

Date of Original Contract: 7/1/2024	Year of Renewal (check the appropriate box) <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
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Contract Renewal Agreement for Food Service Management Company Child Nutrition Programs

This document contains the rates and fees for the contract of food service management for nonprofit food service programs for the period beginning 7/1/2025, and ending 6/30/2026 The terms and conditions of the original contract are applicable to the contract renewal. Upon acceptance, this document shall constitute the contract renewal between the Food Service Management Company (FSMC) and the School Food Authority (SFA).

The FSMC shall not plead misunderstanding or deception because of the character, location, or other conditions pertaining to the contract.

School Year 2025-2026 A la carte equivalency factor is \$5.03.

PER MEAL PRICES MUST BE QUOTED AS IF NO USDA COMMODITIES WILL BE RECEIVED

	2024-2025 Rate(s)	2025-2026 Rate(s)**	Percentage Increase ***
School Nutrition Programs (SNP)			
Reimbursable Breakfast w/ Milk	\$2.1739	\$2.2521	3.6%
Reimbursable Lunch w/ Milk*	\$2.7717	\$2.8714	3.6%
A la Carte Equivalent Meal Rate*	\$2.7717	\$2.8714	3.6%
Reimbursable After School Snack	\$1.2076	\$1.2510	3.6%
Special Milk Program (SMP)			
Management Fee per School Meal (Breakfast and Lunch)			

Child and Adult Care Food Program (CACFP)			
Reimbursable At-Risk After School Snack			
Reimbursable At-Risk After School Supper w/ Milk			
Reimbursable AM/PM Snack (Pre-K)			

Summer Food Service Program (SFSP)			
Reimbursable Breakfast w/ Milk	\$2.1739	\$2.2521	3.6%
Reimbursable Lunch w/ Milk	\$2.7717	\$2.8714	3.6%

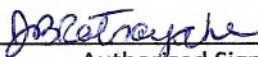
*Rates must be the same.

**Rates must not be rounded up. Do not exceed four decimal places.

***Percentage increase must not exceed the allowable increase established in the original contract.

Aramark Educational Services, LLC		
Food Service Management Company		
2400 Market St.		
Street Address		
Philadelphia	PA	19103
City	State	Zip Code

By submission of this proposed renewal agreement, the FSMC certifies that, in the event they receive a renewal award under this solicitation, the FSMC shall operate in accordance with all applicable current program regulations. This agreement shall not exceed one calendar year.

 _____ Authorized Signature of FSMC	Vice President _____ Title	5/12/25 _____ Date
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SFA Acceptance of FSMC Contract Renewal Agreement

School Food Authority (SFA)	Agreement Number (RCDT Code)
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Authorized Signature of SFA	Title	Date
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Contract Renewal Agreement Certification Form

The *Contract Renewal Agreement Certification Statement* must be completed and signed by the School Food Authority's (SFA's) authorized representative.

A. School Food Authority Information

Agreement Number (RCDT Code) _____

School Food Authority _____

FSMC Name Aramark Educational Services, LLC

B. Contract Renewal Terms

Per the contract renewal terms stated in the contract, the maximum allowable percentage increase that may be applied to the fixed meal rates and fixed management fees is as follows (**refer to the original contract for renewal terms; check the appropriate box**):

- | | |
|---|---------------------------------|
| <input type="checkbox"/> CPI–All (Dec) | 2.9% |
| <input checked="" type="checkbox"/> CPI–Food Away from Home (Dec) | 3.6% |
| <input type="checkbox"/> CPI–Food (Dec) | 2.5% |
| <input type="checkbox"/> CPI–Food Away from Home (Dec) | not to exceed (insert number) % |
| <input type="checkbox"/> Other (specify) _____ | |

[Source: Consumer Price Index- December 2024](#)

C. Certification Statement

Under the provisions of the United States Department of Agriculture, Food and Nutrition Service, I certify as a sponsor in the Child Nutrition Programs all information contained in the executed *Contract Renewal Agreement* and accompanying contract renewal documents is true and accurate.

I understand the nonprofit school food service program account cannot be used to pay for unallowable contract costs. As authorized representative for the school food authority noted above, I will ensure operation of the nonprofit school food service program, including use of nonprofit school food service program account funds, is in compliance with the rules and regulations of the Illinois State Board of Education and the United States Department of Agriculture regarding Child Nutrition Programs.

I understand revisions cannot be made to the executed FSMC Contract without first submitting proposed revisions to the Illinois State Board of Education for review and receiving written notification the proposed revisions are allowable within the regulatory guidelines. Furthermore, I understand additional documents and/or agreements, including those developed by the contractor, cannot become part of the executed contract.

I understand all contract information provided to the Illinois State Board of Education is being given in connection with the receipt of federal funds and deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. Further, I understand such misrepresentation could result in the loss of federal and state funding received by the school food authority for School-Based Child Nutrition Programs.

I certify the Contract Renewals documents submitted to ISBE have been reviewed by the School Food Authority and the School Food Authority's legal counsel, as deemed necessary, to ensure compliance with all Local, State and Federal regulations, statutes, and policies.

I certify that no third-party entity prepared the contract renewal documents, requested amendments, and USDA foods entitlement utilization data below.

I certify that all contract provisions, including those relating to USDA Foods utilization by the FSMC to the maximum extent possible have been met:

School Year 2024-25 [USDA Foods Entitlement](#) Amount (including Bonus) (A) \$ 150,672.24

School Year 2024-25 USDA Foods credits issued to the SFA by the FSMC (B) \$ 103,182.94

USDA Foods Entitlement Utilization Percentage as of **(3/26/2025**)** (B / A) % 68.48%

****Date of certification must be as of the date contract renewal is signed based on year-to-date actual credits received by the FSMC as verified by monthly invoices****

_____	_____	_____	_____
SFA Authorized Representative Signature	Title	E-mail	Date

D. Required Documentation

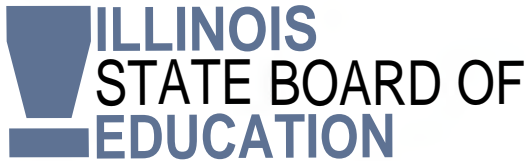
The SFA must submit signed copies of the following documents to our office, prior to the expiration of your current contract, in order to obtain approval of your 2026 Child Nutrition Program Sponsor Application. Originals should be retained in your files. **Send the forms and documents only once;** for example, do not email and mail.

- Contract Renewal Agreement (pages 1-2)
- Contract Renewal Agreement Certification Form (pages 3-4)
- [USDA Foods Entitlement Tracking Log](#). **THIS IS TO BE COMPLETED BY THE SFA NOT THE FSMC.**
- Copy of the [SFA – FSMC Monitoring form\(s\)](#). **THIS IS TO BE COMPLETED BY THE SFA NOT THE FSMC.**
- Certification forms, as applicable, signed annually by the contractor.
 - [Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transactions](#),
 - [Certificate Regarding Lobbying—Contracts, Grants, Loans, and Cooperative Agreements](#),
 - [Disclosure of Lobbying Activities](#)-

Mail or email to:

**Nutrition Department
Illinois State Board of Education
100 North First Street W270
Springfield, IL 62777-0001**

Email: NutritionProcurement@isbe.net



100 North First Street
Springfield, Illinois 62777-0001

CERTIFICATION REGARDING DEBARMENT,
SUSPENSION, INELIGIBILITY, AND VOLUNTARY
EXCLUSION LOWER TIER COVERED TRANSACTIONS

NUTRITION DEPARTMENT

This certification is required by the regulations implementing Executive Orders [12549](#) and [12689](#), Debarment and Suspension, [2 CFR part 3485](#), including Subpart C Responsibilities of Participants Regarding Transactions (also see federal guidance at [2 CFR part 180](#)).

Child Nutrition Program Operators 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 (SAM) [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 Unique Entity ID. All Federal Government awards are required to have a Unique Entity ID. To obtain a Unique Entity ID, visit [www.SAM.gov](#) to register. There is no charge for a Unique Entity ID. The Unique Entity ID serves as a means of tracking and identifying applications for Federal assistance and is required on all applications for Federal assistance.

BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS BELOW.

CERTIFICATION

The prospective lower tier participant certifies, by submission of this Certification, that:

1. Neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. It will provide immediate written notice to whom this Certification is submitted if at any time the prospective lower tier participant learns its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. It shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
4. It will include the clause titled *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.
5. The certifications herein are a material representation of fact upon which reliance was placed when this transaction was entered into.
6. 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 Certification.

Aramark Educational Services, LLC

Company/Organization Name

Jeanna Ratnayake

Name of Company / Organization
Authorized Representative

Digitar Original Signature of
Authorized Representative

West Chicago

PR/Award Number or Project Name

Regional Vice President

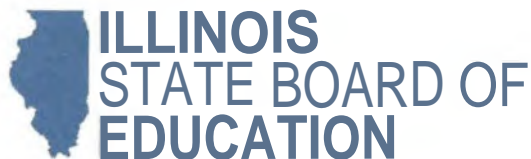
Title

5/12/25

Date

Instructions for Certification

1. By signing and submitting this Certification, the prospective lower tier participant is providing the certifications set out herein.
2. 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 all available remedies, including suspension and/or debarment.
3. Except for transactions authorized under paragraph 3 above, 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 to the Federal government, the department or agency with which this transaction originated may pursue all available remedies, including suspension and/or debarment.
4. The terms *covered transaction*, *debarred*, *suspended*, *ineligible*, *lower tier covered transaction*, *participant*, *person*, *primary covered transaction*, *principal*, *proposal*, and *voluntarily excluded*, as used herein, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order [12549](#) and Executive Order [12689](#). You may contact the person to which this Certification is submitted for assistance in obtaining a copy of those regulations.
5. 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 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 "GSA Government- Wide System for Award Management Exclusions" (SAM Exclusions) at <http://www.sam.gov>.
6. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required herein. 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.



100 North First Street
Springfield, Illinois 62777-0001

CERTIFICATE
REGARDING LOBBYING

NUTRITION DEPARTMENT

Applicable to Grants, Subgrants, Cooperative Agreements, and Contracts
Exceeding \$100,000 in Federal Funds

Submission of this certification is a prerequisite for making or entering into this transaction and is imposed by [section 1352, Title 31, U.S. Code](#). This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person 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 the awarding of a Federal contract, the making of a Federal grant, the making of a Federal loan, the entering into a cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit the Illinois State Board of Education (ISBE) form, "Disclosure of Lobbying Activities", in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all covered subawards exceeding \$100,000 in Federal funds at all appropriate tiers and that all subrecipients shall certify and disclose accordingly.

Aramark Educational Services, LLC

Organization Name

West Chicago

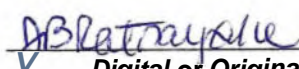
PR/Award Number or Project Name

Jeanna Ratnayake

Name of Authorized Representative

Regional Vice President

Title

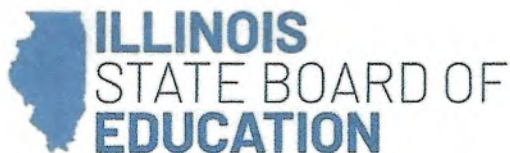


Digital or Original Signature of
Authorized Representative

5/12/25

Date

Print 1 Reset Form



100 North First Street
Springfield, Illinois 62777-0001

DISCLOSURE OF LOBBYING ACTIVITIES

NOT APPLICABLE

NUTRITION DEPARTMENT

Directions: Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. (See reverse for public burden disclosure.)

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/application <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 <input type="checkbox"/> For material change only: _____ Year _____ Quarter _____ Date of last report	
4. NAME AND ADDRESS OF REPORTING ENTITY <div style="text-align: right;"><input type="checkbox"/> Prime <input type="checkbox"/> Subawardee, Tier _____ if known _____ Congressional District, if known</div>	
5. IF REPORTING ENTITY IN NO. 4 IS SUBAWARDEE, ENTER NAME AND ADDRESS OF PRIME <div style="text-align: right;">_____ Congressional District, if known</div>	
6. FEDERAL DEPARTMENT/AGENCY	7. FEDERAL PROGRAM NAME/DESCRIPTION <div style="text-align: right;">_____ CFDA Number, if applicable</div>
8. FEDERAL ACTION NUMBER, if known	9. AWARD AMOUNT (if known) <div style="text-align: right;">\$ _____</div>
10a. NAME AND ADDRESS OF LOBBYING ENTITY (if individual last name, first name, MI)	10b. INDIVIDUALS PERFORMING SERVICES (including address if different from #10a) (last name, first name, MI)

(Attach Continuation Sheet(s), if necessary)

11. AMOUNT OF PAYMENT (check all that apply) \$ _____ <input type="checkbox"/> Actual <input type="checkbox"/> Planned	
12. FORM OF PAYMENT (check all that apply) <input type="checkbox"/> a. Cash <input type="checkbox"/> b. In-kind; specify: nature _____ value _____	
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 _____	
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.	

15. ☐ YES ☐ NO CONTINUATION SHEET(S), ATTACHED

16. Information requested through this form is authorized by title 31 U.S.C. 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 U.S.C. 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 of not less than \$10,000 and not more than \$100,000 for each such failure.

ORIGINAL SIGNATURE

PRINT NAME OR TYPE

Jeanna Ratnayake

TITLE

Regional Vice President

TELEPHONE NUMBER

215-238-3000

DATE

5/12/25

INSTRUCTIONS FOR COMPLETION OF ISBE 85-37, 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 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 1st 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 Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, 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 OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 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 (0348-0046), Washington, DC 20503.

CONTINUATION SHEET DISCLOSURE OF LOBBYING ACTIVITIES

REPORTING ENTITY NAME: