hereinafter referred to as "Weedsport"); and the **Board of Education** of the Jordan-Elbridge Central School District, a municipal corporation with its principal address at 9 North Chappell Street, Jordan, NY 13080 (hereinafter referred to as "Jordan-Elbridge").

WITNESSETH:

WHEREAS, both the Weedsport Central School District and the Jordan-Elbridge Central School District continue to have a need for part-time Physical Education Teacher services; and

WHEREAS, both parties are interested in the continuation of sharing the services of a Physical Education Teacher; and

WHEREAS, Weedsport and Jordan-Elbridge are authorized to enter into a cooperative agreement pursuant to Article 5-G of the General Municipal Law of the State of New York to provide or share services that each of them may provide to their respective school district; and

WHEREAS, Weedsport and Jordan-Elbridge have reached agreement as to the terms and conditions of such intermunicipal contract and are desirous of memorializing their understanding, expectations, and representations as to their agreement; and

WHEREAS, the respective governing boards of the Weedsport and Jordan-Elbridge have, by a majority vote, approved the actions set forth in this agreement; and

WHEREAS, the respective governing boards of the Weedsport and Jordan-Elbridge have determined that it is in the best interests of each of their respective municipal corporations to enter into this municipal cooperative agreement; and

WHEREAS, a majority of the governing boards of the Weedsport and Jordan-Elbridge have, by separate resolution of each entity, approved the execution of this agreement by its appropriate executive officers.

NOW, THEREFORE, in consideration of the premises and the covenants hereinafter set forth, the Weedsport Central School District and Jordan-Elbridge Central School District agree as follows:

**ARTICLE I
SERVICES TO BE PROVIDED AND PAYMENTS**

1.1 The Weedsport Central School District agrees to recruit, select, appoint and compensate a Physical Education Teacher to provide services to both Weedsport and Jordan-Elbridge for the 2021 – 2022 school year thereafter as may be agreed between the parties.

1.2 Each school district shall have the use of a portion of the time and services of the person appointed to the position of Physical Education Teacher. The work schedule shall be jointly determined by the Superintendents of Schools or their designees for Weedsport and Jordan-Elbridge and such schedule shall be arranged for the mutual benefit of both parties. It is anticipated that the initial salary for the 2021 – 2022 school year for the Physical Education Teacher shall be \$64,253.00 including benefits.

1.3 Each school district shall be responsible for obtaining a substitute teacher when necessary and shall also be responsible for the cost of the substitute.

1.4 The Jordan-Elbridge Central School District shall reimburse the Weedsport Central School District for 0.5 FTE of the salary, benefits, retirement contributions, social security and FICA payments, health and dental insurance, and all other authorized expenses of the individual appointed to the position of Physical Education Teacher for the period during which services are provided. The Weedsport Central School District shall submit an invoice to the Jordan-Elbridge Central School District throughout the 2021 – 2022 school year on a monthly basis. The Jordan-Elbridge Central School District shall make payment within thirty days of the submission of the invoice.

1.5 The parties shall meet at least twice each year to review the performance of the Physical Education Teacher and to determine that the work assignments have been equitably distributed. Arrangements for each succeeding year of this agreement shall be completed and mutually agreed to on or before May 1 of each year.

ARTICLE II INDEMNITY AND INSURANCE

2.1 Weedsport and Jordan-Elbridge agree that each will perform their duties and/or exercise their rights under this agreement in such a manner as not to create an unreasonable risk of liability or damage to the other or third parties. In the event that either the Weedsport or Jordan-Elbridge performs or acts under this agreement in a negligent or intentional manner, causing, causing uninsured damage or liability to the other party to this agreement, the party causing the damages or liability shall hold harmless, defend at its expense, indemnify, and make whole the other party from such damage or liability.

2.2 The parties agree to obtain such normal and usual casualty, liability and errors and omissions insurance coverage for the sharing of the Physical Education Teacher position. The parties shall provide copies of such policies to each other, and such policies shall reflect that Weedsport and Jordan-Elbridge are named insured under such policies.

2.3 Weedsport and Jordan-Elbridge agree to notify as soon as practicable each if any claim, assessment, or lawsuit shall be instituted against any of the parties to this agreement regarding the conduct, actions, or omissions of the Physical Education Teacher and in no event later than ten (10) days of receipt of such information. Each party agrees to notify as soon as practicable the other party to this agreement of any event or state of facts that may create liability or claims being assessed against either party to this agreement regarding the operation, maintenance, control, and use of the facility, and in no event later than ten (10) days of receipt of such information.

ARTICLE III COOPERATION

3.1 Weedsport and Jordan-Elbridge agree that each entity will cooperate with each other and comply with reasonable operation rules and regulations relating to the Physical Education Teacher for their mutual benefit. Each will act reasonably and in good faith in accomplishing the intent and purposes of this agreement. The operational rules shall be established by mutual resolution of Weedsport and Jordan-Elbridge.

ARTICLE IV
INTERRUPTION OR UNAVAILABILITY OF SERVICE AND MATERIAL CHANGES

4.1 In the event that there is an interruption or unavailability of service or a material change in Physical Education Teacher services the parties agree to notify each other and promptly schedule a meeting to confer with respect to restoring or modifying services in order to permit the terms of the agreement to continue in the form and manner originally intended.

4.2 In the event that the level of Physical Education Teacher services cannot be restored, or there is no agreement on the implementation of alternative arrangements, either party may terminate this agreement in accordance with the provisions of Article V below except that the time limits contained in section 5.2 shall be reduced to thirty (30) days written notice.

ARTICLE V
TERM

5.1 The term of this agreement shall be from July 1, 2021 through June 30, 2022.

5.2 Either party may terminate this agreement upon the adoption of a resolution by the Board of Education and the giving of written notice to the other party at least sixty (60) days in advance of the effective date of terminations.

5.3 Upon the termination or expiration of the agreement, neither party shall have any further or continuing obligations or responsibilities to the other party.

IN WITNESS THEREOF, the parties have caused this agreement to be executed by their respective duly authorized officers on the day and year above written.

**WEEDSPORT CENTRAL
SCHOOL DISTRICT**

**JORDAN-ELBRIDGE CENTRAL
SCHOOL DISTRICT**

Signature

Signature

Date

Date



JAMES FROIO
JORDAN-ELBRIDGE CSD
PO BOX 902
JORDAN, NY 13080

FINGERPRINT CLEARANCE

FOR EMPLOYMENT

This is a notice that on 08/16/2021, **CHRISTOPHER E CHASE** filed his/her fingerprints with the New York State Education Department and has been cleared for employment in your school. Please note that this clearance is valid only for your school and may not be used for any other purpose, including but not limited to, employment at another school or institution. If your school no longer employs **CHRISTOPHER E CHASE**, you are required pursuant to Education Law and Regulations to notify OSPRA. Such notice should be made by submitting an online employment termination request or by filing a paper OSPRA 105 form, which is available on the OSPRA website.

DEBORAH A. MARRIOTT
OSPRA Fingerprinting Unit

Office of School Personnel Review and Accountability
NYS Education Department
89 Washington Avenue
Albany, NY 12234
(518)473-2998 -- Fax (518)473-8812
OSPRA@mail.nysed.gov
www.highered.nysed.gov/tcert/ospra/

Close

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JORDAN-ELBRIDGE CENTRAL SCHOOL DISTRICT

Principal/ AD Consideration of Employment

Recommendation:

To: Jim Froio – Superintendent of Schools

From: Brooke Bastian

Candidate's Name: Miranda Montgomery

Appointment Information:

Start Date: July 26th, 2021

Position: ☐ Probationary ☐ P/T FTE:

Appointment: ☐ Teacher ☐ Teaching Assistant ☐ Teacher Aide ☐ Nurse ☒ Clerical ☐ Monitor

☐ LTS Teacher ☐ Substitute Certified Teacher ☐ Substitute Non-Certified Teacher ☐ Substitute Clerical

☐ Substitute Monitor ☐ Substitute Teaching Assistant ☐ Substitute Teacher Aide ☐ Other (Indicate Below)

Coach:

☐ Head ☐ Assistant ☐ Volunteer

☐ Varsity ☐ Junior Varsity ☐ Modified ☐ Boys ☐ Girls

Salary: 13.48

☒ Hourly

☐ Yearly

☐ Seasonal

Reason for selection:

Miranda can effectively use the google suite, microsoft suite, and other relevant platforms. She has a good work ethic and focuses on the work of the day. We are hiring Miranda for a clerical typist II position.

Signature: Brooke Bastian

Date: July 14, 2021

Personnel Information – Provided for new employees and re-appointments if required

	Attached	On File	Not Required	Verified
Application			✓	
Resume	✓			
Certification			✓	
Fingerprint Clearance	✓			

Civil Service Contract Appointment Information:

Civil Service Class:

Competitive

Probationary Term:

52 weeks

Certified Contract Appointment Information:

Tenure Area:

Prior Tenure: ☐ Yes ☐ No

Certification(s):

Certification Status:

Degree:

Credits:

Probationary Start Date:

End Date:

Reviewed by District Clerk:

Signature:

Date:

7/14/21

MIRANDA MONTGOMERY

TYPIST II

CAREER OBJECTIVE

Hard-working, adaptable professional with many years of experience with customer service, data entry, and executive support. Aiming to utilize my skills to successfully fulfill the Typist II position at your school.

PROFESSIONAL EXPERIENCE

ADMINISTRATIVE CHIROPRACTIC ASSISTANT

Healing Point Chiropractic & Acupuncture, Fayetteville, NY

March 2020-November 2020

- Trained to proficiently use: Genesis, 20/20, Fortis, Review Wave, Posture Ray programs which allowed me to carry out everyday business functions including: scheduling, payment processing, contacting, and importing & exporting X-Rays and Posture Screenings.
- Solely responsible for maintaining the schedule for over 500 appointments in a 3-day period.
- In charge of supply and inventory.
- Provided detailed monthly stats to the doctor regarding patient volume, conversion percentages, payments, and appointment types.
- Created clinic flyers, slideshows, and announcements.
- Handled all incoming and outgoing calls while multitasking other office needs.
- Responsible for opening and closing clinic.
- Reviewed and prepared patient files for the doctor.

LEGAL SECRETARY

Melvin & Melvin, PLLC, Syracuse, NY / Aug 2015 - Jan 2019

- Trained to efficiently use Stewart Title's title insurance online program to create title insurance commitments and their subsequent policies for real estate matters.
- Assisted with attorney meetings by creating agendas, greeting clients, taking notes, copying documents during meeting, and thoroughly examining documents to ensure completion.
- Conserved attorney time by reading and analyzing incoming correspondence, drafting outgoing correspondence, organizing and prepping files needed for closings or proceedings, and coordinating real estate closing dates and any court dates with all parties involved.

✉ miraleighmont@gmail.com

☎ (315) 317-9930

📍 5304 Amalfi Drive Clay, NY,
13041

EDUCATION

CAYUGA COMMUNITY COLLEGE

Auburn, NY

*A.A.S. Liberal Arts Liberal Arts
(Jun 2001)*

ADDITIONAL SKILLS

Microsoft Office 2010-present:
Excel, Word and some PowerPoint

Google: Sheets, Docs, Drive,
Classroom, Slides

Strong organizational skills

Problem solver and critical thinker

History of proficiency with on-the-
job training

Detail Oriented

Anticipates Needs

Excellent verbal and written
communication

Flexible and adaptable

- Created all documents pertaining to real estate sales and purchases, traffic matters, estate administration and estate planning.
- Maintained attorney calendar.
- Placed and received phone calls, took notes, and forwarded calls as appropriate
- Maintained attorney-client privilege by keeping all forms of information confidential.
- Responsible for inputting and billing of attorney time and costs.
- Prepared and distributed invoices to bill clients and/or pay account expenses.

SUBSTITUTE TEACHING ASSISTANT

North Syracuse School District, N. Syracuse, NY / Sep 2007 – May 2009

- Worked alongside class teachers and their assistants to implement and enforce class rules and procedures.
- Learned to develop creative ways to complete daily activities with children and became adept at redirecting inappropriate behavior.
- Independently ran snack tables and small group activities for preschoolers.
- Miscellaneous copying and filing duties as needed.

ACCOUNT RECONCILIATION CLERK

FISERV, N. Syracuse, NY / Mar 2001 – Aug 2002

- Monitored, reported, and resolved customer account inquiries.
- Daily maintenance of files using the QMS system which I was trained to use.
- Developed new and useful spreadsheets for some of my more difficult accounts.
- As a go-to team player, and one who loved a challenge, I was often given some of my co-workers' files to complete in addition to my own.
- I delivered professional, efficient, and confidential service.

TELLER/SUPERVISOR

Oswego County Savings Bank, Oswego, NY / Mar 1999 – Mar 2000

- Accountable for opening and closing our branch which included: lock-down of the vault and building at night; counting and balancing my till, the vault, and the ATM (filling as needed).
- Analyzed and immediately resolved customer inquiries and complaints.
- Registration and cancellation of customer accounts.
- Precisely handled large sums of money for deposits and withdrawals.
- As a supervisor I was authorized to sign and certify official bank checks.
- In charge of supply and inventory for our branch.



JAMES FROIO
JORDAN-ELBRIDGE CSD
PO BOX 902
JORDAN, NY 13080

FINGERPRINT CLEARANCE

FOR EMPLOYMENT

This is a notice that on 07/19/2021, **MIRANDA L MONTGOMERY** filed his/her fingerprints with the New York State Education Department and has been cleared for employment in your school. Please note that this clearance is valid only for your school and may not be used for any other purpose, including but not limited to, employment at another school or institution. If your school no longer employs **MIRANDA L MONTGOMERY**, you are required pursuant to Education Law and Regulations to notify OSPRA. Such notice should be made by submitting an online employment termination request or by filing a paper OSPRA 105 form, which is available on the OSPRA website.

DEBORAH A. MARRIOTT
OSPRA Fingerprinting Unit

Office of School Personnel Review and Accountability
NYS Education Department
89 Washington Avenue
Albany, NY 12234
(518)473-2998 -- Fax (518)473-8812
OSPRA@mail.nysed.gov
www.highered.nysed.gov/tcert/ospra/

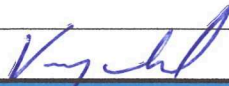
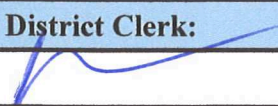
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JORDAN-ELBRIDGE CENTRAL SCHOOL DISTRICT

Buildings & Grounds Consideration of Employment

Recommendation:				
To:	Jim Froio – Superintendent of Schools	From:	Vinny Smith	
Candidate's Name:	Andrew Criss			
Appointment Information:				
Start Date:	August 2, 2021	Position:	<input checked="" type="checkbox"/> Probationary <input type="checkbox"/> P/T FTE: _____	
Appointment:	<input type="checkbox"/> Custodial Worker I <input type="checkbox"/> Custodial Worker II <input type="checkbox"/> Custodian I <input type="checkbox"/> Custodian II <input checked="" type="checkbox"/> Groundskeeper I <input type="checkbox"/> Maintenance Worker I <input type="checkbox"/> Maintenance Worker II <input type="checkbox"/> Substitute Custodial Worker <input type="checkbox"/> Driver Messenger <input type="checkbox"/> Snow Plow Crew <input type="checkbox"/> Snow Plow Crew Leader <input type="checkbox"/> Substitute Groundskeeper <input type="checkbox"/> Substitute Maintenance Worker <input type="checkbox"/> Substitute Driver Messenger <input type="checkbox"/> Other _____			
Salary:	15.50	<input checked="" type="checkbox"/> Hourly	<input type="checkbox"/> Yearly <input type="checkbox"/> Seasonal	
Reason for selection:				
Andy comes to JE with an extensive landscaping background. He is well rounded for all types of facilities work, and is going to make a great addition to the JE team. I look forward to having him work with us.				
Signature:	Vinny Smith 	Date:	7/22/21	
Personnel Information – Provided for new employees and re-appointments if required				
	Attached	On File	Not Required	Verified
Application	✓			
Resume				
Certification				
Fingerprint Clearance	✓			
Civil Service Contracted Appointment Information:				
Civil Service Class:		Probationary Term:		
Reviewed by District Clerk:				
Signature:		Date:	7/22/21	

Application for Instructional Position in the Jordan-Elbridge School District[Back to candidate list](#)**Position(s) desired** Groundskeeper (Anticipated)**Applicant e-mail address** acccato@yahoo.com**Applicant's resume** [resume](#)**Applicant's cover letter** [cover letter](#)**Date interviewed****Interviewed By****Folder Number****Invalid Certification** ☐**Personal Information****First Name** Andrew**Last Name** Criss**Date Applied** 05/30/2021**Middle Initial****Home Address** 2161 Old Seneca Turnpike**City** Marcellus **State** NY **Zip** 13108**Home Phone** 315-529-9188 **Cell Phone:** **Work Phone****Work Address****Retirement Number****Present Position** Seasonal Groundskeeper at West Genesee Central School District **Salary** \$**NYS Certification Test Dates****LAST** **ATS-W** **CST****Training****School Violence Prevention & Intervention (Date)** **Child Abuse Identification (Date)****NYS Certification****Area or Field of Certificate** **for Grades:** **Date Issued:** **Certification Code:****Area or Field of Certificate** **for Grades:** **Date Issued:** **Certification Code:****Area or Field of Certificate** **for Grades:** **Date Issued:** **Certification Code:****Area or Field of Certificate****Out of State Certification****Area or Field of Certificate** **for Grades:** **Date Issued:** **State:****Area or Field of Certificate** **for Grades:** **Date Issued:** **State:****Educational Background****High School** Cato-Meridian High School**Location** Cato, NY **Dates Attended** 1990-1994**Type of Diploma** Regents Diploma **Date Granted** 1994**Distinctions and Honors****College/University** Cayuga Community College**Location** Auburn, NY **Dates Attended** 1994-1996**Type of Degree** **Date Granted****Major** Business & Management **Distinctions and Honors****Second College/University****Location** **Dates Attended****Type of Degree** **Date Granted****Major** **Distinctions and Honors****Graduate Studies****Location** **Dates Attended****Type of Degree** **Date Granted**

Major Distinctions and Honors
 Other Graduate Studies
 Location Dates Attended
 Type of Degree Date Granted
 Major Distinctions and Honors
 Master's Degree no
 CAS no
 National Board Certification no
 ASHA Certification no
 PhD no

Number of Semester Credit Hours Above Bachelor's Degree 0

Employment History

Public School Teaching (List most recent experience first)

School Location and Ph. Number

Grade or Subject Total Years

Dates

School Location and Ph. Number

Grade or Subject Total Years

Dates

School Location and Ph. Number

Grade or Subject Total Years

Dates

College or University Teaching

School Location and Ph. Number

Subject Area Total Years

Dates

School Location and Ph. Number

Subject Area Total Years

Dates

Other Teaching (including substituting)

School Location and Ph. Number

Grade or Subject Total Years

Dates

School Location and Ph. Number

Grade or Subject Total Years

Dates

Student Teaching

School Location and Ph. Number

Grade or Subject Total Years

School Location and Ph. Number

Grade or Subject Total Years

Activities

Positions of leadership held or honors received in college, teaching, or in the community:

Experience in organizations you feel help qualify you for the position:

Recent participation in professional events:

Other Experiences with Children

Type of Experience	City and State	Kind of Work	Dates	Length of Service

Non - Teaching Work Experience

Name of Firm or Employer	City and State	Kind of Work	Dates	Length of Service
West Genesee Central School District	Camillus, NY	Groundskeeper (Seasonal)	5/24/2021-present	
SUNY ESF	Syracuse, NY	Painter/Facilities Operations Assistant 1 (Grounds)/SG-5 Cleaner	11/2007-03/2021	13.5 years
Lyncourt Union Free School District	Syracuse, NY	Maintenance Assistant	09/2011-12/2017	6 years

Military Service

In United States Armed Forces no

Length of Service Branch: Date of Discharge:

Professional References

Name	Official Position	Institution	Present Address	Telephone
------	-------------------	-------------	-----------------	-----------

Mark Barbuto	Event Staff Manager	Syracuse University		315-443-5202
Nan Clark	Circulation Manager	SUNY ESF		315-470-6726
Michael Vargason	Facilities Operations Assistant 2 (Grounds)	SUNY ESF		315-559-1128

Please explain how you perceive your long-term purposes and contributions to the education of children.

Have you been fingerprinted? yes

Have you submitted your fingerprints to New York State Ed. Dept.? yes

Have you ever been convicted of a felony? no

Have you ever submitted an application to the Jordan-Elbridge School District? no

If so, for what position? Position: Date:

Have you ever been employed by the Jordan-Elbridge School District? no

If yes, date and position.

How did you learn about this opening? School Website

WLC 7-21-2021



JAMES FROIO
JORDAN-ELBRIDGE CSD
PO BOX 902
JORDAN, NY 13080

FINGERPRINT CLEARANCE

FOR EMPLOYMENT

This is a notice that on 07/21/2021, **ANDREW C CRISS** filed his/her fingerprints with the New York State Education Department and has been cleared for employment in your school. Please note that this clearance is valid only for your school and may not be used for any other purpose, including but not limited to, employment at another school or institution. If your school no longer employs **ANDREW C CRISS**, you are required pursuant to Education Law and Regulations to notify OSPRA. Such notice should be made by submitting an online employment termination request or by filing a paper OSPRA 105 form, which is available on the OSPRA website.

DEBORAH A. MARRIOTT
OSPRA Fingerprinting Unit

Office of School Personnel Review and Accountability
NYS Education Department
89 Washington Avenue
Albany, NY 12234
(518)473-2998 -- Fax (518)473-8812
OSPRA@mail.nysed.gov
www.highered.nysed.gov/tcert/ospra/


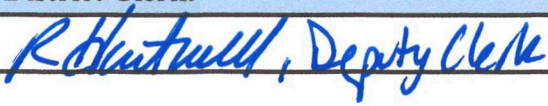
Close

Print



JORDAN-ELBRIDGE CENTRAL SCHOOL DISTRICT

Buildings & Grounds Consideration of Employment

Recommendation:				
To:	Jim Froio – Superintendent of Schools		From:	Vinny Smith
Candidate's Name:	Jeannette Roberts			
Appointment Information:				
Start Date:	August 23, 2021		Position:	<input checked="" type="checkbox"/> Probationary <input type="checkbox"/> P/T FTE: _____
Appointment:	<input checked="" type="checkbox"/> Custodial Worker I <input type="checkbox"/> Custodial Worker II <input type="checkbox"/> Custodian I <input type="checkbox"/> Custodian II			
	<input type="checkbox"/> Groundskeeper I <input type="checkbox"/> Maintenance Worker I <input type="checkbox"/> Maintenance Worker II <input type="checkbox"/> Substitute Custodial Worker			
	<input type="checkbox"/> Driver Messenger <input type="checkbox"/> Snow Plow Crew <input type="checkbox"/> Snow Plow Crew Leader			
	<input type="checkbox"/> Substitute Groundskeeper <input type="checkbox"/> Substitute Maintenance Worker <input type="checkbox"/> Substitute Driver Messenger			
	<input type="checkbox"/> Other _____			
Salary:	13.20	<input checked="" type="checkbox"/> Hourly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Seasonal
Reason for selection:				
Jeannette is a current summer employee doing an outstanding job. She is looking forward to coming on full time.				
Signature:	Vinny Smith 		Date:	8/13/21
Personnel Information – Provided for new employees and re-appointments if required				
	Attached	On File	Not Required	Verified
Application		✓		
Resume				
Certification				
Fingerprint Clearance	✓			
Civil Service Contracted Appointment Information:				
Civil Service Class:		Probationary Term:		
Reviewed by District Clerk:				
Signature:			Date:	8/13/21



JAMES FROIO
JORDAN-ELBRIDGE CSD
PO BOX 902
JORDAN, NY 13080

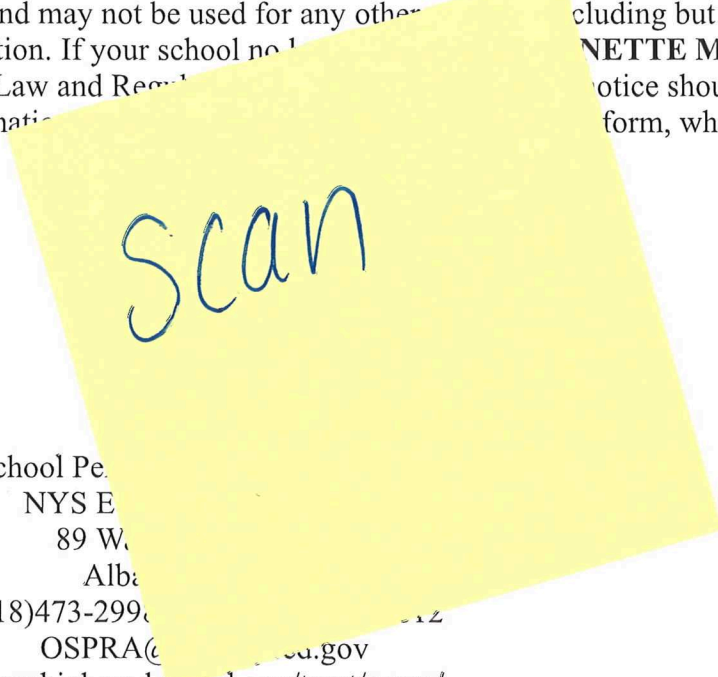


FINGERPRINT CLEARANCE

FOR EMPLOYMENT

This is a notice that on 08/06/2021, **JEANNETTE M ROBERTS** filed his/her fingerprints with the New York State Education Department and has been cleared for employment in your school. Please note that this clearance is valid only for your school and may not be used for any other employment, including but not limited to, employment at another school or institution. If your school no longer employs **JEANNETTE M ROBERTS**, you are required pursuant to Education Law and Regulations to submit a notice of termination. Notice should be made by submitting an online employment termination form, which is available on the OSPRA website.

DEBORAH A. MARRIOTT
OSPRA Fingerprinting Unit



Office of School Personnel
NYS Education Department
89 West Broadway
Albany, NY 12242
(518)473-2990
OSPRA@nysed.gov
www.highered.nysed.gov/tcert/ospra/


Close

Print



JORDAN-ELBRIDGE CENTRAL SCHOOL DISTRICT

Principal/ AD Consideration of Employment

Recommendation:				
To:	Jim Froio – Superintendent of Schools		From:	Catherine Hardman
Candidate's Name:		Patricia Kazmierski		
Appointment Information:				
Start Date:	August 16, 2021		Position:	<input type="checkbox"/> Probationary <input type="checkbox"/> P/T FTE: _____
Appointment:	<input type="checkbox"/> Teacher <input type="checkbox"/> Teaching Assistant <input type="checkbox"/> Teacher Aide <input type="checkbox"/> Nurse <input type="checkbox"/> Clerical <input type="checkbox"/> Monitor			
	<input type="checkbox"/> LTS Teacher <input type="checkbox"/> Substitute Certified Teacher <input type="checkbox"/> Substitute Non-Certified Teacher <input checked="" type="checkbox"/> Substitute Clerical			
	<input type="checkbox"/> Substitute Monitor <input type="checkbox"/> Substitute Teaching Assistant <input type="checkbox"/> Substitute Teacher Aide <input type="checkbox"/> Other (Indicate Below)			
Coach: _____				
<input type="checkbox"/> Head	<input type="checkbox"/> Assistant	<input type="checkbox"/> Volunteer		
<input type="checkbox"/> Varsity	<input type="checkbox"/> Junior Varsity	<input type="checkbox"/> Modified	<input type="checkbox"/> Boys	<input type="checkbox"/> Girls
Salary:	\$13.20	<input checked="" type="checkbox"/> Hourly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Seasonal
Reason for selection:				
Patricia has experience working in a school business office at Liverpool Central School District. She has experience working in purchasing and account payable clerical roles. Patricia is eager to work in a school district office environment as needed.				
Signature:			Date:	August 11, 2021
Personnel Information – Provided for new employees and re-appointments if required				
	Attached	On File	Not Required	Verified
Application	✓			
Resume	✓			
Certification			✓	
Fingerprint Clearance	✓			
Civil Service Contracted Appointment Information:				
Civil Service Class:		Probationary Term:		
Certified Contracted Appointment Information:				
Tenure Area:		Prior Tenure:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certification(s):				
Certification Status:		Degree:		Credits: _____
Probationary Start Date:		End Date:		
Reviewed by District Clerk:				
Signature:			Date:	



JORDAN-ELBRIDGE CENTRAL SCHOOL DISTRICT

Principal/ AD Consideration of Employment

Recommendation:				
To:	Jim Froio – Superintendent of Schools		From:	Catherine Hardman
Candidate's Name:	Patricia Kazmierski			
Appointment Information:				
Start Date:	September 1, 2021		Position:	<input type="checkbox"/> Probationary <input type="checkbox"/> P/T FTE: _____
Appointment:	<input type="checkbox"/> Teacher <input type="checkbox"/> Teaching Assistant <input type="checkbox"/> Teacher Aide <input type="checkbox"/> Nurse <input type="checkbox"/> Clerical <input type="checkbox"/> Monitor			
	<input type="checkbox"/> LTS Teacher <input type="checkbox"/> Substitute Certified Teacher <input type="checkbox"/> Substitute Non-Certified Teacher <input type="checkbox"/> Substitute Clerical			
	<input type="checkbox"/> Substitute Monitor <input type="checkbox"/> Substitute Teaching Assistant <input type="checkbox"/> Substitute Teacher Aide <input checked="" type="checkbox"/> Other (Indicate Below)			
Coach:	Internal Claims Auditor			
	<input type="checkbox"/> Head <input type="checkbox"/> Assistant <input type="checkbox"/> Volunteer			
	<input type="checkbox"/> Varsity <input type="checkbox"/> Junior Varsity <input type="checkbox"/> Modified <input type="checkbox"/> Boys <input type="checkbox"/> Girls			
Salary:	\$2,100	<input type="checkbox"/> Hourly	<input checked="" type="checkbox"/> Yearly	<input type="checkbox"/> Seasonal
Reason for selection:				
Patricia has experience working in a school business office at Liverpool Central School District. She has experience working in purchasing and account payable clerical roles. \$2,100 yearly / 12 months/yr = \$175 monthly.				
Signature:	<i>Catherine Hardman</i>		Date:	August 11, 2021
Personnel Information – Provided for new employees and re-appointments if required				
	Attached	On File	Not Required	Verified
Application	✓			
Resume	✓			
Certification			✓	
Fingerprint Clearance			✓	
Civil Service Contract Appointment Information:				
Civil Service Class:		Probationary Term:		
Certified Contract Appointment Information:				
Tenure Area:			Prior Tenure:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certification(s):				
Certification Status:		Degree:		Credits: _____
Probationary Start Date:		End Date:		
Reviewed by District Clerk:				
Signature:			Date:	

Application for Instructional Position in the Jordan-Elbridge School District

[Back to candidate list](#)

Position(s) desired Claims Auditor

Applicant e-mail address triciac50279@yahoo.com

Applicant's resume No file chosen

Applicant's cover letter No file chosen

Date interviewed

Interviewed By

Folder Number

Invalid Certification ☐

Personal Information

First Name Patricia
Last Name Kazmierski
Date Applied 08/09/2021
Middle Initial A
Home Address 460 State Route 48
City Fulton **State** NY **Zip** 13069
Home Phone 315-760-0986 **Cell Phone:** 315-760-0986 **Work Phone**
Work Address 195 Blackberry Road, Liverpool, NY 13090
Retirement Number
Present Position School Bus Attendant **Salary** \$

NYS Certification Test Dates

LAST **ATS-W** **CST**

Training

School Violence Prevention & Intervention (Date) **Child Abuse Identification (Date)**

NYS Certification

Area or Field of Certificate for Grades: **Date Issued:** **Certification Code:**
Area or Field of Certificate for Grades: **Date Issued:** **Certification Code:**
Area or Field of Certificate for Grades: **Date Issued:** **Certification Code:**
Area or Field of Certificate

Out of State Certification

Area or Field of Certificate for Grades: **Date Issued:** **State:**
Area or Field of Certificate for Grades: **Date Issued:** **State:**

Educational Background

High School Oswego High School
Location Oswego, NY **Dates Attended** 1994-1998
Type of Diploma Diploma **Date Granted** June 1998
Distinctions and Honors

College/University

Location **Dates Attended**
Type of Degree **Date Granted**
Major **Distinctions and Honors**

Second College/University

Location **Dates Attended**
Type of Degree **Date Granted**
Major **Distinctions and Honors**

Graduate Studies

Location **Dates Attended**

Type of Degree

Major

Other Graduate Studies

Location

Type of Degree

Major

Master's Degree

CAS

National Board Certification

ASHA Certification

PhD

Number of Semester Credit Hours Above Bachelor's Degree 0

Employment History

Public School Teaching (List most recent experience first)

School	Liverpool Central School District	Location and Ph. Number	Liverpool, NY 315-622-7159
Grade or Subject	Transportation	Total Years	14+
		Dates	October 2006 - Present
School	District Office	Location and Ph. Number	Liverpool, NY 315-622-7159
Grade or Subject	Business Office	Total Years	13
		Dates	June 2008 - Present (Summer Months mostly)
School		Location and Ph. Number	
Grade or Subject		Total Years	
		Dates	

College or University Teaching

School	Location and Ph. Number
Subject Area	Total Years
	Dates
School	Location and Ph. Number
Subject Area	Total Years
	Dates

Other Teaching (including substituting)

School	Location and Ph. Number
Grade or Subject	Total Years
	Dates
School	Location and Ph. Number
Grade or Subject	Total Years
	Dates

Student Teaching

School	Location and Ph. Number
Grade or Subject	Total Years
School	Location and Ph. Number
Grade or Subject	Total Years

Activities

Positions of leadership held or honors received in college, teaching, or in the community:

Experience in organizations you feel help qualify you for the position:

I have worked in the business office for 13 years helping prepare A/P, A/R, internal claims auditor responsibilities & filing. I have also subbed for many secretaries in various departments over the years when there is a need.

Recent participation in professional events:

Other Experiences with Children

Type of Experience	City and State	Kind of Work	Dates	Length of Service

Non - Teaching Work Experience

Name of Firm or Employer	City and State	Kind of Work	Dates	Length of Service

Military Service

In United States Armed Forces no

Length of Service Branch: Date of Discharge:

Professional References

Name	Official Position	Institution	Present Address	Telephone
Cathy Hardman	Account Clerk 2	Liverpool CSD	206 Northridge Drive, Central Square, NY 13036	315-506-0453
Nicole Jones	Finishing Operator	Novelis	4428 Co Rt. 4, Oswego, NY 13126	315-591-2963

Please explain how you perceive your long-term purposes and contributions to the education of children.

Have you been fingerprinted? yes

Have you submitted your fingerprints to New York State Ed. Dept.? yes

Have you ever been convicted of a felony? no

Have you ever submitted an application to the Jordan-Elbridge School District? no

If so, for what position? Position: Date:

Have you ever been employed by the Jordan-Elbridge School District? no

If yes, date and position.

How did you learn about this opening? Cathy Hardman



JAMES FROIO
JORDAN-ELBRIDGE CSD
PO BOX 902
JORDAN, NY 13080

FINGERPRINT CLEARANCE

FOR EMPLOYMENT

This is a notice that on 08/16/2021, **PATRICIA COOPER** filed his/her fingerprints with the New York State Education Department and has been cleared for employment in your school. Please note that this clearance is valid only for your school and may not be used for any other purpose, including but not limited to, employment at another school or institution. If your school no longer employs **PATRICIA COOPER**, you are required pursuant to Education Law and Regulations to notify OSPRA. Such notice should be made by submitting an online employment termination request or by filing a paper OSPRA 105 form, which is available on the OSPRA website.

DEBORAH A. MARRIOTT
OSPRA Fingerprinting Unit

Office of School Personnel Review and Accountability
NYS Education Department
89 Washington Avenue
Albany, NY 12234
(518)473-2998 -- Fax (518)473-8812
OSPRA@mail.nysed.gov
www.highered.nysed.gov/tcert/ospra/

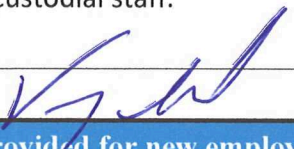
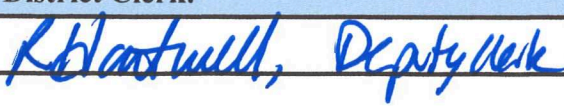
Close

Print



JORDAN-ELBRIDGE CENTRAL SCHOOL DISTRICT

Buildings & Grounds Consideration of Employment

Recommendation:				
To:	Jim Froio – Superintendent of Schools		From:	Vinny Smith
Candidate's Name:	David Criss			
Appointment Information:				
Start Date:	August 23, 2021		Position:	<input type="checkbox"/> Probationary <input checked="" type="checkbox"/> P/T FTE: _____
Appointment:	<input type="checkbox"/> Custodial Worker I <input type="checkbox"/> Custodial Worker II <input type="checkbox"/> Custodian I <input type="checkbox"/> Custodian II <input type="checkbox"/> Groundskeeper I <input type="checkbox"/> Maintenance Worker I <input type="checkbox"/> Maintenance Worker II <input checked="" type="checkbox"/> Substitute Custodial Worker <input type="checkbox"/> Driver Messenger <input type="checkbox"/> Snow Plow Crew <input type="checkbox"/> Snow Plow Crew Leader <input type="checkbox"/> Substitute Groundskeeper <input type="checkbox"/> Substitute Maintenance Worker <input type="checkbox"/> Substitute Driver Messenger <input type="checkbox"/> Other _____			
Salary:	13.20	<input checked="" type="checkbox"/> Hourly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Seasonal
Reason for selection:				
Dave is a retired individual looking for part time work. He has extensive custodial knowledge, and will make an excellent addition to the custodial staff.				
Signature:	Vinny Smith 		Date:	8/13/21
Personnel Information – Provided for new employees and re-appointments if required				
	Attached	On File	Not Required	Verified
Application	✓			
Resume				
Certification				
Fingerprint Clearance	✓			
Civil Service Contracted Appointment Information:				
Civil Service Class:		Probationary Term:		
Reviewed by District Clerk:				
Signature:			Date:	8/13/21

Application for Instructional Position in the Jordan-Elbridge School District[Back to candidate list](#)**Position(s) desired** Substitute Custodial Worker**Applicant e-mail address** [N/A](#)**Applicant's resume** No file chosen**Applicant's cover letter** No file chosen**Date interviewed****Interviewed By****Folder Number****Invalid Certification** ☐**Personal Information****First Name** David**Last Name** Criss**Date Applied** 08/08/2021**Middle Initial****Home Address** 6102 Deep Glade Drive, Apt. 101**City** Baldwinsville**State** NY **Zip** 13027**Home Phone** 315-458-1424**Cell Phone:****Work Phone****Work Address****Retirement Number****Present Position****Salary** \$**NYS Certification Test Dates****LAST** **ATS-W** **CST****Training****School Violence Prevention & Intervention (Date)** **Child Abuse Identification (Date)****NYS Certification****Area or Field of Certificate** **for Grades:** **Date Issued:** **Certification Code:****Area or Field of Certificate** **for Grades:** **Date Issued:** **Certification Code:****Area or Field of Certificate** **for Grades:** **Date Issued:** **Certification Code:****Area or Field of Certificate****Out of State Certification****Area or Field of Certificate** **for Grades:** **Date Issued:** **State:****Area or Field of Certificate** **for Grades:** **Date Issued:** **State:****Educational Background****High School****Location** **Dates Attended****Type of Diploma** **Date Granted****Distinctions and Honors****College/University****Location** **Dates Attended****Type of Degree** **Date Granted****Major** **Distinctions and Honors****Second College/University****Location** **Dates Attended****Type of Degree** **Date Granted****Major** **Distinctions and Honors****Graduate Studies****Location** **Dates Attended****Type of Degree** **Date Granted****Major** **Distinctions and Honors**

Have you ever submitted an application to the Jordan-Elbridge School District? no

If so, for what position?

Position: Date:

Have you ever been employed by the Jordan-Elbridge School District?

no

If yes, date and position.

How did you learn about this opening?

Andrew Criss (Groundskeeper)

173-22-6178



JAMES FROIO
JORDAN-ELBRIDGE CSD
PO BOX 902
JORDAN, NY 13080

FINGERPRINT CLEARANCE

FOR EMPLOYMENT

This is a notice that on 08/13/2021, **DAVID C CRISS** filed his/her fingerprints with the New York State Education Department and has been cleared for employment in your school. Please note that this clearance is valid only for your school and may not be used for any other purpose, including but not limited to, employment at another school or institution. If your school no longer employs **DAVID C CRISS**, you are required pursuant to Education Law and Regulations to notify OSPRA. Such notice should be made by submitting an online employment termination request or by filing a paper OSPRA 105 form, which is available on the OSPRA website.

DEBORAH A. MARRIOTT
OSPRA Fingerprinting Unit

Office of School Personnel Review and Accountability
NYS Education Department
89 Washington Avenue
Albany, NY 12234
(518)473-2998 -- Fax (518)473-8812
OSPRA@mail.nysed.gov
www.highered.nysed.gov/tcert/ospra/

Close

Print



JORDAN-ELBRIDGE CENTRAL SCHOOL DISTRICT

Principal/ AD Consideration of Employment

Recommendation:				
To:	Jim Froio – Superintendent of Schools		From:	Daniel Stadtmiller - Director of Health, PE, and Athletics
Candidate's Name:	Leo McCormick			
Appointment Information:				
Start Date:	School Year 2021-22		Position:	<input type="checkbox"/> Probationary <input type="checkbox"/> P/T FTE: _____
Appointment:	<input type="checkbox"/> Teacher <input type="checkbox"/> Teaching Assistant <input type="checkbox"/> Teacher Aide <input type="checkbox"/> Nurse <input type="checkbox"/> Clerical <input type="checkbox"/> Monitor			
	<input type="checkbox"/> LTS Teacher <input type="checkbox"/> Substitute Certified Teacher <input type="checkbox"/> Substitute Non-Certified Teacher <input type="checkbox"/> Substitute Clerical			
	<input type="checkbox"/> Substitute Monitor <input type="checkbox"/> Substitute Teaching Assistant <input type="checkbox"/> Substitute Teacher Aide <input checked="" type="checkbox"/> Other (Indicate Below)			
Coach:	Karate Instructor			
<input type="checkbox"/> Head	<input type="checkbox"/> Assistant	<input type="checkbox"/> Volunteer		
<input type="checkbox"/> Varsity	<input type="checkbox"/> Junior Varsity	<input type="checkbox"/> Modified	<input checked="" type="checkbox"/> Boys	<input checked="" type="checkbox"/> Girls
Salary:	\$8000.10	<input type="checkbox"/> Hourly	<input checked="" type="checkbox"/> Yearly	<input type="checkbox"/> Seasonal
Reason for selection:				
Leo will instruct our high school karate program and has years of experience doing so. \$266.67 per week x 30 weeks = \$8000.00 prorated over actual time worked.				
Signature:	Dan Stadtmiller		Date:	8/13/21
Personnel Information – Provided for new employees and re-appointments if required				
	Attached	On File	Not Required	Verified
Application		✓		
Resume		✓		
Certification		✓		
Fingerprint Clearance		✓		
Civil Service Contracted Appointment Information:				
Civil Service Class:		Probationary Term:		
Certified Contracted Appointment Information:				
Tenure Area:		Prior Tenure:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certification(s):				
Certification Status:		Degree:		Credits:
Probationary Start Date:		End Date:		
Reviewed by District Clerk:				
Signature:	R. Hartwell, Deputy Clerk		Date:	8/13/21



JORDAN-ELBRIDGE CENTRAL SCHOOL DISTRICT

Principal/ AD Consideration of Employment

Recommendation:				
To:	Jim Froio – Superintendent of Schools		From:	Brooke Bastian
Candidate's Name:		Sarah Gates		
Appointment Information:				
Start Date:	September 1st, 2021		Position:	<input type="checkbox"/> Probationary <input type="checkbox"/> P/T FTE: _____
Appointment:	<input type="checkbox"/> Teacher <input type="checkbox"/> Teaching Assistant <input checked="" type="checkbox"/> Teacher Aide <input type="checkbox"/> Nurse <input type="checkbox"/> Clerical <input type="checkbox"/> Monitor			
<input type="checkbox"/> LTS Teacher <input type="checkbox"/> Substitute Certified Teacher <input type="checkbox"/> Substitute Non-Certified Teacher <input type="checkbox"/> Substitute Clerical				
<input type="checkbox"/> Substitute Monitor <input type="checkbox"/> Substitute Teaching Assistant <input type="checkbox"/> Substitute Teacher Aide <input type="checkbox"/> Other (Indicate Below)				
Coach: _____				
<input type="checkbox"/> Head <input type="checkbox"/> Assistant <input type="checkbox"/> Volunteer				
<input type="checkbox"/> Varsity <input type="checkbox"/> Junior Varsity <input type="checkbox"/> Modified <input type="checkbox"/> Boys <input type="checkbox"/> Girls				
Salary:	\$12.69		<input checked="" type="checkbox"/> Hourly	<input type="checkbox"/> Yearly <input type="checkbox"/> Seasonal
Reason for selection:				
Sarah is a competent individual with classroom teacher and teaching aide substitute experience. She has worked in the district as a substitute for many years and is reliable and punctual.				
Signature:	<i>Brooke Bastian</i> Brooke Bastian		Date:	August 12th, 2021
Personnel Information – Provided for new employees and re-appointments if required				
	Attached	On File	Not Required	Verified
Application		✓		
Resume			✓	
Certification			✓	
Fingerprint Clearance		✓		
Civil Service Contracted Appointment Information:				
Civil Service Class:	Labor		Probationary Term:	52 weeks
Certified Contracted Appointment Information:				
Tenure Area:			Prior Tenure:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certification(s):				
Certification Status:		Degree:		Credits:
Probationary Start Date:		End Date:		
Reviewed by District Clerk:				
Signature:	<i>R. K. [Signature]</i> Deputy Clerk		Date:	8/13/21

08/05/2021

2021-22 LIBRARY TAX RATES

CITY/TOWN	EQUALIZATION RATE	TAXABLE ASSESSED W/O STAR	CLERGY EXEMPT.	LIBRARY TAXES TO BE RAISED			LIBRARY LEVY PER TOWN W/O STAR	2021-22 LIBRARY TAX RATE PER \$1000	2020-21 LIBRARY TAX RATE PER \$1000	Increase/ (Decrease) %
				TRUE VALUATION	PERCENT TRUE VALUE	LIBRARY LEVY PER TOWN W/O STAR				
BRUTUS	0.9000	\$24,925,785	\$0	\$27,695,317	4.962%	8,932.35	0.358358	0.362185	-1.06%	
SENNETT	0.9000	\$20,781,076	\$0	\$23,090,084	4.137%	7,447.06	0.358358	0.362185	-1.06%	
CAMILLUS	1.0000	\$17,410,668	\$0	\$17,410,668	3.120%	5,615.32	0.322522	0.343516	-6.11%	
ELBRIDGE	0.9500	\$357,753,856	\$0	\$376,583,006	67.476%	121,456.28	0.339497	0.343516	-1.17%	
LYSANDER	1.0000	\$36,408,027	\$0	\$36,408,027	6.524%	11,742.39	0.322522	0.333210	-3.21%	
SKANEATELES	0.8500	\$29,089,292	\$0	\$34,222,696	6.132%	11,037.57	0.379438	0.387454	-2.07%	
VANBUREN	1.0000	\$42,691,764	\$0	\$42,691,764	7.649%	13,769.03	0.322522	0.333210	-3.21%	
XXXXXX		\$529,060,468	\$0	\$558,101,563	100.000%	\$180,000.00	XXXXXXXXXX			

