



**Board of Directors Meeting
June 12, 2024
SASED Administrative Center
2900 Ogden
Lisle, IL 60532
11:00 AM
AGENDA**

1. **Call to Order/Roll Call of Board of Directors Meeting**
2. **Pledge of Allegiance**
3. **Thank you to Board/Committee members**
4. **Approval of the Agenda**
5. **Public Comment**
6. **Consent Agenda**
 - a. Personnel Recommendations
 - 1) Accept/Approve the Resignations, Retirements, Employment, and Change of Employment Status of Educational Support Staff, Licensed Staff, Registered Staff and Contract Staff as presented.
 - 2) The Contract for Services between SASED and Interim School Business Office, Inc for SY24-25
 - 3) Approval of Consulting Services
 - b. Financial
 - 1) Gross Payrolls for May 2024
 - 2) Payroll Liabilities for May 2024
 - 3) Bill List for June 2024
 - 4) Interim Checks for May 2024
 - 5) Voids for May 2024
 - 6) Treasurer's Bond FY 2024/25
 - 7) Approve the Authorization to Release July 2024 Disbursements Prior to the August 7, 2024, Board of Directors Meeting
 - 8) Approve the Designation of Depositories for Fiscal Year 2025
 - c. SASED Programs/Services
 - 1) Approve the SY24-25 Lease Agreements with SASED Member Districts
 - d. SASED Governance
 - 1) Approve the SY24-25 CHC Wellness Agreement
 - 2) Approve the Contract with Aramark to host CPI Training on August 12, 2024
 - 3) Approve the Agreement for Services with Infinetec Assistive Technology Coalition for SY 2024-2025
 - 4) Approve the Revised Independent Contractor Agreement between SASED and Creative Exchange Music Therapy for the 2024-2025 school year.
 - 5) Approve the Embrace Renewal Agreement for SY24-25
 - 6) Approve the SY24-25 Staffing Agreement with Amergis Healthcare Staffing
 - 7) Approve the SY24-25 Staffing Agreement with BlazerWorks
 - 8) Accept the Donation Check from Knights of Columbus
 - 9) Approve the amendments to the Allied 2024 Flexible Benefits Plan
 - 10) The Agreement Between SASED and FE Moran for Mechanical Improvements at Southeast School
 - 11) The Prasino Engineering Proposal for Commissioning Services for Mechanical Replacement at Southeast School

7. **Approval of Minutes**
 - a. Approve the Open Session Minutes from 5-22-24 Board of Directors Meeting
 - b. Approve the Closed Session Minutes from 5-22-24.
8. **Action Item**
 - a. Approve the Agreement with EBC and Adopt the Resolution
 - b. In accordance with the National School Lunch Program, SASED has received a bid response from Gourmet Gorilla for SASED's Food Services for FY 25.
 - c. Review and Approve the Board of Directors Meeting Dates, Times, and Location for SY24-25
 - d. FY 25 Billing Model
 - e. FY25 Staffing Pattern (FTE)
 - f. The SASED FY25 Budget
 - g. Adopt the Memorandum of Understanding Between SASED and the Support Staff Association (CBA) Regarding Registered Behavioral Therapists
9. **Executive Director Topics**
 - a. SASED Finance Committee Update
 - b. SASED SY24-25 Program Locations and Projected Enrollment
 - c. End of Year 2023-24 Report
 - d. Medicaid Fee for Service (FFS) and Outreach Admin
10. **SASED Financial Updates**
 - a. FY 24 Budget Reports
 - b. Treasurers/Investments Reports
11. **Adjournment**



PROPOSED PERSONNEL ACTION – CONTRACT STAFF

1. Resignations/Retirements/Terminations – Educational Support Staff - Contracted

<u>Name</u>	<u>Position</u>	<u>Funding Source</u>	<u>Initial Employment Date</u>	<u>Last Day Worked</u>	<u>Reason</u>
Smith, Lavetta	1:1 Teacher Assistant STARS - SSG	User Fee Dist. #63	08/22/2022	05/23/2024	Personal reasons

NOTE: The Administration assures the Board that all of the above salaries are within Board approved ranges and/or schedules.



School Association for Special Education in DuPage

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PROPOSED PERSONNEL ACTION

1. Resignations/Retirements/Terminations – Licensed Staff

<u>Name</u>	<u>Position</u>	<u>Funding Source</u>	<u>Initial Employment Date</u>	<u>Last Day Worked</u>	<u>Reason</u>
Ardaiolo, Alexis	Teacher/VI Salt Creek	Tuition	8/10/2023	5/31/2024	Accepted another position
Rosales, Walter	Permanent Sub Teacher Vision Program	Tuition	8/10/2023	8/31/2024	Accepted another position
Schaffer, Patricia	Art Teacher Southeast School	Tuition	8/31/2015	5/28/2024	Retiring

2. Resignations/Retirements/Terminations – Educational Support Staff

Strejc, Kasey	1:1 Interpreter	User Fee Dist. #34	8/10/2023	6/4/2024	Accepted another position
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3. Appointments – Licensed Staff

<u>Name</u>	<u>Position</u>	<u>Funding Source</u>	<u>Initial Employment Date</u>	<u>Hourly Rate</u>	<u>Salary</u>
Deegan, Amy	Social Worker DHH Program	Tuition	8/5/2024		\$80,589.00
Pittman, Ella	Teacher/SLE Waterbury School	Tuition	8/12/2024		\$52,874.00
Quilico, Kaitleen	BCBA Southeast School	Tuition	8/12/2024		\$83,541.00
Segovich, Alexis	Assistive Tech Coach SIIS/AT Team	Local Funds	8/5/2024		\$120,500.00
Vargas, Gabriella	Teacher/VI Albright School	Tuition	8/12/2024		\$54,450.00

4. Appointments – Educational Support Staff

Leja, Dianna	10-month Administrative Asst. Transition/DRS-.53 FTE Administrative Center	DRS Grant	8/12/2024	\$17.00	
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6/12/2024



School Association for Special Education in DuPage

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5. Change of Employment Status – Licensed Staff

Buikema, Carolee	From:			
	Social Worker SE School & STARS Program - .61 F.T.E.	Tuition	8/10/2023	\$46,069.15 Prorated from \$75,715.00
	To:			
	Social Worker SLE Program .40 F.T.E.	Tuition	8/7/2024	\$32,272.64 Prorated from \$80,257.90
D’Amico, Jessica	From:			
	Social Worker STARS Program 1.0 F.T.E.	Tuition	4/4/2022	\$75,715.00
	To:			
	Social Worker SLE Program .40 F.T.E.	Tuition	8/7/2024	\$32,272.64 Prorated from \$80,257.90
Nunziato, Nicole	From:			
	Teacher/STARS Cass Jr. High	Tuition	8/9/2023	\$84,292.00
	To:			
	ELL Teacher SASED Programs	Tuition	8/12/2024	\$89,349.52

6. Change of Employment Status – Registered Staff

McKinney, Laura	From:			
	Occupational Therapist 0.40 F.T.E.	User Fee Member Dists.	8/12/2019	\$29,966.20 Prorated from \$74,915.50
	To:			
	Occupational Therapist 0.50 F.T.E.	User Fee Member Dists.	8/12/2024	\$39,543.60 Prorated from \$78,661.28

NOTE: The Administration assures the Board that all of the above salaries are within Board approved ranges and/or schedules.

From: **Alexis Ardaiole** <aardaiolo@sased.org>

Date: Thu, May 23, 2024 at 9:35 AM

Subject: Next School Year

To: Julie Grohn <jgrohn@sased.org>

Cc: Amy Gebre <agebre@sased.org>

Hello Julie,

I wanted to reach out and let you know that I will not be returning for the 2024-2025 school year. I am thankful for the opportunity and growth I had with SASSED.

Thanks,

--

Ali Ardaiole
Teacher of the Visually Impaired
Salt Creek Primary
980 South Riverside Drive
Elmhurst, IL 60126

Hello,

I hope this email finds you all well. I wanted to inform you that I will not be returning to SASED for the 2024-2025 school year and 2024 ESY. Thank you for letting me be a part of SASED, it has been an experience I will never forget. I greatly appreciate all the support and opportunity. Wish you all the best and may you all have a great summer.

Kind regards,
Walter Rosales

From: **Patricia Schaffer** <pschaffer@sased.org>

Date: Tue, May 28, 2024 at 1:23 PM

Subject: Retirement

To: Kim Dryier <kdryier@sased.org>, Jimmy Gunnell <jgunnell@sased.org>, Jim Nelson <jnelson@sased.org>

Dear Dr. Dryier, J. Gunnell, J. Nelson and the SASED Board,

Please accept this letter as a formal notification of my intent to retire. The date of my retirement will be 05/29/2024.

It has been a great honor teaching art at Southeast Alternative School. I have informed the Principal, Keith Zmijewski of my intent to retire and today gave him my SASED equipment (computer, school key fob, key for the art classroom in the mobile and security flash key for the computer).

I am very grateful to have been a part of such an excellent organization and am looking forward to the next stage of my life journey.

Sincerely,

Patricia Schaffer

Art Teacher, SASED

Kasey Strejc
384 Sandhurst Circle Apt 4
Glen Ellyn, Illinois, 60137
(630) 742-7625
Kstrejc.interpreter@gmail.com

05/28/2024

Kasey Strejc
Sign Language Interpreter
SASED
2900 Ogden Ave
Lisle, Illinois, 60532

Dear Tara Corral,

This letter is to confirm that I am resigning my position as a Sign language Interpreter with SASED at the end of the school year. My final day will be Jun 4, 2024 . I have appreciated the opportunities I had to learn and grow here. I wish everyone the best success in the future and will miss everyone dearly.

Warmly,
Kasey Strejc

Re: Follow up

1 message

Julie Grohn <jgrohn@sased.org>
To: Jessica D'Amico <jdamico@sased.org>
Cc: Human Resources <hr@sased.org>

Fri, May 31, 2024 at 2:37 PM

Thank you Jessica. We are trying to determine staff so we will make the adjustment for next year. We just need to finalize staffing for next year so we know where we need to fill in staff.



Julie Grohn 
Director of Human Resources
☎ 630-955-8107
✉ jgrohn@sased.org
📍 2900 Ogden Ave, Lisle, IL 60532
🌐 www.sased.org 

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For help with general HR questions, please contact hr@sased.org

On Fri, May 31, 2024 at 2:33 PM Jessica D'Amico <jdamico@sased.org> wrote:

I never confirmed with her that I was doing .4 nor asked her to report that information to you however, since I must make a decision today, I will go to .4

On Thu, May 30, 2024 at 2:17 PM Julie Grohn <jgrohn@sased.org> wrote:

Hi Jessica,

Wanted to follow up on this email. Please provide an update by Friday.



Julie Grohn 
Director of Human Resources
☎ 630-955-8107
✉ jgrohn@sased.org
📍 2900 Ogden Ave, Lisle, IL 60532
🌐 www.sased.org 

6/5/24, 1:49 PM

School Association for Special Education in DuPage Mail - Re: Follow up

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For help with general HR questions, please contact hr@sased.org

On Tue, May 28, 2024 at 6:49 PM Julie Grohn <jgrohn@sased.org> wrote:

Hi Jessica,

I received a message today from Amy McKee telling me your FTE is .4. Please send an email to confirm.



Julie Grohn 
Director of Human Resources
☎ 630-955-8107
✉ jgrohn@sased.org
📍 2900 Ogden Ave, Lisle, IL 60532
🌐 www.sased.org 

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For help with general HR questions, please contact hr@sased.org

From: **Carolee Buikema** <cbuikema@sased.org>
Date: Mon, May 20, 2024 at 7:45 AM
Subject: Re: next year
To: Julie Grohn <jgrohn@sased.org>
Cc: Amy McKee <amckee@sased.org>, Keith Zmijewski <kzmijewski@sased.org>

I'd love the 2 days with SLE, if still available.
Do I need to apply?
Thanks, Carolee

On Thu, May 16, 2024 at 5:49 AM Carolee Buikema <cbuikema@sased.org> wrote:
That is a good possibility. Do you know what site? My husband also wants me to ask about the possibility of 4 days.
Thanks so much.

Carolee Buikema, LCSW, MSW, Type 73
SASED Social Worker

On Wed, May 15, 2024 at 9:23 AM Julie Grohn <jgrohn@sased.org> wrote:
Hi Carolee.

It looks as though we have 2 days in the new SLE program. Would that work?



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For help with general HR questions, please contact hr@sased.org

On Wed, May 15, 2024 at 8:54 AM Carolee Buikema <cbuikema@sased.org> wrote:
I'd love to be with SASED again 2-3 days next year. Not sure if anything exists or if I should just apply for the posted position. Please advise or keep me in mind as staffing decisions are made.
Thanks so much!
keep up the great work!
--
Carolee Buikema, LCSW, MSW, Type 73
SASED Social Worker

Contract Agreement For Services

THIS CONTRACT AGREEMENT FOR SERVICES (the "Agreement") is made and entered into FY24-25

By and between

The Board of **SASED**, an Illinois Special Education Cooperative, duly organized under Illinois law and having a usual place of business at **2900 Ogden Avenue, Lisle, Illinois 60532** (hereinafter referred to as the "Cooperative") and Interim School Business Office, Inc. and having a usual place of business at 515 Cass Street, Crete, IL 60417 (hereinafter referred to as the "Consulting Firm").

WHEREAS, the Cooperative wishes to employ the Consulting Firm to offer the services described herein with the terms and conditions of this Agreement,

NOW THEREFORE, for good and valuable consideration, the receipt and adequacy of which are hereby recognized, acknowledged, and approved, the Cooperative, aiming to be bound, agrees to the terms set forth below.

- 1. TERM.** Beginning as of Board Approval **through June 30th, 2025**, the "Term", the Consulting Firm will provide appropriate Consultant(s) to jobs agreed to for **Business Office Administrative Assistant** and other ancillary services as determined by the Cooperative ("Services") on an as needed basis. This Agreement may be changed or extended for any period as may be agreed to by the parties in writing.

2. DUTIES AND SERVICES.

In performing the Services, the Consulting Firm's Consultant(s) shall obey, to the best of his/her ability and with all business manners, regulatory, health, and safety guidelines governing the Corporation.

3. CONSULTING FEE:

(a) The Cooperative shall pay the Consulting Firm a consulting fee of **Seventy-Five (\$75) Dollars** an hour for Services performed **through June 30th, 2025**. The Consulting Fee shall be paid as provided by the Illinois Local Government Prompt Payment Act, 50 ILCS 505/1 *et. seq.* Checks should be paid to Interim School Business Office, Inc., P.O. Box 383, Crete, IL 60417. A W-9 is provided separately. Interim School Business Office is an Illinois Corporation, Subchapter S, in good standing.

(b) Consulting Firm shall be permitted to prompt repayment for all pre-approved expenses made in the performance of Consultant's Duties, on submission and endorsement of written statements and receipts in agreement with the then regular procedures of the Cooperative.

(c) The Consulting Firm's Consultant agrees that all Services will be rendered by him/her as a self-governing contractor and that this Agreement does not generate an employer-employee relationship among the Cooperative and the Consultant. The Consultant shall have no right to receive any employee benefits including, but not limited to, health and accident insurance, life insurance, sick leave and/or vacation. Consultant makes agreement to pay all taxes including, self-employment taxes due in respect of the Consulting Fee and to indemnify the Cooperative in the event the Cooperative is required to pay any such taxes on behalf of the Consultant.

4. EARLY TERMINATION OF THE TERM:

(a) If a Consultant willingly stops performing his/her Services, becomes physically or mentally unable to perform his/her Services, or is terminated for cause, then, in each case, the Consulting Fee shall come to an end and terminate as of such date.

(b) This Agreement may be terminated by either party upon not less than ten (10) days before written notice by either party to the other.

(c) Upon termination, neither party shall have any further responsibilities under this Agreement. Upon termination and, in any case, upon the Corporation's request, the Consultant shall return instantly to the Cooperative all Confidential Information, as hereinafter defined, and any copies thereof.

5. RESTRICTED ACTIVITIES: During the Term and for a period of one (1) year thereafter, Consultant will not, directly, or indirectly:

(i) Solicit or request any employee of or consultant to the Cooperative to give up the employ of or cease consulting for the Cooperative;

(ii) Approach or ask any worker of or consultant to the Cooperative to join the employ of, or begin consulting for, any individual or entity that researches, develops, markets, or sells products as a competitor of the Cooperative;

(iii) Approach or ask any individual or body that researches, develops, markets, or sells products that compete with those of the Cooperative, to employ or keep as a consultant any employee or consultant of the Cooperative; or

(iv) Persuade or try to provoke any supplier or seller of the Cooperative to finish or violate any written or oral agreement or understanding with the Cooperative.

6. PROPRIETARY RIGHTS

(a) Definitions. For the purposes of the terms set forth below shall have the following meanings:

(i) Concept and Ideas. Those perceptions and thoughts made known by the Cooperative to Consultant or which are first developed by Consultant during the time of the performance of Services hereunder and which relate to the Cooperative's present, past, or potential business activities, services, and products, all of which shall remain the solitary and private property of the Cooperative. The Consultant shall have no publication rights and all of the same shall belong exclusively to the Cooperative.

(ii) Confidential Information. For the purposes of this Agreement, Confidential Information shall mean and collectively include: all information involving the business, plans and/or technology of the Cooperative including, but not limited to technological information including inventions, techniques, tactics, procedures, conditions, uniqueness, assess, raw data, scientific preclinical or scientific data, records, files, formulations, clinical procedures, tools design, know-how, knowledge, and trade secrets; developmental, promotion, sales, customer, trader, consulting relationship information, in service, performance, and cost information; computer programming system whether in physical or intangible form, and all record bearing media containing or disclosing the preceding information and techniques including, written business plans, patents and patent applications, grant applications, notes, and memorandum, whether in writing or presented, stored or maintained in or by electronic, magnetic, or other means.

In spite of the previous, the term "Confidential Information" shall not include any information which: (a) can be established to have been in the public area or was publicly known or accessible earlier to the date of the disclosure to Consultant; (b) can be established in writing to have been lawfully in the ownership of Consultant prior to the disclosure of such information to Consultant by the Cooperative; (c) becomes part of the public domain or publicly known or available by publication or otherwise, not due to any unauthorized act or omission on the part of Consultant; or (d) is supplied to Consultant by a third party without binder of confidentiality, so long as that such third party has no responsibility to the Cooperative or any of its associated companies to maintain such information in confidence.

(b) Nondisclosure to Third Parties. Apart from as required by Consultant's Duties, Consultant shall not, at any time now or in the future, openly or indirectly, use, publish, distribute, or otherwise make known any Confidential Information, thoughts, or Ideas to any third party without the prior written consent of the Cooperative which consent may be deprived of in each case and all of the same, together with publication rights, shall belong exclusively to the Cooperative. The Consulting firm acknowledges its requirements to maintain Confidential Information under several Illinois statutes including but not limited to, the Student Online Privacy Protection Act, 105 ILCS 85/1 *et. seq.*, the Illinois Student School Records Act, 105 ILCS 10/1 *et. seq.*, Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and the Illinois Personnel Record Review Act, 820 ILCS, 40/1 *et. seq.*

(c) Documents, etc. All documents, diskettes, tapes, practical manuals, guides, stipulations, plans, drawings, designs and similar materials, properly maintained lists of present, past or prospective customers, customer offers, requests to submit proposals, price lists and data relating to the pricing of the Cooperative' products and services, records, notebooks and all other materials containing Confidential Information or information about Concepts or Ideas (including all copies and reproductions thereof), that come into Consultant's control or control by reason of Consultant's performance of the link, whether prepared by Consultant or others: (a) are the property of the Cooperative, (b) will not be used by Consultant in any way other than in connection with the performance of his/her Duties, (c) will not be provided or shown to any third party by Consultant, (d) will not be removed from the Corporation's or Consultant's premises, and (e) at the termination (for whatever reason), of Consultant's relationship with the Cooperative, will be left with, or forthwith returned by Consultant to the Cooperative.

(d) Patents, etc. The Consultant makes agreement that the Cooperative is and shall remain the elite owner of the Confidential Information and Concepts and Ideas. Any interest in copyrights, discoveries, technological improvements, trade names, brand, service marks, copyrights, copyrightable works, developments, designs, procedures, methods, know-how, data and analysis, whether registrable or not ("Developments"), which Consultant, as a result of providing Services to the Cooperative under this Agreement, may visualize or develop, shall: (i) immediately be brought to the notice of the Cooperative by Consultant and (ii) belong entirely to the Cooperative. No license or transportation of any such rights to the Consultant is allowed or implied under this Agreement.

7. EQUITABLE RELIEF: Consultant makes agreement that any breach of clauses mentioned above by him/her would ground irrevocable harm to the Cooperative and that, in case of such breach, the Cooperative shall have, in addition to any and all remedies of law, the right to an order, definite performance or other reasonable benefit to prevent the breach or susceptible violation of Consultant's obligations hereunder.

8. WAIVER: Any waiver by the Cooperative of a violation of any condition of this Agreement shall not function or be interpreted as a waiver of any succeeding violation of the same or any other condition hereof. All waivers by the Cooperative shall be in writing.

9. SEVERABILITY; REFORMATION: In case any one or more of the conditions or parts of a stipulation included in this Agreement shall, for any cause, be held to be unacceptable, unlawful or unenforceable in any respect, such invalidity, misconduct or unenforceability shall not affect any other condition or part of a condition of this Agreement; and this Agreement shall, to the fullest extent lawful, be reformed and construed as if such invalid or illegal or unenforceable provision, or part of a provision, had never been included herein, and such provision or part reformed so that it would be applicable, lawful and enforceable to the maximum degree possible. Without limiting the previous, if any condition (or part of provision) included in this Agreement shall for any reason be held to be excessively wide as to duration, activity, or subject, it shall be interpreted by limiting and reducing it, so as to be enforceable to the fullest level compatible with then existing applicable law.

10. ASSIGNMENT: The Cooperative shall have the right to allocate its rights and responsibilities under this Agreement to a party which supposes the Corporation's obligations hereunder. Consultant shall not have the right to allocate his/her rights or obligations under this Agreement without the previous written permission of the Cooperative. This Agreement shall be obligatory upon and inure to the benefit of the Consultant's successors and legal representatives in the event of his/her death or disability.

11. HEADINGS: Headings and subheadings are for expediency only and shall not be considered to be a part of this Agreement.

12. AMENDMENTS: This Agreement may be altered or customized, in whole or in part, only by an instrument in writing approved by all parties hereto. Any adjustment, permission, verdict, waiver, or other action to be made, taken, or given by the Cooperative related to the Agreement shall be made, taken or given on behalf of the Cooperative only by power of the Cooperative.

13. NOTICES: Any notices or other communications required hereunder shall be in writing and shall be considered given when distributed in person or when posted, by qualified or registered first class mail, postage prepaid, return receipt requested, addressed to the parties at their addresses mentioned in the foreword to this Agreement or to such other addresses of which a party shall have notified the others in harmony with the provisions of this clause.

14. COUNTERPARTS: This Agreement may be executed in two or more complements, each of which shall comprise an original and all of which shall be considered a single agreement.

15. GOVERNING LAW: This Agreement shall be construed in accordance with and governed for all purposes by the laws of Illinois applicable to contracts executed and wholly performed within such jurisdiction. Any dispute arising hereunder shall be referred to and heard in only a Circuit Court located in Cook County, Illinois and the parties consent to the jurisdiction of the Circuit Court of Cook County.

16. SURVIVAL: The provisions of concerned sections of this Agreement shall endure the ending of the Term or the termination of this Agreement. This Agreement succeeds all previous agreements, written or oral, between the Cooperative and the Consultant relating to the subject matter of this Agreement.

EXECUTED, under seal, effective as of the Effective Date.

Executive Director/Board of Education of SASSED

By: _____

[Name]

[Title]

[Date]

EDUCATIONAL CONSULTANT EMPLOYMENT AGREEMENT

July 1, 2024 to June 30, 2025

THIS EMPLOYMENT AGREEMENT (“Agreement”) is made on the date hereinafter set forth between James W. Gunnell (“Educational Consultant”) and the School Association for Special Education in DuPage County (“SASED”).

- A. TERM.** The Educational Consultant is employed on an interim, part-time basis for up to thirty five (35) paid full days (as defined by the Illinois Teachers’ Retirement System (“TRS”)) during the period commencing no earlier than July 1, 2024 and ending no later than June 30, 2025. The actual days of service rendered by the Educational Consultant pursuant to this Contract shall be agreed upon by the parties; in the absence of such agreement, such days shall be determined by the BOARD or its designee. This Agreement is not a guarantee of a defined number of days of service. This Agreement shall not extend beyond June 30, 2025 and shall terminate without further action of the parties on June 30, 2025.
- B. DUTIES.** The Educational Consultant shall perform educational consultant duties pursuant to the direction and oversight of the Board of Directors. The Educational Consultant shall maintain a valid administrative certificate with the required endorsement for the duration of this Agreement.
- C. SALARY AND BENEFITS.** The BOARD shall pay the Educational Consultant the sum of One Thousand and no/100 Dollars (\$1,000.00) for each full day of service rendered pursuant to this Agreement, payable as agreed upon by both parties, and in the same manner as the salaries of other twelve-month administrators in SASED are paid, less applicable withholdings. Provided, however, that the BOARD will not withhold or otherwise pay any contributions for or on behalf of the Educational Consultant to TRS or any other State or private pension plan, program or system. The Educational Consultant shall not receive any other employment or fringe benefit provided to other employees of the BOARD. The Educational Consultant waives and releases any and all claims to any employment benefits other than those set forth in this

Agreement. The Educational Consultant is only eligible for compensation for services rendered.

D. TERMINATION. This Agreement may be terminated prior to June 30, 2025 by mutual agreement of the parties; if the BOARD determines that the Educational Consultant has engaged in conduct detrimental to SASSED; or by either party upon thirty (30) days' prior written notice to the other.

E. MISCELLANEOUS

1. This Agreement has been executed in Illinois and shall be governed in accordance with the laws of the State of Illinois in every respect.
2. Paragraph headings and numbers have been inserted for convenience of reference only. If there is any conflict between such headings and numbers and the text of this Agreement, the text shall control.
3. This Agreement shall be executed in one or more counterparts, each of which shall be considered an original and all of which taken together shall be considered one and the same instrument.
4. This Agreement contains all the terms agreed upon by the parties with respect to the subject matter of this Agreement and supersedes all prior agreements, arrangements, and communications between the parties concerning such subject matter, whether oral or written.

EDUCATIONAL CONSULTANT

BOARD OF DIRECTORS

James W. Gunnell

By: _____
Chairperson

Attest: _____
Secretary

Date: _____

EDUCATIONAL CONSULTANT EMPLOYMENT AGREEMENT

July 1, 2024 to June 30, 2025

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- A. TERM.** The Educational Consultant is employed on an interim, part-time basis for up to twenty five (25) paid full days (as defined by the Illinois Teachers’ Retirement System (“TRS”)) during the period commencing no earlier than July 1, 2024 and ending no later than June 30, 2025. The actual days of service rendered by the Educational Consultant pursuant to this Contract shall be agreed upon by the parties; in the absence of such agreement, such days shall be determined by the BOARD or its designee. This Agreement is not a guarantee of a defined number of days of service. This Agreement shall not extend beyond June 30, 2025 and shall terminate without further action of the parties on June 30, 2025.
- B. DUTIES.** The Educational Consultant shall perform educational consultant duties pursuant to the direction and oversight of the Board of Directors. The Educational Consultant shall maintain a valid administrative certificate with the required endorsement for the duration of this Agreement.
- C. SALARY AND BENEFITS.** The BOARD shall pay the Educational Consultant the sum of One Thousand and no/100 Dollars (\$1,000.00) for each full day of service rendered pursuant to this Agreement, payable as agreed upon by both parties, and in the same manner as the salaries of other twelve-month administrators in SASED are paid, less applicable withholdings. Provided, however, that the BOARD will not withhold or otherwise pay any contributions for or on behalf of the Educational Consultant to TRS or any other State or private pension plan, program or system. The Educational Consultant shall not receive any other employment or fringe benefit provided to other employees of the BOARD. The Educational Consultant waives and releases any and all claims to any employment benefits other than those set forth in this

Agreement. The Educational Consultant is only eligible for compensation for services rendered.

D. TERMINATION. This Agreement may be terminated prior to June 30, 2025 by mutual agreement of the parties; if the BOARD determines that the Educational Consultant has engaged in conduct detrimental to SASSED; or by either party upon thirty (30) days' prior written notice to the other.

E. MISCELLANEOUS

1. This Agreement has been executed in Illinois and shall be governed in accordance with the laws of the State of Illinois in every respect.
2. Paragraph headings and numbers have been inserted for convenience of reference only. If there is any conflict between such headings and numbers and the text of this Agreement, the text shall control.
3. This Agreement shall be executed in one or more counterparts, each of which shall be considered an original and all of which taken together shall be considered one and the same instrument.
4. This Agreement contains all the terms agreed upon by the parties with respect to the subject matter of this Agreement and supersedes all prior agreements, arrangements, and communications between the parties concerning such subject matter, whether oral or written.

EDUCATIONAL CONSULTANT

BOARD OF DIRECTORS

James T. Nelson

By: _____
Chairperson

Attest: _____
Secretary

Date: _____

GROSS PAYROLL

May 2024 \$ 1,758,328.11

TOTAL SALARY	:	1,758,328.11
TOTAL DEDUCTIONS	:	599,751.49
TOTAL EMPLOYEES	:	345

***** End of report *****

*****PAYROLL TOTALS*****

	FEDERAL	STATE	MEDICARE
TOTAL GROSS PAY :	878,671.84	878,671.84	878,671.84
TOTAL TSA'S - BEFORE TAX :	21,346.93	21,346.93	0.00
TOTAL TAX SHELTERED RETIREMENT:	59,594.30	59,594.30	0.00
TOTAL OTHER BEF TAX DEDUCTIONS:	49,337.36	49,337.36	49,337.36
TOTAL TAXABLE BENEFITS :	0.00	0.00	0.00
TOTAL TAXABLE GROSS :	748,393.25	748,393.25	829,334.48

*****EMPLOYEE COUNTS*****

TOTAL EMPLOYEES :	343
TOTAL FEMALE EMPLOYEES:	302
TOTAL MALE EMPLOYEES :	41
TOTAL FACULTY MEMBERS :	133

*****DEDUCTION/BENEFIT LEGEND*****

Reduction	Benefit
Pretax: D = Federal	Taxable: D = Federal
S = State	S = State
F = FICA/Medicare	F = FICA/Medicare
I = IMRF	T = TRS
	I = IMRF

R = Reimbursed

***** End of report *****

REPORT OF DEDUCTIONS/BENEFITS BY CATEGORY

*****TOTAL*****			*****DEDUCTION*****		*****BENEFIT*****	
CATEGORY	CODE	DESCRIPTION	AMOUNT	BASE GROSS	AMOUNT	BASE GROSS
		TRSP3 TRSP03 SSP PRE	362.98	13,544.07		
TSA-BEFORE TAX		TOTAL	21,583.69	135,839.25		
21,583.69		135,839.25				

*****PAYROLL TOTALS*****				*****EMPLOYEE COUNTS*****		
		FEDERAL	STATE	MEDICARE		
TOTAL GROSS PAY	:	879,656.27	879,656.27	879,656.27	TOTAL EMPLOYEES	: 339
TOTAL TSA'S - BEFORE TAX	:	21,583.69	21,583.69	0.00	TOTAL FEMALE EMPLOYEES:	297
TOTAL TAX SHELTERED RETIREMENT:		59,788.87	59,788.87	0.00	TOTAL MALE EMPLOYEES :	42
TOTAL OTHER BEF TAX DEDUCTIONS:		49,919.57	49,919.57	49,919.57	TOTAL FACULTY MEMBERS :	133
TOTAL TAXABLE BENEFITS	:	0.00	0.00	0.00		
TOTAL TAXABLE GROSS	:	748,364.14	748,364.14	829,736.70		

*****DEDUCTION/BENEFIT LEGEND*****

Deduction Benefit

Pre-tax: D = Federal Taxable: D = Federal

 S = State S = State

 F = FICA/Medicare F = FICA/Medicare

 I = IMRF T = TRS

 I = IMRF

R = Reimbursed

***** End of report *****

PAYROLL LIABILITIES

May 2024 \$ 556,195.31

5/15/2024 Payroll Accounts Payable Check Register

<u>Check #</u>	<u>Vendor Name</u>	<u>Check Date</u>	<u>Check Amount</u>	
232400897	SASED EDUCATION ASSOCIATION	5/15/2024	\$3,641.86	
232400898	SASED SUPPORT STAFF ASSOCIATION	5/15/2024	\$901.69	
		2 ACH Check(s) For a Total of		\$4,543.55
103992	STATE DISBURSEMENT UNIT	5/15/2024	\$172.26	
103993	STATE DISBURSEMENT UNIT	5/15/2024	\$819.38	
		2 Computer Check(s) For a Total of		\$991.64
202300324	ILLINOIS DEPT OF REVENUE	5/15/2024	\$36,139.38	
202300327	TEACHERS RETIREMENT (2.2%)	5/15/2024	\$2,785.88	
202300328	TEACHERS RETIREMENT SYSTEM	5/15/2024	\$43,230.24	
202300329	THIS (TRS HEALTH) FUND	5/15/2024	\$7,541.38	
202300330	MB FINANCIAL (FEDERAL)	5/15/2024	\$65,848.30	
202300331	MB FINANCIAL BANK (FICA-E)	5/15/2024	\$34,950.27	
202300332	MB FINANCIAL BANK (FICA-W)	5/15/2024	\$34,950.27	
202300333	THE OMNI GROUP	5/15/2024	\$1,748.00	
202300334	CUNA MUTUAL GROUP	5/15/2024	\$26,504.91	
202300335	TEACHERS RETIREMENT SYSTEM SSP	5/15/2024	\$1,277.30	
202300336	ILLINOIS DEPT OF REVENUE	5/15/2024	-\$125.81	
202300339	MB FINANCIAL (FEDERAL)	5/15/2024	-\$222.32	
202300340	MB FINANCIAL BANK (FICA-E)	5/15/2024	-\$204.01	
202300341	MB FINANCIAL BANK (FICA-W)	5/15/2024	-\$204.01	
202300342	ILLINOIS DEPT OF REVENUE	5/15/2024	\$125.81	
202300345	MB FINANCIAL (FEDERAL)	5/15/2024	\$222.32	
202300346	MB FINANCIAL BANK (FICA-E)	5/15/2024	\$204.01	
202300347	MB FINANCIAL BANK (FICA-W)	5/15/2024	\$204.01	
		18 Wire Transfer Check(s) For a Total of		\$254,975.93
		2 ACH Checks For a Total of		\$4,543.55
		2 Computer Checks For a Total of		\$991.64
		Total for 22 Manual, Wire Tran, ACH & Computer Checks		\$260,511.12
		Net Amount		\$260,511.12
10	EDUCATION FUND			\$260,511.12

5/31/2024 Payroll Accounts Payable Check Register

<u>Check #</u>	<u>Vendor Name</u>	<u>Check Date</u>	<u>Check Amount</u>	
232400969	SASED EDUCATION ASSOCIATION	5/31/2024	\$3,641.86	
232400970	SASED SUPPORT STAFF ASSOCIATION	5/31/2024	\$880.81	
			2 ACH Check(s) For a Total of	\$4,522.67
104114	STATE DISBURSEMENT UNIT	5/31/2024	\$172.26	
104115	STATE DISBURSEMENT UNIT	5/31/2024	\$819.38	
104116	UNITED WAY OF NAPERVILLE	5/31/2024	\$20.00	
			3 Computer Check(s) For a Total of	\$1,011.64
202300348	ILLINOIS DEPT OF REVENUE	5/31/2024	\$36,168.92	
202300349	IMRF (EMPLOYEES CONT)	5/31/2024	\$20,112.48	
202300350	IMRF (EMPLOYERS CONT)	5/31/2024	\$14,188.04	
202300351	TEACHERS RETIREMENT (2.2%)	5/31/2024	\$2,796.75	
202300352	TEACHERS RETIREMENT SYSTEM	5/31/2024	\$43,399.06	
202300353	THIS (TRS HEALTH) FUND	5/31/2024	\$7,570.81	
202300354	MB FINANCIAL (FEDERAL)	5/31/2024	\$66,080.24	
202300355	MB FINANCIAL BANK (FICA-E)	5/31/2024	\$34,701.16	
202300356	MB FINANCIAL BANK (FICA-W)	5/31/2024	\$34,701.16	
202300357	THE OMNI GROUP	5/31/2024	\$1,748.00	
202300358	CUNA MUTUAL GROUP	5/31/2024	\$26,890.39	
202300359	TEACHERS RETIREMENT SYSTEM SSP	5/31/2024	\$1,278.01	
202300360	ILLINOIS DEPT OF REVENUE	5/31/2024	\$114.86	
202300361	TEACHERS HEALTH INSURANCE SECURITY (THIS) FUND	5/31/2024	\$400.00	
			14 Wire Transfer Check(s) For a Total of	\$290,149.88
			2 ACH Checks For a Total of	\$4,522.67
			3 Computer Checks For a Total of	\$1,011.64
			Total for 19 Manual, Wire Tran, ACH & Computer Checks	\$295,684.19
			Net Amount	\$295,684.19
10	EDUCATION FUND			\$295,684.19

BILLS PAYABLE LIST – FLOW THROUGH

June 2024 \$ 0

BILLS PAYABLE LIST – GRANTS

June 2024 \$ 94,216.84

<u>CHECK</u>	<u>CHECK</u>	<u>INVOICE</u>	
<u>DATE</u>	<u>NUMBER</u>	<u>VENDOR</u>	<u>DESCRIPTION</u>
06/13/2024	104117	COMMUNITY SCHOOL DIS	Wheaton North DRS STEP Outcome Reimbursement for Vocational Purchases - 5/6/24
			1,674.21
06/13/2024	104117	COMMUNITY SCHOOL DIS	Wheaton Transition DRS STEP Outcome Reimbursement for Vocational Purchases - 5/6/24
			2,693.81
06/13/2024	104117	COMMUNITY SCHOOL DIS	Wheaton South DRS STEP Outcome Reimbursement for Vocational Purchases - 5/6/24
			4,236.09
06/13/2024	104118	BOARD OF TRUSTEES OF	contract for CIT Site April2024 WIU Account # 5-27340
			16,780.94
06/13/2024	104119	BROWN, SHAMEKA	May 2024 Travel for Shameka Brown
			62.68
06/13/2024	104120	ILLINOIS STATE UNIVE	contract for Summer Inclusion Institute faciliation
			58,000.00
06/13/2024	104121	SIMPLE MACHINES MARK	invoice for services
			348.00
06/13/2024	104122	WROBBEL, TAMMY	reimbursement for attendance at the Early Childhood Inclusion Institute in NC May 2024 for Tammy Wrobbel
			292.63
06/13/2024	104122	WROBBEL, TAMMY	May 2024 Travel for Tammy Wrobbel
			390.40
			Totals for checks
			84,478.76

FUND SUMMARY

<u>FUND</u>	<u>DESCRIPTION</u>	<u>BALANCE SHEET</u>	<u>REVENUE</u>	<u>EXPENSE</u>	<u>TOTAL</u>
10	EDUCATION FUND	0.00	0.00	84,478.76	84,478.76
***	Fund Summary Totals ***	0.00	0.00	84,478.76	84,478.76

***** End of report *****

<u>CHECK</u>	<u>CHECK</u>	<u>INVOICE</u>	
<u>DATE</u>	<u>NUMBER</u>	<u>VENDOR</u>	<u>DESCRIPTION</u>
06/13/2024	232400971	ACCOUNTABILITY SOLUT	contract for services
			5,000.00
06/13/2024	232400971	ACCOUNTABILITY SOLUT	Annual Contract for Services
			2,400.00
06/13/2024	232400972	BAIN, AMY	May 2024 Travel for Amy Bain
			92.00
06/13/2024	232400973	HOPPER, ALISABETH	May 2024 Travel for Alisabeth Hopper
			263.27
06/13/2024	232400974	KNOCKE, FAITH	reimbursement for attendance at the Early Childhood Inclusion Institute in NC May 2024 for Faith Knocke
			175.49
06/13/2024	232400974	KNOCKE, FAITH	May 2024 Travel for Faith Knocke
			83.98
06/13/2024	232400975	KREMER, ANN	reimbursement for attendance at the Early Childhood Inclusion Institute in NC May 2024 for Ann Kremer
			169.10
06/13/2024	232400975	KREMER, ANN	May 2024 Travel for Ann Kremer
			268.38
06/13/2024	232400976	REISING RECHNER, PAM	May 2024 Travel for Pamela Reising Rechner
			649.40
06/13/2024	232400977	ROPARS, EMILY	May 2024 Travel for Emily Ropars
			167.04
06/13/2024	232400978	TOKAT, TALIN	reimbursement for attendance at the Early Childhood Inclusion Institute in NC May 2024 for Talin Tokat
			197.01
06/13/2024	232400978	TOKAT, TALIN	May 2024 Travel for Talin Tokat
			272.41
			Totals for checks
			9,738.08

FUND SUMMARY

<u>FUND</u>	<u>DESCRIPTION</u>	<u>BALANCE SHEET</u>	<u>REVENUE</u>	<u>EXPENSE</u>	<u>TOTAL</u>
10	EDUCATION FUND	0.00	0.00	9,738.08	9,738.08
*** Fund Summary Totals ***		0.00	0.00	9,738.08	9,738.08

***** End of report *****

BILLS PAYABLE LIST – SASSED PROGRAMS

June 2024 \$ 748,570.29

<u>CHECK</u>	<u>CHECK</u>	<u>INVOICE</u>	<u>AMOUNT</u>	
<u>DATE</u>	<u>NUMBER</u>	<u>VENDOR</u>	<u>DESCRIPTION</u>	
06/13/2024	104123	WEST CHICAGO SCHOOL	Fee for Service - Special Transportation Claims for the period of September 2022 through October 2023	862.61
06/13/2024	104124	WESTMONT CUSD #201	Fee for Service - Special Transportation Claims for the period of September 2022 through October 2023	777.92
06/13/2024	104125	ADVOCATE OCCUPATIONA	Bus Driver Physical for Carly Reddy and Ena Uhren- Invoice 857646	280.00
06/13/2024	104126	AHS STAFFING	OT/PT Services for 4/29/24 through 5/2/24	2,430.00
06/13/2024	104126	AHS STAFFING	OT/PT Services for 5/6/24 through 5/9/24	2,430.00
06/13/2024	104129	AMERGIS HEALTHCARE S	Behavior Tech services for 4/29/24 through 5/3/24	2,811.00
06/13/2024	104129	AMERGIS HEALTHCARE S	Behavior Tech and Sign Language Interpreter Services for 4/29/24 through 5/3/24	4,450.00
06/13/2024	104129	AMERGIS HEALTHCARE S	Behavior Tech and Nursing Services for 4/29/24 through 5/3/24	4,415.26
06/13/2024	104129	AMERGIS HEALTHCARE S	Behavior Tech Services for 4/29/24 through 5/3/24	11,811.00
06/13/2024	104129	AMERGIS HEALTHCARE S	Behavior Tech and Nursing Services for 4/29/24 through 5/3/24	39,407.85
06/13/2024	104129	AMERGIS HEALTHCARE S	Behavior Tech and Nursing Services for 4/29/24 through 5/3/24	38,537.74
06/13/2024	104129	AMERGIS HEALTHCARE S	Behavior Tech for 5/6/24 through 5/10/24	2,695.50
06/13/2024	104129	AMERGIS HEALTHCARE S	Behavior Tech and Sign Language Interpreter services for 5/6/24 through 5/10/24	4,450.00
06/13/2024	104129	AMERGIS HEALTHCARE S	Behavior Tech and Nursing services for 5-6-24 through 5-10-24	3,413.74
06/13/2024	104129	AMERGIS HEALTHCARE S	Behavior Tech for 5-6-24 through 5-10-24	11,150.00
06/13/2024	104129	AMERGIS HEALTHCARE S	Behavior Tech and Nursing Services for 5-6-24 through 5-10-24	37,917.99
06/13/2024	104129	AMERGIS HEALTHCARE S	Behavior Tech and Nursing Services for 5-6-24 through 5-10-24	34,920.24
06/13/2024	104129	AMERGIS HEALTHCARE S	Behavior Tech & Sign Language Interpreter Services for 5/13/24 through 5/17/24	3,581.25
06/13/2024	104129	AMERGIS HEALTHCARE S	Behavior Tech Services for 5/13/24 through 5/17/24	3,058.00
06/13/2024	104129	AMERGIS HEALTHCARE S	Behavior Tech Services for 5/13/24 through 5/17/24	11,575.00
06/13/2024	104129	AMERGIS HEALTHCARE S	Paraprofessional and Nursing Services for 5/13/24 through	4,371.50

CHECK DATE	CHECK NUMBER	CHECK VENDOR	INVOICE DESCRIPTION	AMOUNT
			5/17/24	
06/13/2024	104129	AMERGIS HEALTHCARE S	Paraprofessional and Nursing Services for 5/13/24 through 5/17/24	43,364.51
06/13/2024	104129	AMERGIS HEALTHCARE S	Behavior Tech and Nursing services for 5/13/2024 through 5/17/2024	39,534.25
06/13/2024	104130	ARCON ASSOCIATES	Professional Services April 01-April 30, 2024	76,723.00
06/13/2024	104130	ARCON ASSOCIATES	Professional Services Jan. 01-Feb. 29, 2024	18,000.00
06/13/2024	104130	ARCON ASSOCIATES	Professional Services March 01 to March 31, 2024	18,000.00
06/13/2024	104131	ARTHUR J. GALLAGHER	Renewal Premium RW	1,600.00
06/13/2024	104132	CEBULSKI, PATRICIA	Milage Reimbursement for May 2024	7.08
06/13/2024	104133	CHEM-CARE, INC.	Custodial supplies for Southeast	1,989.18
06/13/2024	104134	CLASSIC LANDSCAPE, L	Monthly Landscape Maintenance-June 2024	1,207.50
06/13/2024	104135	DIGITABILITY, INC.	Digitability Software	19,292.00
06/13/2024	104136	EDU HEALTHCARE, LLC	Paraprofessional Services from 4/29/24 through 5/3/24	1,575.00
06/13/2024	104136	EDU HEALTHCARE, LLC	Social Work Services for 5/1/24 and 5/3/24	1,008.00
06/13/2024	104136	EDU HEALTHCARE, LLC	Paraprofessional and Social Work Services for 5/6/24 through 5/10/24	3,568.50
06/13/2024	104136	EDU HEALTHCARE, LLC	Paraprofessional and Social Work Services for 5/13/24 through 5/17/24	3,276.00
06/13/2024	104137	ELITE RECOGNITION SE	Elite Recognition Services (Gift Books for April and May)- Invoice Number - 4506	268.80
06/13/2024	104138	ENGIE RESOURCES LLC	Energy services Southeast Alt.	8,123.05
06/13/2024	104139	FIRST STUDENT, INC.	05.04.24-order 81219	320.00
06/13/2024	104139	FIRST STUDENT, INC.	May 10 - order 81188	575.00
06/13/2024	104139	FIRST STUDENT, INC.	May 10, 2024 - order 81195	555.00
06/13/2024	104139	FIRST STUDENT, INC.	May 10 - order 81199	395.00
06/13/2024	104139	FIRST STUDENT, INC.	May 10, 2024 - order 81172	575.00
06/13/2024	104140	GOPHER SPORT	Tumble Mat 4 x 6, tumble Mat Pro 5 x 10 and Bison Wall Mount Removeable Goals	1,816.13
06/13/2024	104141	GSK AUTISM LLC	Vision Program - OT Instructional Materials (Therese Hilger 3/12/2024)	85.99
06/13/2024	104142	ILLINOIS STATE POLIC	Fingerprinting for April. Invoice Number - 20240407078	423.75
06/13/2024	104143	IT SAVVY LLC	ESSR Purchase Chromebooks	9,621.47
06/13/2024	104144	J. J. KELLER & ASSOC	FMLA - Law posters	113.66
06/13/2024	104145	JERRARD, CHERISE	Milage Reimbursement for Mar-May 2024	285.89
06/13/2024	104146	KEYGUARD ASSISTIVE T	TouchChat Keyguard & LAMP Words for Life Keyguard for Assistive Technology	312.70

CHECK DATE	CHECK NUMBER	CHECK VENDOR	INVOICE DESCRIPTION	AMOUNT
06/13/2024	104147	KONICA MINOLTA PREMI	Konica Minolta Copiers - Coverage 422/24-5/21/24 Maintenance portion billed separately for Fleet #1	1,258.00
06/13/2024	104147	KONICA MINOLTA PREMI	Konica Minolta Copiers Contract# 450-0068138-000	1,032.16
06/13/2024	104148	LAZZAR, DIANE	Milage Reimbursement for May 2024	209.83
06/13/2024	104149	MACGILL DISCOUNT MED	ESY-Anticipatory ESY medical supplies	474.21
06/13/2024	104150	MAXIM HEALTHCARE SER	Nursing Services for 4/1/24 through 5/3/24	11,439.64
06/13/2024	104150	MAXIM HEALTHCARE SER	Nursing Services for 5/7/24 through 5/10/24	1,750.49
06/13/2024	104150	MAXIM HEALTHCARE SER	Nursing Services for 3/18/24 through 5/10/24	30,215.17
06/13/2024	104150	MAXIM HEALTHCARE SER	Nursing Services for 5/13/24 through 5/17/24	14,628.47
06/13/2024	104150	MAXIM HEALTHCARE SER	Nursing Services for 5/4/24 and 5/15/24	992.66
06/13/2024	104151	MCKINNEY, LAURA	Milage Reimbursement for Feb to May 2024	41.60
06/13/2024	104152	MICROSONIC INC.	Microsonic 1/22/24 invoices WC7662RL/WC7663RL	244.00
06/13/2024	104152	MICROSONIC INC.	Invoice WA7744	100.00
06/13/2024	104152	MICROSONIC INC.	Invoice #: WC7688RL-earmolds	228.00
06/13/2024	104152	MICROSONIC INC.	Earmolds-Invoices: WC7686RL, WC7683RL, WC7680RL, WC7682RL, WC7685RL, WC7684RL, WC7678RL, RWF1722RL, WC7681RL	975.55
06/13/2024	104152	MICROSONIC INC.	Invoices WC7677RL, WC7673RL, WC7675R, WC7672RL, WC7670R, WC7669R, WC7671RL, WC7665RL,	777.00
06/13/2024	104152	MICROSONIC INC.	Earmold Orders	123.45
06/13/2024	104153	NUNZIATO, NICOLE	Milage Reimbursemen April / May 2024	22.11
06/13/2024	104154	ORKIN EXTERMINATING	Southeast Monthly services May 2024	100.99
06/13/2024	104155	PAES PRODUCTIONS, LL	PAES LAB PURCHASE	44,875.00
06/13/2024	104156	PETERS, JEANNINE	Reimburse coference-milage and tolls-Nonviolent Crisis Intervention	195.32
06/13/2024	104157	PROCARE THERAPY	Paraprofessional Services for 5/13/24 through 5/17/24	3,500.00
06/13/2024	104157	PROCARE THERAPY	Nursing Services for 5/13/24 through 5/17/24	2,730.00
06/13/2024	104157	PROCARE THERAPY	Paraprofessional Services for 5/13/24 through 5/17/24	1,400.00
06/13/2024	104158	SHEARER, MARGARET	Milage Reimbursement for May 2024	13.40
06/13/2024	104159	SOLIANT	Paraprofessional Services for 5-6-24 through 5-1-24	4,005.00
06/13/2024	104159	SOLIANT	Paraprofessional Services for 5/13/24 through 5/17/24	2,076.60
06/13/2024	104159	SOLIANT	Paraprofessional Services for 5/13/24 through 5/17/24	3,360.00

<u>CHECK</u>	<u>CHECK</u>	<u>INVOICE</u>	<u>AMOUNT</u>
<u>DATE</u>	<u>NUMBER</u> <u>VENDOR</u>	<u>DESCRIPTION</u>	
06/13/2024	104159 SOLIANT	Paraprofessional Services for 5/13/24 through 5/17/24	5,355.00
06/13/2024	104159 SOLIANT	Paraprofessional services for 5/5/24	2,086.80
06/13/2024	104160 SONOVA USA INC.	Receiver Order-Phonak	2,400.64
06/13/2024	104160 SONOVA USA INC.	DHH Audio-Phonak	294.79
06/13/2024	104161 STRINGFELLOW, JILLIA	Milage Reimbursement for May 2024	172.19
06/13/2024	104162 SUDDS, GREGORY	Milage Reimbursement for Apr-May 2024	11.73
06/13/2024	104163 SUNBELT	Paraprofessional and Special Education Teacher Services for 5/13/24 through 5/17/24	4,615.00
06/13/2024	104164 SUPERIOR AIR-GROUND	Ambulance Service for Outdoor Ed 5/3/24	1,260.00
06/13/2024	104165 TEAM SELECT HOME CAR	Nursing Services for 4/2/24 through 4/30/24	5,670.00
06/13/2024	104166 THE STEPPING STONES	Paraprofessional and Nursing Services for 4/15/24 through 4/24/24	22,595.74
06/13/2024	104166 THE STEPPING STONES	Paraprofessional, Nursing and Special Education Teacher (Substitute) services for 4/29/24 through 5/10/24	20,254.30
06/13/2024	104167 UNIVERSAL PREMIUM	Univ premium Fuel Statements 05.14.24 and 05.29.24	1,167.50
		Totals for checks	670,615.40

FUND SUMMARY

<u>FUND</u>	<u>DESCRIPTION</u>	<u>BALANCE SHEET</u>	<u>REVENUE</u>	<u>EXPENSE</u>	<u>TOTAL</u>
10	EDUCATION FUND	0.00	0.00	556,251.87	556,251.87
17	MEDICAID SUB FUND	0.00	0.00	1,640.53	1,640.53
20	OPER, BUILD, & MAINT FUND	0.00	0.00	112,723.00	112,723.00
***	Fund Summary Totals ***	0.00	0.00	670,615.40	670,615.40

***** End of report *****

CHECK DATE	CHECK NUMBER	CHECK VENDOR	INVOICE DESCRIPTION	AMOUNT
06/13/2024	232400979	BENJAMIN SCHOOL DIST	Fee for Service - Special Transportation Claims for the period of September 2022 through October 2023	67.36
06/13/2024	232400980	DUPAGE COUNTY SCHOOL	Fee for Service - Special Transportation Claims for the period of September 2022 through October 2023	370.86
06/13/2024	232400981	SALT CREEK SCHOOL DI	Fee for Service - Special Transportation Claims for the period of September 2022 through October 2023	96.44
06/13/2024	232400982	DOWNERS GROVE DISTRI	Fee for Service - Special Transportation Claims for the period of September 2022 through October 2023	1,163.89
06/13/2024	232400983	MAERCKER DISTRICT #6	Fee for Service - Special Transportation Claims for the period of September 2022 through October 2023	2,914.89
06/13/2024	232400984	CASS SCHOOL DISTRICT	Fee for Service - Special Transportation Claims for the period of September 2022 through October 2023	1,503.27
06/13/2024	232400985	CENTER CASS DISTRICT	Fee for Service - Special Transportation Claims for the period of September 2022 through October 2023	94.22
06/13/2024	232400986	WOODRIDGE DISTRICT #	Fee for Service - Special Transportation Claims for the period of September 2022 through October 2023	5,645.88
06/13/2024	232400987	DUPAGE HS DISTRICT #	Fee for Service - Special Transportation Claims for the period of September 2022 through October 2023	1,816.45
06/13/2024	232400988	COMMUNITY HS DISTRIC	Fee for Service - Special Transportation Claims for the period of September 2022 through October 2023	694.93
06/13/2024	232400989	COMMUNITY HS DIST #9	Fee for Service - Special Transportation Claims for the period of September 2022 through October 2023	2,216.63
06/13/2024	232400990	COMMUNITY CONSOLIDAT	Fee for Service - Special Transportation Claims for the period of September 2022 through October 2023	417.92
06/13/2024	232400991	LISLE CUSD #202	Fee for Service - Special Transportation Claims for the period of September 2022 through October 2023	482.87
06/13/2024	232400992	2955, LLC	Rent Payable 2900 Ogden July 2024	49,404.23
06/13/2024	232400993	AHN, MAY	Milage Reimbursemen April 2024	187.45

CHECK DATE	CHECK NUMBER	CHECK VENDOR	INVOICE DESCRIPTION	AMOUNT
06/13/2024	232400993	AHN, MAY	outdoor ed - reimbursement Ahn	58.44
06/13/2024	232400994	AL WARREN OIL CO., I	Fuel Delivery 05.16.24	246.48
06/13/2024	232400994	AL WARREN OIL CO., I	Fuel Delivery 05/23/2024	346.32
06/13/2024	232400994	AL WARREN OIL CO., I	Fuel Delivery 05/30/2024	88.35
06/13/2024	232400995	ALDRICH, DANA	Milage Reimbursement for May 2024	18.89
06/13/2024	232400996	ANDERSEN, VERONICA	Milage Reimbursement for May 2024	166.91
06/13/2024	232400997	ARROYO, NATASHA	Milage Reimbursemen Feb-April 2024	82.61
06/13/2024	232400997	ARROYO, NATASHA	Milage Reimbursement for May 2024	62.11
06/13/2024	232400998	ARVANS, SUSAN	Milage Reimbursemen April 2024	91.09
06/13/2024	232400999	BARAJAZ, DINA	Milage Reimbursement Jan And Feb 2024	102.72
06/13/2024	232401000	BELL, RACHEL	Reimburse vision transition ADL cooking	4.18
06/13/2024	232401001	BOCZKOWSKI, DEBRA	Milage Reimbursement for Apr 2024	383.91
06/13/2024	232401001	BOCZKOWSKI, DEBRA	Milage Reimbursement for May 2024	195.64
06/13/2024	232401002	BOHNERT, SHANNON	Milage Reimbursemen April 2024	54.26
06/13/2024	232401002	BOHNERT, SHANNON	Milage Reimbursement for May 2024	39.36
06/13/2024	232401003	BOOTSMA, KRISTY	Milage Reimbursement for May 2024	92.29
06/13/2024	232401004	BUNGERT, TINA	Milage Reimbursement for Apr 2024	33.26
06/13/2024	232401004	BUNGERT, TINA	Milage Reimbursement for May 2024	5.36
06/13/2024	232401005	CARRASQUILLO, ELIZAB	Milage Reimbursement for May 2024	241.88
06/13/2024	232401006	CIECKO, ASHLEY	Milage Reimbursemen April 2024	38.93
06/13/2024	232401006	CIECKO, ASHLEY	Reimburse end of year classrooms materials	38.73
06/13/2024	232401006	CIECKO, ASHLEY	Milage Reimbursement for May 2024	29.99
06/13/2024	232401007	COHLA, STEPHANIE	Milage Reimbursemen April 2024	219.44
06/13/2024	232401007	COHLA, STEPHANIE	Milage Reimbursement for May 2024	152.28
06/13/2024	232401008	CORSELLO, KRISTINE	Milage Reimbursement for May 2024	139.03
06/13/2024	232401009	CREAGAN, HELEN	Milage Reimbursement for May 2024	97.49
06/13/2024	232401010	CULLEN, ROBIN	Milage Reimbursement forApr- May 2024	69.81
06/13/2024	232401011	CUOMO, SUSAN	Milage Reimbursemen 04.22 - 05.04 2024	58.10
06/13/2024	232401012	DARRUS, JULIE	Milage Reimbursemen April 2024	137.35
06/13/2024	232401013	DELEONARDIS, NICOLE	Milage Reimbursement for	7.37

CHECK DATE	CHECK NUMBER	CHECK VENDOR	INVOICE DESCRIPTION	AMOUNT
			04/26/24	
06/13/2024	232401014	DORCHACK, MARIA	Milage Reimbursement for May 2024	288.84
06/13/2024	232401015	DUGAN, PATRICK	Milage Reimbursement for Apr and May 2024	273.85
06/13/2024	232401016	ELIAS, JENNIFER	Milage Reimbursement for May 2024	39.40
06/13/2024	232401017	FARRELL, LYSA	Milage Reimbursement for April-May 2024	126.63
06/13/2024	232401018	FORTUNA, CHRISTINA	Milage Reimbursement for May 2024	53.06
06/13/2024	232401019	GEBRE, AMY	Milage Reimbursement for Apr-May 2024	301.97
06/13/2024	232401020	GRILL, MEGHAN	Milage Reimbursement for May 2024	69.01
06/13/2024	232401021	GROHN, JULIE	Travel Allowance June 2024	400.00
06/13/2024	232401022	HEARTLAND ALLIANCE H	DHH April Phone Interpreting	262.50
06/13/2024	232401022	HEARTLAND ALLIANCE H	CCIS Interpreting Services	343.17
06/13/2024	232401022	HEARTLAND ALLIANCE H	On-Site Invoice Client #0078 - DHH	832.61
06/13/2024	232401022	HEARTLAND ALLIANCE H	On-Site Invoice Client #0078 - Audiology Interpreting	560.00
06/13/2024	232401022	HEARTLAND ALLIANCE H	CCIS Invoice #25090 04/30/2024 Interpreting Services	696.09
06/13/2024	232401022	HEARTLAND ALLIANCE H	CCIS Invoice #25199 04/30/2024 Telephonic Interpreting Services	14.00
06/13/2024	232401023	KLASEN, MOLLY	Reimburse conference registration 03.01.24 Interpret Resiliency	35.00
06/13/2024	232401024	LANDES, LINDA	Milage Reimbursemen April 15-May 10 2024	23.40
06/13/2024	232401025	LARSON, CANDICE	Reimburse virtual workshop registration	45.00
06/13/2024	232401026	LAYTON, MATTHEW	Travel Allowance June 2024	400.00
06/13/2024	232401027	LESSENTIEN, BRIDGET	Milage Reimbursemen Feb and March 2024	149.96
06/13/2024	232401027	LESSENTIEN, BRIDGET	Milage Reimbursemen April 2024	122.82
06/13/2024	232401028	LOONEY, KATHERINE	Reimburse Therapy Consumable Good / projects Multi-Needs	175.77
06/13/2024	232401028	LOONEY, KATHERINE	Reimburse therapy consumable goods/supplies	106.53
06/13/2024	232401029	MOY, CYNTHIA	Milage Reimbursemen Feb 2024	10.45
06/13/2024	232401029	MOY, CYNTHIA	Milage Reimbursement for Mar-May 2024	33.90
06/13/2024	232401030	NOWAK, SUSAN	Milage Reimbursement for May 2024	55.61
06/13/2024	232401031	OTTO, VICKI	Milage Reimbursement for Mar - May 2024	168.99
06/13/2024	232401032	PELLICANO, DARCEY	Milage Reimbursement for MArch - May 2024	61.51
06/13/2024	232401033	PETERSEN, JENNIFER	Milage Reimbursement for May 2024	72.76
06/13/2024	232401034	ROBERTS, RUTH	Milage Reimbursement for APr	167.37

CHECK DATE	CHECK NUMBER	CHECK VENDOR	INVOICE DESCRIPTION	AMOUNT
			2024	
06/13/2024	232401035	ROSS, KATHLEEN	Milage Reimbursement for Mar-May 2024	184.25
06/13/2024	232401036	SEYLER, NICOLE	Milage Reimbursement for Mar- May 2024	203.68
06/13/2024	232401037	SMITH, CLAIRE	Milage Reimbursement for May 2024	271.75
06/13/2024	232401038	SOBERON, SAMANTHA	Milage Reimbursement for Mar-May 2024	119.93
06/13/2024	232401039	STAMATELOPOULOS, KEL	Milage Reimbursement for May 2024	73.70
06/13/2024	232401040	VANDERCAR, PATRICIA	Milage Reimbursemen April 22-May 13 2024	48.24
06/13/2024	232401041	WALSH, ANNA	Reimburse classroom supplies	115.73
06/13/2024	232401042	WAWCZAK, ELIZABETH	Milage Reimbursemen Mar 11 - Apr 08, 2024	94.40
06/13/2024	232401042	WAWCZAK, ELIZABETH	Milage Reimbursement for Apr-May 2024	173.14
06/13/2024	232401043	WISNIEWSKI, RACHEL	Travel Allowance June 2024	400.00
			Totals for checks	77,954.89

FUND SUMMARY

<u>FUND</u>	<u>DESCRIPTION</u>	<u>BALANCE SHEET</u>	<u>REVENUE</u>	<u>EXPENSE</u>	<u>TOTAL</u>
10	EDUCATION FUND	0.00	0.00	60,469.28	60,469.28
17	MEDICAID SUB FUND	0.00	0.00	17,485.61	17,485.61
*** Fund Summary Totals ***		0.00	0.00	77,954.89	77,954.89

***** End of report *****

INTERIM CHECKS

May 2024 \$ 1,057,911.68

CHECK DATE	CHECK NUMBER	CHECK VENDOR	INVOICE DESCRIPTION	AMOUNT
05/03/2024	103966	ADVOCATE OCCUPATIONA	Bus Driver Physical for Megan Baker - Invoice 856609 Bus Driver Physical for Deborah Hansmeyer - 855546	280.00
05/03/2024	103967	AED PROFESSIONALS	Pediatric Electrode Pads	118.00
05/03/2024	103968	ALLIED BENEFIT SYSTE	Allied FSA Invoice APRIL 2024	385.25
05/03/2024	103968	ALLIED BENEFIT SYSTE	Allied FSA Invoice MAY 2024	385.25
05/03/2024	103969	AMERICAN HERITAGE LI	Allstate Critical Illness and Accident Coverage Bill - April 2024	3,122.73
05/03/2024	103970	APPLE INC.	VPP Purchase	3,100.00
05/03/2024	103971	CPI	Verbal Intervention(TM) 3rd Edition - Participant Workbook	2,899.00
05/03/2024	103972	DEARBORN NATIONAL LI	APRIL 2024 LIFE INSURANCE INVOICE	5,957.84
05/03/2024	103972	DEARBORN NATIONAL LI	MAY 2024 LIFE INSURANCE INVOICE	6,015.92
05/03/2024	103973	DUNCAN, JENNIFER	Reimburse Community expense	17.50
05/03/2024	103974	DUPAGE COUNTY HEALTH	Annual Food Service Permit-Southeast	648.00
05/03/2024	103974	DUPAGE COUNTY HEALTH	Vision/Hearing Screening 03/04/2024	1,248.00
05/03/2024	103975	ENGLER CALLAWAY BAAS	General Law Services 03/01/24-03/31/24	9,846.00
05/03/2024	103975	ENGLER CALLAWAY BAAS	Professional Development Service -3/15/24 legal update presentation	962.00
05/03/2024	103976	GOURMET GORILLA	Southeeast-SASED Meals 03/04/24-03/22/24	9,113.03
05/03/2024	103976	GOURMET GORILLA	Transition-Meals 03/04/24-03/22/24	1,854.20
05/03/2024	103976	GOURMET GORILLA	Tansition-Bulk items March 2024	121.78
05/03/2024	103976	GOURMET GORILLA	Southeast Bulk items March 2024	195.34
05/03/2024	103976	GOURMET GORILLA	Credit memo 169877 March 2024	-682.79
05/03/2024	103977	HEALTH CARE SERVICE	Blue Cross/Blue Shield Claims and Administration Fee Invoice for March 2024 Invoice 657315791150	418,254.12
05/03/2024	103978	KONICA MINOLTA PREMI	Konica Minolta Copiers Acct# 1303175	969.90
05/03/2024	103979	KONICA MINOLTA PREMI	Konica Minolta Copiers Contract#450-0068168-001	2,034.25
05/03/2024	103979	KONICA MINOLTA PREMI	Konica Minolta Copiers Contract# 450-0068138-000	1,032.16
05/03/2024	103980	METLIFE	APRIL Metlife Dental and Vision Invoice for 5/1/24-5/31/24. Due 5/1/24.	17,972.20
05/03/2024	103981	NET56	Jamf Pro licenses - March 2024 Usage	221.68
05/03/2024	103982	NICOR GAS	03/01-04/01/2024 Service Southeast	1,326.82
05/03/2024	103983	NUNZIATO, NICOLE	Reimbursement Request: N. Nunziato Consumables for	47.85

CHECK DATE	CHECK NUMBER	CHECK VENDOR	INVOICE DESCRIPTION	AMOUNT
			Eclipse Viewing	
05/03/2024	103984	ORKIN EXTERMINATING	PC Standard, Monthly invoice 260537865	100.99
05/03/2024	103985	PEORIA COUNTY REGION	Contract for Services	3,400.00
05/03/2024	103986	PHILLIP'S FLOWERS	Account # 217018, statement date 03/31/2024	174.90
05/03/2024	103987	POWERSCHOOL GROUP LL	School Messenger Implementation	750.00
05/03/2024	103988	PROCARE THERAPY	Paraprofessional and Nursing Services for 3/18/24 through 3/22/24	7,935.50
05/03/2024	103988	PROCARE THERAPY	Paraprofessional and Nursing Services for 4/1/24 through 4/5//24	5,892.50
05/03/2024	103989	UNIVERSAL PREMIUM	Gas Service April 1-April 15, 2024	422.79
05/03/2024	103990	VANGUARD ENERGY SERV	Energy Services Southeast April 5, 2024 Acct # 2869211000	1,183.15
05/13/2024	103991	CASH	Petty Cash Reimbursement	500.00
			Totals for checks	507,805.86

FUND SUMMARY

<u>FUND</u>	<u>DESCRIPTION</u>	<u>BALANCE SHEET</u>	<u>REVENUE</u>	<u>EXPENSE</u>	<u>TOTAL</u>
10	EDUCATION FUND	452,593.31	0.00	55,212.55	507,805.86
***	Fund Summary Totals ***	452,593.31	0.00	55,212.55	507,805.86

***** End of report *****

<u>CHECK</u>	<u>CHECK</u>	<u>INVOICE</u>	<u>AMOUNT</u>
<u>DATE</u>	<u>NUMBER</u> <u>VENDOR</u>	<u>DESCRIPTION</u>	
05/03/2024	232400883 2955, LLC	2900 Ogden Ave., Lisle Rental	49,200.23
05/03/2024	232400884 AL WARREN OIL CO., I	03/14/2024 Winter Fuel Blend	238.39
05/03/2024	232400884 AL WARREN OIL CO., I	03/21/24 Undyed Winter Blend Fuel	250.37
05/03/2024	232400884 AL WARREN OIL CO., I	03/07/24 Undyed Winter Blend	391.24
05/03/2024	232400884 AL WARREN OIL CO., I	Bio-Desel Blend 04/11/2024	381.03
05/03/2024	232400885 ARROYO, NATASHA	Reimburse incentive supplies, vision	35.43
05/03/2024	232400886 BELL, RACHEL	Reimburse vision/Transition community expense	17.50
05/03/2024	232400887 BRUSICH, WENDY	Reimburse Student Instruction Expense	23.84
05/03/2024	232400888 GEBRE, AMY	Reimburse Classroom Supplies, Vision	25.04
05/03/2024	232400889 GOES, JENNIFER	Reimbursement Request-J Goes Community outing-Movie	49.00
05/03/2024	232400890 GROHN, JULIE	Travel Allowance April 2024	400.00
05/03/2024	232400891 LAYTON, MATTHEW	Travel Allowance April 2024	400.00
05/03/2024	232400892 MAGNUSON, LAURA	Reimburse ADL and Supplies, Salt Creek	14.75
05/03/2024	232400893 MARTINEZ, PAUL	Reimbursement Request-P Martinez Community Trip and Class Expenses	40.97
05/03/2024	232400894 MOHAMMAD, KAYLA	Reimbursement Request-K Mohammad Craft activities/Cooking groups-High School	37.43
05/03/2024	232400895 UHREN, ENA	Reimburse Snack Cart supplies, vision and transtition	6.00
05/03/2024	232400895 UHREN, ENA	Reimburse ADL Cooking Supplies	1.89
05/03/2024	232400896 WISNIEWSKI, RACHEL	Travel Allowance April 2024	400.00
Totals for checks			51,913.11

FUND SUMMARY

<u>FUND</u>	<u>DESCRIPTION</u>	<u>BALANCE SHEET</u>	<u>REVENUE</u>	<u>EXPENSE</u>	<u>TOTAL</u>
10	EDUCATION FUND	0.00	0.00	51,913.11	51,913.11
***	Fund Summary Totals ***	0.00	0.00	51,913.11	51,913.11

***** End of report *****

CHECK DATE	CHECK NUMBER	CHECK VENDOR	INVOICE DESCRIPTION	AMOUNT
05/21/2024	104076	A TOUCH OF GLASS & M	Southeast Alt - window	319.68
05/21/2024	104077	AMERGIS HEALTHCARE S	Paraprofessional and Nursing Services for 04/01/2024 through 4/5/2024	36,097.50
05/21/2024	104078	AMERICAN HERITAGE LI	Allstate Critical Illness and Accident Coverage Bill - May 2024	3,122.73
05/21/2024	104079	CLASSIC LANDSCAPE, L	April 2024 monthly lanscape maintenance	1,150.00
05/21/2024	104080	DEARBORN NATIONAL LI	JUNE 2024 LIFE INSURANCE INVOICE	6,025.97
05/21/2024	104081	DUNCAN, JENNIFER	Reimburse Expenses-ADL's	48.19
05/21/2024	104082	DUPAGE COUNTY HEALTH	Annual Food Permit - 2900 Ogden	648.00
05/21/2024	104083	EMBRACE EDUCATION	Direct Service Percentage Billing	1,006.64
05/21/2024	104084	ENGIE RESOURCES LLC	SE Energy - 03.29-04.29.2024-Accnt # 5506147058	7,229.75
05/21/2024	104085	HEALTH CARE SERVICE	Blue Cross/Blue Shield Claims and Administration Fee Invoice for April 2024 Invoice 6573182296	413,983.49
05/21/2024	104086	HINCKLEY SPRINGS	product/rental 04/23/24	46.44
05/21/2024	104087	HOME DEPOT CREDIT SE	Accnt # 6035322149955602 04.19.24	568.66
05/21/2024	104088	J. J. KELLER & ASSOC	1- year subscription renewal for FMLA Manager	1,095.00
05/21/2024	104089	KONICA MINOLTA BUSIN	04.22-05.21.2024	1,258.00
05/21/2024	104090	NET56	Net56 Services	24,850.43
05/21/2024	104091	NICOR GAS	04.01-05.1.24-Account # 28692110001	471.32
05/21/2024	104092	NSN EMPLOYER SERVICE	Invoice 2024-2024 - Annual fee for Unemployment Claims Management Service	1,000.50
05/21/2024	104093	PHILLIP'S FLOWERS	Flower service April 2024	310.47
05/21/2024	104094	UNIVERSAL PREMIUM	Fuel Service 04/16/24-04/30/24	456.25
05/21/2024	104094	UNIVERSAL PREMIUM	Gas Fleetcard payment May 01-May 15, 2024	548.07
05/21/2024	104095	VANGUARD ENERGY SERV	Elec SE 04/01-04/30/2024	1,183.15
05/21/2024	104096	VERIZON WIRELESS	380335400-00001	567.92
05/21/2024	104096	VERIZON WIRELESS	480335060-00001	80.67
05/21/2024	104097	WILL COUNTY REGIONAL	PO for payment of Administrator Academy on 6/17/124 : AA#1865 Principal Evaluator Competency Skill Building	200.00

Totals for checks 502,268.83

FUND SUMMARY

<u>FUND</u>	<u>DESCRIPTION</u>	<u>BALANCE SHEET</u>	<u>REVENUE</u>	<u>EXPENSE</u>	<u>TOTAL</u>
10	EDUCATION FUND	423,132.19	0.00	78,130.00	501,262.19
17	MEDICAID SUB FUND	0.00	0.00	1,006.64	1,006.64
***	Fund Summary Totals ***	423,132.19	0.00	79,136.64	502,268.83

***** End of report *****

CHECK		CHECK	INVOICE	
DATE	NUMBER	VENDOR	DESCRIPTION	AMOUNT
05/21/2024	232400968	REDDY, CARLY	Reimburse Transportation/Instruction - Vision	39.55
Totals for checks				39.55

FUND SUMMARY

<u>FUND</u>	<u>DESCRIPTION</u>	<u>BALANCE SHEET</u>	<u>REVENUE</u>	<u>EXPENSE</u>	<u>TOTAL</u>
10	EDUCATION FUND	0.00	0.00	39.55	39.55
*** Fund Summary Totals ***		0.00	0.00	39.55	39.55

***** End of report *****

CHECK DATE	CHECK NUMBER	CHECK VENDOR	INVOICE DESCRIPTION	AMOUNT
05/29/2024	104113	FIFTH THIRD BANK/MAS	Supplies for Nicole Nunziato's Classroom	21.69
05/29/2024	104113	FIFTH THIRD BANK/MAS	FCS-DRS PRE-ENTS	27.10
05/29/2024	104113	FIFTH THIRD BANK/MAS	Supplies for PS	105.82
05/29/2024	104113	FIFTH THIRD BANK/MAS	IDFPR Licensing	255.63
05/29/2024	104113	FIFTH THIRD BANK/MAS	planning calendar	7.98
05/29/2024	104113	FIFTH THIRD BANK/MAS	OT/PT Supplies 4-9-24	15.96
05/29/2024	104113	FIFTH THIRD BANK/MAS	OT/PT Supplies 4-9-24	24.26
05/29/2024	104113	FIFTH THIRD BANK/MAS	OT/PT Supplies 4-8-24	32.23
05/29/2024	104113	FIFTH THIRD BANK/MAS	OT/PT Supplies 4-8-24	38.45
05/29/2024	104113	FIFTH THIRD BANK/MAS	Interviewers Lunch	64.87
05/29/2024	104113	FIFTH THIRD BANK/MAS	Bender Lunch	47.77
05/29/2024	104113	FIFTH THIRD BANK/MAS	supplies - outdoor ed 2024	52.80
05/29/2024	104113	FIFTH THIRD BANK/MAS	Indeed Subscription	120.00
05/29/2024	104113	FIFTH THIRD BANK/MAS	DRS Pre-ent Dombrow/Helf Graduation/HS	173.81
05/29/2024	104113	FIFTH THIRD BANK/MAS	Sensory Room Items for Cass and Maercker	248.09
05/29/2024	104113	FIFTH THIRD BANK/MAS	Sensory Room Items for Cass and Maercker	278.66
05/29/2024	104113	FIFTH THIRD BANK/MAS	Toner order	315.12
05/29/2024	104113	FIFTH THIRD BANK/MAS		20.00
05/29/2024	104113	FIFTH THIRD BANK/MAS	supplies - outdoor ed 2024	168.27
05/29/2024	104113	FIFTH THIRD BANK/MAS	SSWAA Wellness Retreat Registration - J Peter	280.00
05/29/2024	104113	FIFTH THIRD BANK/MAS	supplies - outdoor ed 2024	506.79
05/29/2024	104113	FIFTH THIRD BANK/MAS	supplies - outdoor ed 2024	1,109.94
05/29/2024	104113	FIFTH THIRD BANK/MAS	Kitchen items	8.99
05/29/2024	104113	FIFTH THIRD BANK/MAS	Name stamp for new student Winfield-JG	9.98
05/29/2024	104113	FIFTH THIRD BANK/MAS	Sanitaire BV-2 Premium Paper Bag (Pack of 5), Fits Models SC412 Series Backpack Vacuum, 62370A, White	9.98
05/29/2024	104113	FIFTH THIRD BANK/MAS	Vision Program - Classroom Supplies AMAZON (Jillian Stringfellow 4/8/2024)	39.80
05/29/2024	104113	FIFTH THIRD BANK/MAS	BMS Team	16.50
05/29/2024	104113	FIFTH THIRD BANK/MAS	PBIS Classroom/Gaona Dpmbrow Drs Pre-Ents	53.47
05/29/2024	104113	FIFTH THIRD BANK/MAS	DRS Pre Ent Graduation Dombrow/Helf	77.54
05/29/2024	104113	FIFTH THIRD BANK/MAS	Classroom materials WBHS-MG	84.14
05/29/2024	104113	FIFTH THIRD BANK/MAS	mailboxes and magnetic hooks to hang them	93.78
05/29/2024	104113	FIFTH THIRD BANK/MAS	BOLIN PBIS	144.54
05/29/2024	104113	FIFTH THIRD BANK/MAS	Classroom materials WBHS-MG	154.89
05/29/2024	104113	FIFTH THIRD BANK/MAS	DRS Pre-ent Dombrow/Helf Graduation/HS	184.14
05/29/2024	104113	FIFTH THIRD BANK/MAS	ECC Prder	193.44
05/29/2024	104113	FIFTH THIRD BANK/MAS	BMS Team	594.22
05/29/2024	104113	FIFTH THIRD BANK/MAS	Office supplies	11.19
05/29/2024	104113	FIFTH THIRD BANK/MAS	Supplies for Zacharski and Baker Classroom	15.99
05/29/2024	104113	FIFTH THIRD BANK/MAS	Vision Program - Supplies AMAZON (Mark Renc 4/10/2024)	18.99

CHECK DATE	CHECK NUMBER	CHECK VENDOR	INVOICE DESCRIPTION	AMOUNT
05/29/2024	104113	FIFTH THIRD BANK/MAS	Vision Program OT - Supplies Therese Hilger 4/4/2024	30.87
05/29/2024	104113	FIFTH THIRD BANK/MAS	BOLIN PBIS	33.97
05/29/2024	104113	FIFTH THIRD BANK/MAS	Terzick/Gym supplies	35.98
05/29/2024	104113	FIFTH THIRD BANK/MAS	AA Supplies	36.42
05/29/2024	104113	FIFTH THIRD BANK/MAS	Vision Program - Classroom Supplies (Regina Fernandez 4/8/2024)	51.50
05/29/2024	104113	FIFTH THIRD BANK/MAS	Vision Program - Classroom Supplies Salt Creek Mini File Folders AMAZON (Regina Fernandez 4/12/2024)	56.42
05/29/2024	104113	FIFTH THIRD BANK/MAS	Terzick/Gym supplies	74.95
05/29/2024	104113	FIFTH THIRD BANK/MAS	Bilingual Lang Developements and Assessments	78.00
05/29/2024	104113	FIFTH THIRD BANK/MAS	Supplies for Ilyavi Kindergarten	99.32
05/29/2024	104113	FIFTH THIRD BANK/MAS	Naperville Mulch	119.25
05/29/2024	104113	FIFTH THIRD BANK/MAS	Laminators	161.46
05/29/2024	104113	FIFTH THIRD BANK/MAS	supplies - outdoor ed 2024	127.75
05/29/2024	104113	FIFTH THIRD BANK/MAS	Supplies	169.98
05/29/2024	104113	FIFTH THIRD BANK/MAS	Laminate Reorder	189.98
05/29/2024	104113	FIFTH THIRD BANK/MAS	Supply of Binders and binder tabs for Professional Development	203.61
05/29/2024	104113	FIFTH THIRD BANK/MAS	AA Supplies	203.77
05/29/2024	104113	FIFTH THIRD BANK/MAS	Toner order	224.38
05/29/2024	104113	FIFTH THIRD BANK/MAS	OT/PT Resources 4-5-24	311.00
05/29/2024	104113	FIFTH THIRD BANK/MAS	Millard Crash Pad	326.38
05/29/2024	104113	FIFTH THIRD BANK/MAS	Vision Program - Instructional AMAZON (Amy Gebre 4/11/2024)	790.50
05/29/2024	104113	FIFTH THIRD BANK/MAS	furniture order	475.09
05/29/2024	104113	FIFTH THIRD BANK/MAS	Foldable Wagons	515.94
05/29/2024	104113	FIFTH THIRD BANK/MAS	Supplies for Ilyavi Kindergarten	15.41
05/29/2024	104113	FIFTH THIRD BANK/MAS	Terzick/Gym supplies	38.99
05/29/2024	104113	FIFTH THIRD BANK/MAS	furniture order	40.99
05/29/2024	104113	FIFTH THIRD BANK/MAS	Itin Book Order	98.86
05/29/2024	104113	FIFTH THIRD BANK/MAS	BMS Team	101.68
05/29/2024	104113	FIFTH THIRD BANK/MAS	Office supplies	107.29
05/29/2024	104113	FIFTH THIRD BANK/MAS	Bowling Aid	126.92
05/29/2024	104113	FIFTH THIRD BANK/MAS	chargers screen covers	149.87
05/29/2024	104113	FIFTH THIRD BANK/MAS	furniture order	223.96
05/29/2024	104113	FIFTH THIRD BANK/MAS	Water service-Southeast 02.28-03.15.2024	277.24
05/29/2024	104113	FIFTH THIRD BANK/MAS	Invoice 32322 SSWAA retreat	280.00
05/29/2024	104113	FIFTH THIRD BANK/MAS	Supplies for Zacharski and Baker Classroom	393.15
05/29/2024	104113	FIFTH THIRD BANK/MAS	The Learning Technology Center 3D Printing for Educators Workshop Vision Program 11/8/2023 Addison Trail High School	450.00
05/29/2024	104113	FIFTH THIRD BANK/MAS	End of the year supplies order for IST Coaches	815.11

CHECK DATE	CHECK NUMBER	CHECK VENDOR	INVOICE DESCRIPTION	AMOUNT
05/29/2024	104113	FIFTH THIRD BANK/MAS	Amazon, BMS Team	1,624.81
05/29/2024	104113	FIFTH THIRD BANK/MAS	Kindergarten Manipulatives	-127.92
05/29/2024	104113	FIFTH THIRD BANK/MAS	Supply Order	9.99
05/29/2024	104113	FIFTH THIRD BANK/MAS	General Supplies	15.84
05/29/2024	104113	FIFTH THIRD BANK/MAS	AMAZ - Books for Administrative Academy	65.97
05/29/2024	104113	FIFTH THIRD BANK/MAS	Walmart - DRS Pre-ent Dombrow/Helf Graduation/HS	193.10
05/29/2024	104113	FIFTH THIRD BANK/MAS	Audio Office Supplies	206.11
05/29/2024	104113	FIFTH THIRD BANK/MAS	Sensory Boards, Sequin boards, Calming strips, Anxiety Stickers, Textured learning, Laptop stand for Desk, Yoga Ball Chair	866.35
05/29/2024	104113	FIFTH THIRD BANK/MAS	AMAZON - North	9.99
05/29/2024	104113	FIFTH THIRD BANK/MAS	AMazon - General Supplies kitchen	16.98
05/29/2024	104113	FIFTH THIRD BANK/MAS	Amazon - Supply Order	22.99
05/29/2024	104113	FIFTH THIRD BANK/MAS	Amazon - Sensory For Holmes	71.99
05/29/2024	104113	FIFTH THIRD BANK/MAS	Amazon Book & Supply Order	72.95
05/29/2024	104113	FIFTH THIRD BANK/MAS	Amazon - SAC General Supplies	93.50
05/29/2024	104113	FIFTH THIRD BANK/MAS	Amazon - North	999.97
05/29/2024	104113	FIFTH THIRD BANK/MAS	CT Promo imaging Spirit wear	2,462.00
05/29/2024	104113	FIFTH THIRD BANK/MAS	AMAZON - SIS supplies end of year	2,189.39
05/29/2024	104113	FIFTH THIRD BANK/MAS	Supplies for Zacharski and Baker Classroom	-86.79
05/29/2024	104113	FIFTH THIRD BANK/MAS	AMAZON - SIS End of year supplies	24.99
05/29/2024	104113	FIFTH THIRD BANK/MAS	Amazon Supplies for Kate McGann	33.71
05/29/2024	104113	FIFTH THIRD BANK/MAS	AMAZON Book & Supply Order	35.98
05/29/2024	104113	FIFTH THIRD BANK/MAS	End of the year supplies order for IST Coaches	222.48
05/29/2024	104113	FIFTH THIRD BANK/MAS	Louie's Pizza - Pizza party Southeast Alt.	240.00
05/29/2024	104113	FIFTH THIRD BANK/MAS	Yamm subscription	240.00
05/29/2024	104113	FIFTH THIRD BANK/MAS	MacGill's - Nursing supplies	284.96
05/29/2024	104113	FIFTH THIRD BANK/MAS	Sec of STATE-Illinois School Bus Permit Renewal for Carly Reddy - Paid using AP Credit Card	5.00
05/29/2024	104113	FIFTH THIRD BANK/MAS	Amazon-Itin Book Order	29.18
05/29/2024	104113	FIFTH THIRD BANK/MAS	Amazon - North	29.97
05/29/2024	104113	FIFTH THIRD BANK/MAS	Pods- monthly statement	289.00
05/29/2024	104113	FIFTH THIRD BANK/MAS	LaParrilla-Admin Asst Apprec Food	348.99
05/29/2024	104113	FIFTH THIRD BANK/MAS	Survey Monkey subscription	468.00
05/29/2024	104113	FIFTH THIRD BANK/MAS	Closing the Gap Conf. registration	1,417.50
05/29/2024	104113	FIFTH THIRD BANK/MAS	Amazon DHH Supply Order	39.99
05/29/2024	104113	FIFTH THIRD BANK/MAS	FSP-Plaque	103.00
05/29/2024	104113	FIFTH THIRD BANK/MAS	Walmart FCS Terzick/Morton DRS Pre-Ents	113.22
05/29/2024	104113	FIFTH THIRD BANK/MAS	Fast Signs -	192.64
05/29/2024	104113	FIFTH THIRD BANK/MAS	Amazon - WJH Order	383.30

CHECK DATE	CHECK NUMBER	CHECK VENDOR	INVOICE DESCRIPTION	AMOUNT
05/29/2024	104113	FIFTH THIRD BANK/MAS	Hickley Springs Service	558.82
05/29/2024	104113	FIFTH THIRD BANK/MAS	Quality Logo Products, staff appreciation	5,358.48
05/29/2024	104113	FIFTH THIRD BANK/MAS	Amazon WJH Order	8.99
05/29/2024	104113	FIFTH THIRD BANK/MAS	Chat GPT subscription	20.00
05/29/2024	104113	FIFTH THIRD BANK/MAS	Amazon - Projector bulb	77.98
05/29/2024	104113	FIFTH THIRD BANK/MAS	Unoclean - moving blankets	192.52
05/29/2024	104113	FIFTH THIRD BANK/MAS	Top Driver Fee	49.00
05/29/2024	104113	FIFTH THIRD BANK/MAS	Amazon-activity Supplies	8.59
05/29/2024	104113	FIFTH THIRD BANK/MAS	USPS Certified mailings	17.46
05/29/2024	104113	FIFTH THIRD BANK/MAS	Supplies	12.08
05/29/2024	104113	FIFTH THIRD BANK/MAS	Costco-Day of Outdoor Learning supplies	447.69
05/29/2024	104113	FIFTH THIRD BANK/MAS	GBC Ultima 55 Thermal Roll EZ Load Laminator	2,023.79
05/29/2024	104113	FIFTH THIRD BANK/MAS	Amazon Supply Order	9.99
05/29/2024	104113	FIFTH THIRD BANK/MAS	HS Graduation Dombrow/Helf DRS Pre-Ents	24.32
05/29/2024	104113	FIFTH THIRD BANK/MAS	Costco Day of Outdoor learning supplies	36.34
05/29/2024	104113	FIFTH THIRD BANK/MAS	Amazon Pullups for Amy Brady Classroom	39.99
05/29/2024	104113	FIFTH THIRD BANK/MAS	Walmart FCS Terzick/Morton DRS Pre-Ents	91.10
05/29/2024	104113	FIFTH THIRD BANK/MAS	Amazon North	120.28
05/29/2024	104113	FIFTH THIRD BANK/MAS	Amazon End of the year supplies order for IST Coaches	150.40
05/29/2024	104113	FIFTH THIRD BANK/MAS	Amazon Layton materials	188.16
05/29/2024	104113	FIFTH THIRD BANK/MAS	Playset parts for playground equipment	147.90
05/29/2024	104113	FIFTH THIRD BANK/MAS	Amazon - Construction Paper	179.16
05/29/2024	104113	FIFTH THIRD BANK/MAS	Smart Sign, mini asset tags	345.67
05/29/2024	104113	FIFTH THIRD BANK/MAS	Amazon General office supplies SAC	51.29
05/29/2024	104113	FIFTH THIRD BANK/MAS	Paisas Pizza - Lunch for interviewers	96.00
05/29/2024	104113	FIFTH THIRD BANK/MAS	Amazon supplies - outdoor ed 2024	1,267.83
05/29/2024	104113	FIFTH THIRD BANK/MAS	Amazon Blue Space Dividers with Sound Barrier	514.01
05/29/2024	104113	FIFTH THIRD BANK/MAS	Amazon General SAC office supplies	9.06
05/29/2024	104113	FIFTH THIRD BANK/MAS	Edweek subscription	39.00
05/29/2024	104113	FIFTH THIRD BANK/MAS	Lilbib .com subscription	72.00
05/29/2024	104113	FIFTH THIRD BANK/MAS	Silver Car Wash	16.00
05/29/2024	104113	FIFTH THIRD BANK/MAS	Replenish I pass 04.10, 04.18, 04.25	350.00
05/29/2024	104113	FIFTH THIRD BANK/MAS	Brookfield Zoo Bus Parking 04.19.24	50.00
05/29/2024	104113	FIFTH THIRD BANK/MAS	Silver Car Wash 04.25.24	17.00
05/29/2024	104113	FIFTH THIRD BANK/MAS	Siteground - annual domain fee for website paid via credit card	21.99
05/29/2024	104113	FIFTH THIRD BANK/MAS	Council for Exceptional Children annual membership	185.00

CHECK DATE	CHECK NUMBER	CHECK VENDOR	INVOICE DESCRIPTION	AMOUNT
			fee paid via credit card	
05/29/2024	104113	FIFTH THIRD BANK/MAS	Marriot hotel for Ann Kremerpaid via credit card	874.14
05/29/2024	104113	FIFTH THIRD BANK/MAS	Marriott hotel for Talin Tokat paid via credit card	874.14
05/29/2024	104113	FIFTH THIRD BANK/MAS	Hotel (Hilton hotel - Homewood Suites) for Ann Kremer to visit site paid via credit card	126.91
05/29/2024	104113	FIFTH THIRD BANK/MAS	Grand Bear Resort remaining charges for room rental for May 2024 EC LRE Stakeholders meeting paid via credit card	630.56
05/29/2024	104113	FIFTH THIRD BANK/MAS	Amazon EC books for site paid via credit card	199.80
05/29/2024	104113	FIFTH THIRD BANK/MAS	Amazon EC supplies for sites paid via credit card	291.00
05/29/2024	104113	FIFTH THIRD BANK/MAS	Bulk Bookstore purchase for sites and summer inclusion institute paid via credit card	896.50
05/29/2024	104113	FIFTH THIRD BANK/MAS	Hilton PDNO Hotel minus the deposit paid via Ann Kremer's SASED Mastercard credit card for Tammy Wrobbel	224.23
05/29/2024	104113	FIFTH THIRD BANK/MAS	PDNO Hotel minus the deposit paid via Ann Kremer's SASED Mastercard credit card for Ann Kremer	224.23
05/29/2024	104113	FIFTH THIRD BANK/MAS	PDNO Hotel minus the deposit paid via Ann Kremer's SASED Mastercard credit card for Shameka Brown	477.81
05/29/2024	104113	FIFTH THIRD BANK/MAS	Hilton PDNO Hotel minus the deposit paid via Ann Kremer's SASED Mastercard credit card for Alisabeth Hopper	477.81
05/29/2024	104113	FIFTH THIRD BANK/MAS	PDNO Hotel paid via Ann Kremer's SASED Mastercard credit card for Pamela Reising Rechner	760.74
05/29/2024	104113	FIFTH THIRD BANK/MAS	Zoom monthly webinar fee paid via credit card	50.00
05/29/2024	104113	FIFTH THIRD BANK/MAS	PP Eastwest-travel for Ann Kremer to airport to attend conference out of state paid via credit card	74.00
05/29/2024	104113	FIFTH THIRD BANK/MAS	Book & Supply Order	384.98
05/29/2024	104113	FIFTH THIRD BANK/MAS	Kitchen items	8.99
05/29/2024	104113	FIFTH THIRD BANK/MAS	End of the year supplies order for TST Coaches	127.66
05/29/2024	104113	FIFTH THIRD BANK/MAS	annual fee	111.00
			Totals for checks	45,884.33

FUND SUMMARY

<u>FUND</u>	<u>DESCRIPTION</u>	<u>BALANCE SHEET</u>	<u>REVENUE</u>	<u>EXPENSE</u>	<u>TOTAL</u>
10	EDUCATION FUND	0.00	0.00	45,884.33	45,884.33
***	Fund Summary Totals ***	0.00	0.00	45,884.33	45,884.33

***** End of report *****

VOIDED CHECKS

May, 2024 \$ 0

Arthur J. Gallagher Risk Management Services, LLC
 Rolling Meadows, IL 60008
 Phone: (630)773-3800

SELJO1

Invoice #	5153857	1 of 1
ACCOUNT NUMBER	DATE	
SCHOASS-03	6/4/2024	
BALANCE DUE ON	AMOUNT DUE	
7/1/2024	\$1,600.00	

School Association for Special Education in DuPage County
 2900 Ogden Ave
 Lisle, IL 60532



Insurance | Risk Management | Consulting

Public Officials Bond PolicyNumber: 404257678 Company: Liberty Mutual Insurance Company Effective: 7/1/2024 to 6/30/2025

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
34518849	7/1/2024	7/1/2024	RENB	Renewal Premium	\$1,600.00

\$2,000,000 Rachel Wisniewski

Rate: .80/1000 @ 30% comm
 Refer to bond form for cancellation provisions

Questions, contact Jodie Sellers at 6302854084



Total Invoice Balance: \$1,600.00

Please return this portion with your payment. Include your invoice number on your remittance to expedite processing.

SELJO1

School Association for Special Education in DuPage County
 2900 Ogden Ave
 Lisle, IL 60532

Invoice #	5153857
ACCOUNT NUMBER	DATE
SCHOASS-03	6/4/2024
BALANCE DUE ON	AMOUNT DUE
7/1/2024	\$1,600.00
AMOUNT PAID	

Please send your remittance to:

Arthur J. Gallagher Risk Management Services, LLC
 P.O. Box 39735
 Chicago, IL 60694-9700

PAY ONLINE AT: WWW.AJG.COM/EZPAY



Insurance | Risk Management | Consulting

DECREASE PENALTY RIDER

BOND AMOUNT \$5,000,000.00 BOND NO. 404257678

To be attached and form a part of Bond No. 404257678 dated the 1st Day of July, 2023, executed by Liberty Mutual Insurance Company as surety, on behalf of Rachel Wisniewski as current principal of record, and in favor of School Association for Special Education in DuPage County, as Obligee for Treasurer, and in the amount of Five Million Dollars and 00/100 (\$5,000,000.00).

In consideration of the agreed premium charged for this bond, it is understood and agreed that Liberty Mutual Insurance Company hereby consents that effective from the 1st Day of July, 2024, said bond shall be amended as follows:

THE BOND PENALTY SHALL BE DECREASED:

FROM: Five Million Dollars and 00/100 (\$5,000,000.00)

TO: Two Million Dollars and 00/100 (\$2,000,000.00)

The DECREASE of said bond penalty shall be effective as of the 1st Day of July, 2024, and does hereby agree that the continuity of protection under said bond subject to changes in penalty shall not be impaired hereby, provided that the aggregate liability of the above mentioned bond shall not exceed the amount of liability assumed by it at the time the act and/or acts of default were committed and in no event shall such liability be cumulative.

Signed, sealed and dated this 4th Day of June, 2024

Rachel Wisniewski
PRINCIPAL



BY _____

Liberty Mutual Insurance Company
SURETY

BY _____

William T. Krumm, ATTORNEY-IN-FACT

THE ABOVE BOND IS HEREBY AGREED TO AND ACCEPTED BY:

School Association for Special Education in DuPage County
OBLIGEE

BY _____

TITLE



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint William T. Krumm all of the city of Rolling Meadows, state of IL its true and lawful attorney-in-fact, with full power and authority hereby conferred to sign, execute and acknowledge the following surety bond:

Principal Name: Rachel Wisniewski
Obligee Name: School Association for Special Education in DuPage County
Surety Bond Number: 404257678 Bond Amount: See Bond Form

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 4th day of June, 2024.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: [Signature of David M. Carey]

David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 4th day of June, 2024, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: [Signature of Teresa Pastella]

Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 4th day of June, 2024.



By: [Signature of Renee C. Llewellyn]

Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

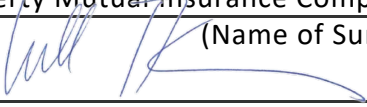
VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 404257678, issued by Liberty Mutual Insurance Company, dated this 1st Day of July, 2023, in the amount of Two Million Dollars and 00/100 Dollars (\$2,000,000.00), on behalf of Rachel Wisniewski (as Principal), and in favor of School Association for Special Education in DuPage County (as Obligee) for Treasurer, covers a term which began on the 1st Day of July, 2023, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated* (enter below)

Liberty Mutual Insurance Company
(Name of Surety)

BY: _____


William T Krumm, Attorney-in-Fact

07/01/2024

*Use current or renewal date.





This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint William T. Krumm all of the city of Rolling Meadows, state of IL its true and lawful attorney-in-fact, with full power and authority hereby conferred to sign, execute and acknowledge the following surety bond:

Principal Name: Rachel Wisniewski
Obligee Name: School Association for Special Education in DuPage County
Surety Bond Number: 404257678 Bond Amount: See Bond Form

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 1st day of July, 2024.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: [Signature of David M. Carey]

David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 1st day of July, 2024, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: [Signature of Teresa Pastella]

Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 1st day of July, 2024.



By: [Signature of Renee C. Llewellyn]

Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

DuPage Regional Office of Education

Treasurer Bond Calculation Form

Date:

District Name:
Address:

Treasurer's Name:

Treasurer's date of election or appointment:
Treasurer's date of expiration (if applicable):

School Treasurer's Bond (105 ILCS 5/8-2)

Projected Highest Fund Balance:	<input type="text" value="\$ 20,000,000.00"/>	Enter highest projected fund balance
Mulipied by 10%	x <input type="text" value="10%"/>	
Anticipated Surety Bond Issue Amount	= \$ <input type="text" value="2,000,000.00"/>	
The amount of the Bond listed on State of Illinois School Treasurer's Bond - Surety Bond Form.	<input type="text" value="\$ 2,000,000.00"/>	Enter treasurer's surety bond amount
	<input type="text" value="\$0.00"/>	Properly Funded

Surety Company: Liberty Mutual Issuance Date: 7/1/2024 Expiration Date: 7/1/2025

Treasurer's Bond For General Oligation Bond Issuance (105 ILCS 5/19-6 and 105 ILCS5/8-2)

Anticipate Bond Proceeds:	<input type="text"/>	Enter anticipated bond proceeds
Mulipied by 10%	x <input type="text" value="10%"/>	
Anticipated Special Surety Bond Amount	= \$ <input type="text" value="-"/>	
The amount of the Bond listed on State of Illinois School Treasurer's Bond Covering Special Bond Issue Form.	<input type="text"/>	Enter special surety bond amount
	<input type="text" value="\$0.00"/>	Properly Funded

Surety Company: Issuance Date: Expiration Date:

An original of the Bond must be on file in the Regional Superintendent's Office, as well as an original Rider when applicable.

We affirm that the above information is accurate and current.

School Board President

School Board Secretary

Return completed form by June 12th to:

DuPage Regional Office of Education
Lori Ladesic, Administrative Assistant
421 N. County Farm Road
Wheaton, IL 60187
(630) 407-5770



School Association for Special Education in DuPage

Jimmy Gunnell, Ed.D.

Executive Director

Jim Nelson

Executive Director

To: Board of Directors

From: Rachel Wisniewski, Assistant Director of Business Services, CSBO

Date: June 12, 2024

Re: Authorization to release July 2024 disbursements prior to the August 2024 Board of Directors meeting

Purpose: To pay July invoices in a timely manner.

Background: The next scheduled board meeting will be held August 7, 2024, which creates an eight-week span before bills can be approved and paid. This increment is typically four weeks. The business office would like to do a check run on July 25, 2024. The bills would be subject to ratification at the August 7, 2024 board meeting and would be included on the bill list

Next Steps: The Administration respectfully requests permission to pay the July bills on July 25, 2024, prior to the ratification of said bills at the Board of Directors meeting to be held on August 7, 2024.



School Association for Special Education in DuPage

Jimmy Gunnell, Ed.D.

Executive Director

Jim Nelson

Executive Director

To: Board of Directors
From: Rachel Wisniewski, Assistant Director of Business Services, CSBO
Date: June 12, 2024
Re: SASED Depositories

The business office recommends continuing with the following depositories for the FY25 fiscal year.

1. Fifth Third Bank, NA
2. PMA Securities, LLC– Illinois School District Liquid Asset Fund Plus
3. Fifth Third Securities, Inc.

LEASE

1. **PARTIES:** The parties to this Lease are **Winfield School District #34**, DuPage County, Illinois, having its principal offices 0S150 Winfield Road, Winfield, Illinois ("Lessor"), and School Association for Special Education in DuPage County (SASED), having its principal offices at 2900 Ogden Avenue, Lisle, Illinois ("Lessee"). The rights and duties of Lessee and Lessor shall be controlled by the provisions of this Lease.

2. **PREMISES:** Lessor hereby leases to Lessee and Lessee hereby leases from Lessor the following described premises:

Four Structured Learning Environment (SLE) Classrooms, Winfield Primary School, 0S150 Winfield Road, Winfield, IL
One Office Space, Winfield Primary School, 0S150 Winfield Road, Winfield, IL

including all furnishings and ordinary school equipment necessary to use said rooms as classrooms. Lessor shall make available when needed by Lessee on a non-exclusive basis, Lessor's programs, areas and facilities of common benefit (e.g., the gymnasium, playgrounds, parking areas, restrooms etc.). If a situation arises in which Lessor anticipates that Lessee's use of facilities of common benefit will substantially disrupt or conflict with Lessor's use, Lessor will confer with Lessee in advance to make mutually agreeable alternative arrangements.

3. **TERM:** This Lease shall be for a term of one year commencing on August 11, 2024 and continuing until August 10, 2025. Thereafter, the parties may mutually agree to renew this Lease for an additional consecutive school year term upon the same terms and conditions with rent to be mutually agreed upon by the parties. The Lessee shall notify the Lessor of any such renewal request by March 15, 2025 and the Lessor shall accept or decline the renewal request by March 31, 2025.

4. **RENT AND RELATED COSTS:** Lessee agrees to pay Lessor rent as determined by the SASED Board of Control. For the school year 2024-2025 it is hereby agreed that the fees for Space Usage are as follows:

<input type="checkbox"/>	Grades K-8:	\$23,000 x 4 Classrooms	\$ 92,000.00
<input type="checkbox"/>	High School:	\$25,000	
<input type="checkbox"/>	Office Space:	\$12,000 x 1 Office Space	\$ 12,000.00

TOTAL \$104,000.00

5. **PAYMENT OF RENT:** Lessee agrees to pay rent in one lump sum on or before January 1, 2025, to the principal office of Lessor as stated above or at such other address as Lessor may designate.

6. **REGULATION OF STUDENTS AND CLASSROOMS:** Lessor shall have the right to establish reasonable rules and regulations:

- a. For the conduct of Lessee, its agents, employees, students, or persons entering or on Lessor's premises, including that which is leased.
- b. For the reasonable use of the classroom

7. **ASSIGNMENT SUBLETTING:** Lessee shall neither sublet the premises or any part thereof nor assign this Lease or permit by any act or default any transfer of Lessee's interest

by operation of law, or offer the premises or any part thereof for lease or sublease, nor permit the use thereof for lease or sublease, nor permit the use thereof for any purpose other than as above mentioned, without in each case, the written consent of Lessor.

8. **SURRENDER OF PREMISES:** Lessee shall quit and surrender the premises and the school equipment provided by Lessor at the end of the term, with all keys thereto. Lessee shall not make any alterations in the premise without the written consent of Lessor; and all alterations which may be made by either party thereto upon the premises, except movable furniture, fixtures, shelves and bulletin boards put in at the expense of Lessee, shall be the property of Lessor, and shall remain upon and be surrendered with the premises as a part thereof at the termination of this Lease.

9. **NO WASTE OR MISUSE:** Lessee will use the building utilities in a reasonable manner. Lessee will pay all costs and/or damages to Lessor's premises caused by waste or misuse of facilities.

10. **TERMINATION, ABANDONMENT, RE-ENTRY, RELETTING:** At the termination of the Lease, by lapse of time or otherwise, Lessee agrees to yield up immediate and peaceable possession to Lessor. If default be made in the payment of the rent, or any part thereof, or in any of the covenants herein contained to be kept by Lessee, it shall be lawful for the Lessor at any time, at its election, within 30 days of written notice and the right to cure, to declare the term ended and this Lease forfeited.

11. **PROPERTY INSURANCE, UTILITY SERVICE, REPAIRS AND REPLACEMENT:** Lessor assumes full responsibility for providing at its expense adequate insurance to protect the classrooms, including the contents thereof owned by Lessor; from fire, lightning, vandalism or other perils. Lessee assumes full responsibility for providing at its expense adequate insurance to protect its property within said classrooms. Lessor, at its own cost and expense, shall keep the air-conditioning, heating, electrical, plumbing and all other mechanical equipment in good repair, condition and working order and shall furnish any and all said parts, mechanisms and devices required thereof. Any major repairs or replacements to said mechanical equipment, to the roof, exterior walls and structural portions of the building, shall be made by the Lessor. Lessee shall, at the expiration of the term of the Lease return the leased premises to Lessor in the same condition as received by Lessee at the commencement of the term of this Lease, ordinary wear and tear and acts of God excepted. Any repairs or replacements made necessary by the waste or misuse of the premises by Lessee, its agents, employees, or students, shall be made promptly by the Lessee, at its own expense and in a manner to prevent liens from attaching as a result thereof.

12. **LIABILITY INSURANCE AND INDEMNIFICATION:** Lessor shall maintain adequate insurance to insure against claims for bodily injury and property damage resulting from the use of the Lessor's premises. In addition, Lessee shall purchase General Liability coverage with a \$1,000,000 per occurrence limit, \$2,000,000 General Aggregate and \$500,000 Damage to Rented Premises Each Occurrence limit. Said General Liability coverage should name the Lessor as additional insured on a primary and non-contributory basis to insure against any claim or claims brought by any party or parties against Lessor for bodily injury, including Sexual Misconduct, resulting from acts occasioned by any negligence or recklessness or willful conduct of Lessee, its agents, employees, students, or other persons on Lessor's premises, including that leased to Lessee, for Lessee's business purposes. Certificates of Insurance for both Lessee or Lessor shall be on file at SASSED offices and Lessor's offices.

Each party to this Lease agree to indemnify, defend and hold harmless the other party and its Board(s), Board members, employees, volunteers and agents, against and from any and all

liabilities, damages, claims, demands, judgements, causes of action, costs, expense (including reasonable attorneys' fees), and losses (collectively "Loss") arising directly or indirectly in connection with or as a result of this Lease, but only the extent the Loss is caused solely by an act of omission of the indemnifying party or its Board, Board members, employees, volunteers or agents.

13. **SUCCESSORS:** This Lease shall be binding upon, apply and inure to the benefit of Lessor and Lessee and their respective heirs, legal representatives, successors and assigns.

14. **SERVICES:** Space Usage shall include the following:

- Regular classroom or equivalent space, including use of utilities, garbage, snow removal and lawn cutting.
- Janitorial service, supplies and general maintenance.
- A proportionate share of access to the building principal, building secretary, and other personnel and spaces available to all students in the building such as nurse, librarian, etc. SASSED staff and students are an integral part of the building, inclusive of building communications and crisis planning. Student fees required by the Lessor for students attending these programs are billed to SASSED and will be included in the tuition costs billed to the district of residence. SASSED staff has access to the building, general building supplies, copy machine, etc. as do all other staff. Postage can be accumulated by the Lessor and invoiced to SASSED separately. Lessor will provide internet access in sufficient quantity to meet the reasonable needs of SASSED faculty and students. Lessor will provide access to Lessor's technology staff to allow for SASSED's computers to be integrated into the Lessor's network, to access the internet and troubleshoot problems. Lessor will not be required to provide technology equipment or trouble shoot technology issues directly related to hardware or software used by SASSED. However, the Lessor's technology staff will be available to assist in resolving problems that are the result of the district network or the result of SASSED provided hardware and software interacting with the network. This assistance shall be coordinated with SASSED technology staff. SASSED teachers working with students included in district classroom programs will be allowed to participate in lessor's staff meeting and activities, inclusive of celebrations and assemblies. The Lessor's building principal, secretary, and nurse consider the staff and students their responsibility, however, this responsibility is secondary to the SASSED program coordinator. "Inclusion fees" have been integrated into this lease agreement. The payment of rental fee provides for the cost to lessor of having staffing patterns and other items impacted by including SASSED students in the Lessor's programs. The rent amount identified above includes, and there shall be no additional charge for, SASSED's use of the premises, facilities, utilities, supplies, maintenance services, access, support, personnel services, programs, area and facilities of common benefit described herein.
- With regard to the school day for SASSED students, start and end times shall be the same as for the other students in the school.

15. **ADDENDUM:** This Lease may include an Addendum, if different/additional terms are warranted due to special circumstances (such as a unique space size). If an Addendum is used, it will be signed and dated by both parties, attached to this Lease, and considered a part of this

Lease.

IN WITNESS THEREOF, the parties hereto have caused this Lease to be executed by their duly authorized officers as of the 24th day of April, 2024

WINFIELD SCHOOL DISTRICT #34
0S150 Winfield Road
Winfield IL 60190

SCHOOL ASSOCIATION FOR SPECIAL
EDUCATION IN DUPAGE (SASED)
2900 Ogden Avenue
Lisle, IL 60532

By:

By:



~~Assistant Superintendent for Business~~

SASED Executive Director

ATTEST:

ATTEST:



Secretary

SASED Director of Business Services/CSBO

LEASE

1. **PARTIES:** The parties to this Lease are **Villa Park School District #45**, DuPage County, Illinois, having its principal offices at 255 West Vermont, Villa Park, Illinois ("Lessor"), and School Association for Special Education in DuPage County (SASED), having its principal offices at 2900 Ogden Avenue, Lisle, Illinois ("Lessee"). The rights and duties of Lessee and Lessor shall be controlled by the provisions of this Lease.

2. **PREMISES:** Lessor hereby leases to Lessee and Lessee hereby leases from Lessor the following described premises:

Two Deaf and Hard of Hearing Classrooms, Early Childhood Center, 251 W Jackson Street, Villa Park, IL

One Office Space, Early Childhood Center, 251 W Jackson Street, Villa Park, IL

Five Deaf and Hard of Hearing Classrooms, North School, 150 W. Sunset Avenue, Villa Park, IL

One Office Space, North School, 150 W. Sunset Avenue, Villa Park, IL

including all furnishings and ordinary school equipment necessary to use said rooms as classrooms. Lessor shall make available when needed by Lessee on a non-exclusive basis, Lessor's programs, areas and facilities of common benefit (e.g., the gymnasium, playgrounds, parking areas, restrooms etc.). If a situation arises in which Lessor anticipates that Lessee's use of facilities of common benefit will substantially disrupt or conflict with Lessor's use, Lessor will confer with Lessee in advance to make mutually agreeable alternative arrangements.

3. **TERM:** This Lease shall be for a term of one year commencing on August 11, 2024 and continuing until August 10, 2025. Thereafter, the parties may mutually agree to renew this Lease for an additional consecutive school year term upon the same terms and conditions with rent to be mutually agreed upon by the parties. The Lessee shall notify the Lessor of any such renewal request by March 15, 2025 and the Lessor shall accept or decline the renewal request by March 31, 2025.

4. **RENT AND RELATED COSTS:** Lessee agrees to pay Lessor rent as determined by the SASED Board of Control. For the school year 2024-2025 it is hereby agreed that the fees for Space Usage are as follows:

<input type="checkbox"/>	Grades K-8:	\$23,000 x 7 Classrooms	\$161,000.00
<input type="checkbox"/>	High School:	\$25,000	
<input type="checkbox"/>	Office Space:	\$12,000 x 2 Office Space	\$ 24,000.00
		TOTAL	\$185,000.00

5. **PAYMENT OF RENT:** Lessee agrees to pay rent in one lump sum on or before January 1, 2025, to the principal office of Lessor as stated above or at such other address as Lessor may designate.

6. **REGULATION OF STUDENTS AND CLASSROOMS:** Lessor shall have the right to establish reasonable rules and regulations:

- a. For the conduct of Lessee, its agents, employees, students, or persons entering or on Lessor's premises, including that which is leased.
- b. For the reasonable use of the classroom

7. **ASSIGNMENT SUBLETTING:** Lessee shall neither sublet the premises or any part thereof nor assign this Lease or permit by any act or default any transfer of Lessee's interest by

operation of law, or offer the premises or any part thereof for lease or sublease, nor permit the use thereof for lease or sublease, nor permit the use thereof for any purpose other than as above mentioned, without in each case, the written consent of Lessor.

8. SURRENDER OF PREMISES: Lessee shall quit and surrender the premises and the school equipment provided by Lessor at the end of the term, with all keys thereto. Lessee shall not make any alterations in the premise without the written consent of Lessor; and all alterations which may be made by either party thereto upon the premises, except movable furniture, fixtures, shelves and bulletin boards put in at the expense of Lessee, shall be the property of Lessor, and shall remain upon and be surrendered with the premises as a part thereof at the termination of this Lease.

9. NO WASTE OR MISUSE: Lessee will use the building utilities in a reasonable manner. Lessee will pay all costs and/or damages to Lessor's premises caused by waste or misuse of facilities.

10. TERMINATION, ABANDONMENT, RE-ENTRY, RELETING: At the termination of the Lease, by lapse of time or otherwise, Lessee agrees to yield up immediate and peaceable possession to Lessor. If default be made in the payment of the rent, or any part thereof, or in any of the covenants herein contained to be kept by Lessee, it shall be lawful for the Lessor at any time, at its election, within 30 days of written notice and the right to cure, to declare the term ended and this Lease forfeited.

11. PROPERTY INSURANCE, UTILITY SERVICE, REPAIRS AND REPLACEMENT: Lessor assumes full responsibility for providing at its expense adequate insurance to protect the classrooms, including the contents thereof owned by Lessor; from fire, lightning, vandalism or other perils. Lessee assumes full responsibility for providing at its expense adequate insurance to protect its property within said classrooms. Lessor, at its own cost and expense, shall keep the air-conditioning, heating, electrical, plumbing and all other mechanical equipment in good repair, condition and working order and shall furnish any and all said parts, mechanisms and devices required thereof. Any major repairs or replacements to said mechanical equipment, to the roof, exterior walls and structural portions of the building, shall be made by the Lessor. Lessee shall, at the expiration of the term of the Lease return the leased premises to Lessor in the same condition as received by Lessee at the commencement of the term of this Lease, ordinary wear and tear and acts of God excepted. Any repairs or replacements made necessary by the waste or misuse of the premises by Lessee, its agents, employees, or students, shall be made promptly by the Lessee, at its own expense and in a manner to prevent liens from attaching as a result thereof.

12. LIABILITY INSURANCE AND INDEMNIFICATION: Lessor shall maintain adequate insurance to insure against claims for bodily injury and property damage resulting from the use of the Lessor's premises. In addition, Lessee shall purchase General Liability coverage with a \$1,000,000 per occurrence limit, \$2,000,000 General Aggregate and \$500,000 Damage to Rented Premises Each Occurrence limit. Said General Liability coverage should name the Lessor as additional insured on a primary and non-contributory basis to insure against any claim or claims brought by any party or parties against Lessor for bodily injury, including Sexual Misconduct, resulting from acts occasioned by any negligence or recklessness or willful conduct of Lessee, its agents, employees, students, or other persons on Lessor's premises, including that leased to Lessee, for Lessee's business purposes. Certificates of Insurance for both Lessee or Lessor shall be on file at SASSED offices and Lessor's offices.

Each party to this Lease agree to indemnify, defend and hold harmless the other party and its Board(s), Board members, employees, volunteers and agents, against and from any and all liabilities, damages, claims, demands, judgements, causes of action, costs, expense (including reasonable

attorneys' fees), and losses (collectively "Loss") arising directly or indirectly in connection with or as a result of this Lease, but only the extent the Loss is caused solely by an act of omission of the indemnifying party or its Board, Board members, employees, volunteers or agents.

13. SUCCESSORS: This Lease shall be binding upon, apply and inure to the benefit of Lessor and Lessee and their respective heirs, legal representatives, successors and assigns.

14. SERVICES: Space Usage shall include the following:

- Regular classroom or equivalent space, including use of utilities, garbage, snow removal and lawn cutting.
- Janitorial service, supplies and general maintenance.
- A proportionate share of access to the building principal, building secretary, and other personnel and spaces available to all students in the building such as nurse, librarian, etc. SASED staff and students are an integral part of the building, inclusive of building communications and crisis planning. Student fees required by the Lessor for students attending these programs are billed to SASED and will be included in the tuition costs billed to the district of residence. SASED staff has access to the building, general building supplies, copy machine, etc. as do all other staff. Postage can be accumulated by the Lessor and invoiced to SASED separately. Lessor will provide internet access in sufficient quantity to meet the reasonable needs of SASED faculty and students. Lessor will provide access to Lessor's technology staff to allow for SASED's computers to be integrated into the Lessor's network, to access the internet and troubleshoot problems. Lessor will not be required to provide technology equipment or trouble shoot technology issues directly related to hardware or software used by SASED. However, the Lessor's technology staff will be available to assist in resolving problems that are the result of the district network or the result of SASED provided hardware and software interacting with the network. This assistance shall be coordinated with SASED technology staff. SASED teachers working with students included in district classroom programs will be allowed to participate in lessor's staff meeting and activities, inclusive of celebrations and assemblies. The Lessor's building principal, secretary, and nurse consider the staff and students their responsibility, however, this responsibility is secondary to the SASED program coordinator. "Inclusion fees" have been integrated into this lease agreement. The payment of rental fee provides for the cost to lessor of having staffing patterns and other items impacted by including SASED students in the Lessor's programs. The rent amount identified above includes, and there shall be no additional charge for, SASED's use of the premises, facilities, utilities, supplies, maintenance services, access, support, personnel services, programs, area and facilities of common benefit described herein.
- With regard to the school day for SASED students, start and end times shall be the same as for the other students in the school.

15. ADDENDUM: This Lease may include an Addendum, if different/additional terms are warranted due to special circumstances (such as a unique space size). If an Addendum is used, it will be signed and dated by both parties, attached to this Lease, and considered a part of this Lease.

IN WITNESS THEREOF, the parties hereto have caused this Lease to be executed by their duly authorized officers as of the 24th day of April, 2024

VILLA PARK SCHOOL DISTRICT #45
255 West Vermont
Villa Park, IL 60181

SCHOOL ASSOCIATION FOR SPECIAL
EDUCATION IN DUPAGE (SASED)
2900 Ogden Avenue
Lisle, IL 60532

By:



Assistant Superintendent for Business

ATTEST:



Secretary

By:

SASED Executive Director

ATTEST:

SASED Director of Business Services/CSBO

LEASE

1. **PARTIES:** The parties to this Lease are **Salt Creek School District #48** DuPage County, Illinois, having its principal offices at 1110 South Villa Avenue, Villa Park, Illinois (“Lessor”), and School Association for Special Education in DuPage County (SASED), having its principal offices at 2900 Ogden Avenue, Lisle, Illinois (“Lessee”). The rights and duties of Lessee and Lessor shall be controlled by the provisions of this Lease.

2. **PREMISES:** Lessor hereby leases to Lessee and Lessee hereby leases from Lessor the following described premises:

Two Vision Impaired classrooms, Salt Creek Primary School, 980 S. Riverside Drive, Elmhurst, IL

Two Vision Impaired Classrooms, Albright Middle School, 1110 S. Villa Avenue, Villa Park, IL

One Office Space, Albright Middle School, 1110 S. Villa Avenue, Villa Park, IL

One Vision Impaired Classroom, Stella May Swartz School, 17W160 16th St. Oakbrook Terrace, IL

One Office Space, Stella May Swartz School, 17W160 16th St. Oakbrook Terrace, IL

including all furnishings and ordinary school equipment necessary to use said rooms as classrooms. Lessor shall make available when needed by Lessee on a non-exclusive basis, Lessor’s programs, areas and facilities of common benefit (e.g., the gymnasium, playgrounds, parking areas, restrooms etc.). If a situation arises in which Lessor anticipates that Lessee’s use of facilities of common benefit will substantially disrupt or conflict with Lessor’s use, Lessor will confer with Lessee in advance to make mutually agreeable alternative arrangements.

3. **TERM:** This Lease shall be for a term of one year commencing on August 11, 2024 and continuing until August 10, 2025. Thereafter, the parties may mutually agree to renew this Lease for an additional consecutive school year term upon the same terms and conditions with rent to be mutually agreed upon by the parties. The Lessee shall notify the Lessor of any such renewal request by March 15, 2025 and the Lessor shall accept or decline the renewal request by March 31, 2025.

4. **RENT AND RELATED COSTS:** Lessee agrees to pay Lessor rent as determined by the SASED Board of Control. For the school year 2024-2025 it is hereby agreed that the fees for Space Usage are as follows:

<input type="checkbox"/>	Grades K-8:	\$23,000 x 5 Classrooms	\$115,000.00
<input type="checkbox"/>	High School:	\$25,000	
<input type="checkbox"/>	Office Space:	\$12,000 x 2 Office Space	\$ 24,000.00
		TOTAL	\$139,000.00

5. **PAYMENT OF RENT:** Lessee agrees to pay rent in one lump sum on or before January 1, 2025, to the principal office of Lessor as stated above or at such other address as Lessor may designate.

6. **REGULATION OF STUDENTS AND CLASSROOMS:** Lessor shall have the right to establish reasonable rules and regulations:

- a. For the conduct of Lessee, its agents, employees, students, or persons entering or on Lessor’s premises, including that which is leased.
- b. For the reasonable use of the classroom

7. **ASSIGNMENT SUBLETTING:** Lessee shall neither sublet the premises or any part

thereof nor assign this Lease or permit by any act or default any transfer of Lessee's interest by operation of law, or offer the premises or any part thereof for lease or sublease, nor permit the use thereof for lease or sublease, nor permit the use thereof for any purpose other than as above mentioned, without in each case, the written consent of Lessor.

8. SURRENDER OF PREMISES: Lessee shall quit and surrender the premises and the school equipment provided by Lessor at the end of the term, with all keys thereto. Lessee shall not make any alterations in the premise without the written consent of Lessor; and all alterations which may be made by either party thereto upon the premises, except movable furniture, fixtures, shelves and bulletin boards put in at the expense of Lessee, shall be the property of Lessor, and shall remain upon and be surrendered with the premises as a part thereof at the termination of this Lease.

9. NO WASTE OR MISUSE: Lessee will use the building utilities in a reasonable manner. Lessee will pay all costs and/or damages to Lessor's premises caused by waste or misuse of facilities.

10. TERMINATION, ABANDONMENT, RE-ENTRY, RELETTING: At the termination of the Lease, by lapse of time or otherwise, Lessee agrees to yield up immediate and peaceable possession to Lessor. If default be made in the payment of the rent, or any part thereof, or in any of the covenants herein contained to be kept by Lessee, it shall be lawful for the Lessor at any time, at its election, within 30 days of written notice and the right to cure, to declare the term ended and this Lease forfeited.

11. PROPERTY INSURANCE, UTILITY SERVICE, REPAIRS AND REPLACEMENT: Lessor assumes full responsibility for providing at its expense adequate insurance to protect the classrooms, including the contents thereof owned by Lessor; from fire, lightning, vandalism or other perils. Lessee assumes full responsibility for providing at its expense adequate insurance to protect its property within said classrooms. Lessor, at its own cost and expense, shall keep the air-conditioning, heating, electrical, plumbing and all other mechanical equipment in good repair, condition and working order and shall furnish any and all said parts, mechanisms and devices required thereof. Any major repairs or replacements to said mechanical equipment, to the roof, exterior walls and structural portions of the building, shall be made by the Lessor. Lessee shall, at the expiration of the term of the Lease return the leased premises to Lessor in the same condition as received by Lessee at the commencement of the term of this Lease, ordinary wear and tear and acts of God excepted. Any repairs or replacements made necessary by the waste or misuse of the premises by Lessee, its agents, employees, or students, shall be made promptly by the Lessee, at its own expense and in a manner to prevent liens from attaching as a result thereof.

12. LIABILITY INSURANCE AND INDEMNIFICATION: Lessor shall maintain adequate insurance to insure against claims for bodily injury and property damage resulting from the use of the Lessor's premises. In addition, Lessee shall purchase General Liability coverage with a \$1,000,000 per occurrence limit, \$2,000,000 General Aggregate and \$500,000 Damage to Rented Premises Each Occurrence limit. Said General Liability coverage should name the Lessor as additional insured on a primary and non-contributory basis to insure against any claim or claims brought by any party or parties against Lessor for bodily injury, including Sexual Misconduct, resulting from acts occasioned by any negligence or recklessness or willful conduct of Lessee, its agents, employees, students, or other persons on Lessor's premises, including that leased to Lessee, for Lessee's business purposes. Certificates of Insurance for both Lessee or Lessor shall be on file at SASSED offices and Lessor's offices.

Each party to this Lease agree to indemnify, defend and hold harmless the other party and its Board(s), Board members, employees, volunteers and agents, against and from any and all liabilities,

damages, claims, demands, judgements, causes of action, costs, expense (including reasonable attorneys' fees), and losses (collectively "Loss") arising directly or indirectly in connection with or as a result of this Lease, but only the extent the Loss is caused solely by an act of omission of the indemnifying party or its Board, Board members, employees, volunteers or agents.

13. SUCCESSORS: This Lease shall be binding upon, apply and inure to the benefit of Lessor and Lessee and their respective heirs, legal representatives, successors and assigns.

14. SERVICES: Space Usage shall include the following:

- Regular classroom or equivalent space, including use of utilities, garbage, snow removal and lawn cutting.
- Janitorial service, supplies and general maintenance.
- A proportionate share of access to the building principal, building secretary, and other personnel and spaces available to all students in the building such as nurse, librarian, etc. SASED staff and students are an integral part of the building, inclusive of building communications and crisis planning. Student fees required by the Lessor for students attending these programs are billed to SASED and will be included in the tuition costs billed to the district of residence. SASED staff has access to the building, general building supplies, copy machine, etc. as do all other staff. Postage can be accumulated by the Lessor and invoiced to SASED separately. Lessor will provide internet access in sufficient quantity to meet the reasonable needs of SASED faculty and students. Lessor will provide access to Lessor's technology staff to allow for SASED's computers to be integrated into the Lessor's network, to access the internet and troubleshoot problems. Lessor will not be required to provide technology equipment or trouble shoot technology issues directly related to hardware or software used by SASED. However, the Lessor's technology staff will be available to assist in resolving problems that are the result of the district network or the result of SASED provided hardware and software interacting with the network. This assistance shall be coordinated with SASED technology staff. SASED teachers working with students included in district classroom programs will be allowed to participate in lessor's staff meeting and activities, inclusive of celebrations and assemblies. The Lessor's building principal, secretary, and nurse consider the staff and students their responsibility, however, this responsibility is secondary to the SASED program coordinator. "Inclusion fees" have been integrated into this lease agreement. The payment of rental fee provides for the cost to lessor of having staffing patterns and other items impacted by including SASED students in the Lessor's programs. The rent amount identified above includes, and there shall be no additional charge for, SASED's use of the premises, facilities, utilities, supplies, maintenance services, access, support, personnel services, programs, area and facilities of common benefit described herein.
- With regard to the school day for SASED students, start and end times shall be the same as for the other students in the school.

15. ADDENDUM: This Lease may include an Addendum, if different/additional terms are warranted due to special circumstances (such as a unique space size). If an Addendum is used, it will be signed and dated by both parties, attached to this Lease, and considered a part of this

Lease.

IN WITNESS THEREOF, the parties hereto have caused this Lease to be executed by their duly authorized officers as of the 24th day of April, 2024

SALT CREEK SCHOOL DISTRICT #48
1110 South Villa Avenue
Villa Park IL 60181

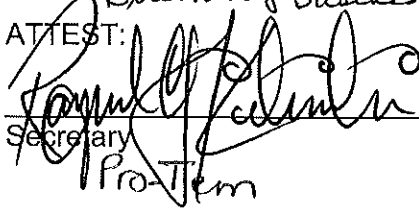
SCHOOL ASSOCIATION FOR SPECIAL
EDUCATION IN DUPAGE (SASED)
2900 Ogden Avenue
Lisle, IL 60532

By:



Assistant Superintendent for Business
Director of Business & Operations

ATTEST:



Secretary
Pro-Tem

By:

SASED Executive Director

ATTEST:

SASED Director of Business Services/CSBO

LEASE

1. **PARTIES:** The parties to this Lease are **Maercker School District #60**, DuPage County, Illinois, having its principal offices at 1 South Cass Avenue, Suite 202, Westmont, Illinois ("Lessor"), and School Association for Special Education in DuPage County (SASED), having its principal offices at 2900 Ogden Avenue, Lisle, Illinois ("Lessee"). The rights and duties of Lessee and Lessor shall be controlled by the provisions of this Lease.

2. **PREMISES:** Lessor hereby leases to Lessee and Lessee hereby leases from Lessor the following described premises:

One Structured Learning Environment (SLE) Classroom, Maercker School, 5827 South Cass Ave, Westmont, IL

Four Structured Learning Environment (SLE) Classrooms, Holmes School, 5800 South Holmes Ave, Clarendon Hills, IL

One Office Space/Sensory Room, Holmes School, 5800 South Holmes Ave, Clarendon Hills, IL

including all furnishings and ordinary school equipment necessary to use said rooms as classrooms. Lessor shall make available when needed by Lessee on a non-exclusive basis, Lessor's programs, areas and facilities of common benefit (e.g., the gymnasium, playgrounds, parking areas, restrooms etc.). If a situation arises in which Lessor anticipates that Lessee's use of facilities of common benefit will substantially disrupt or conflict with Lessor's use, Lessor will confer with Lessee in advance to make mutually agreeable alternative arrangements.

3. **TERM:** This Lease shall be for a term of one year commencing on August 11, 2024 and continuing until August 10, 2025. Thereafter, the parties may mutually agree to renew this Lease for an additional consecutive school year term upon the same terms and conditions with rent to be mutually agreed upon by the parties. The Lessee shall notify the Lessor of any such renewal request by March 15, 2025 and the Lessor shall accept or decline the renewal request by March 31, 2025.

4. **RENT AND RELATED COSTS:** Lessee agrees to pay Lessor rent as determined by the SASED Board of Control. For the school year 2024-2025 it is hereby agreed that the fees for Space Usage are as follows:

<input type="checkbox"/>	Grades K-8:	\$23,000 x 5 Classrooms	\$115,000.00
<input type="checkbox"/>	High School:	\$25,000	
<input type="checkbox"/>	Office Space:	\$12,000 x 1 Office Space	\$ 12,000.00
		TOTAL	\$127,000.00

PAYMENT OF RENT: Lessee agrees to pay rent in one lump sum on or before January 1, 2025, to the principal office of Lessor as stated above or at such other address as Lessor may designate.

5. **REGULATION OF STUDENTS AND CLASSROOMS:** Lessor shall have the right to establish reasonable rules and regulations:

- a. For the conduct of Lessee, its agents, employees, students, or persons entering or on Lessor's premises, including that which is leased.
- b. For the reasonable use of the classroom

6. **ASSIGNMENT SUBLETTING:** Lessee shall neither sublet the premises or any part thereof nor assign this Lease or permit by any act or default any transfer of Lessee's interest by

operation of law, or offer the premises or any part thereof for lease or sublease, nor permit the use thereof for lease or sublease, nor permit the use thereof for any purpose other than as above mentioned, without in each case, the written consent of Lessor.

7. SURRENDER OF PREMISES: Lessee shall quit and surrender the premises and the school equipment provided by Lessor at the end of the term, with all keys thereto. Lessee shall not make any alterations in the premise without the written consent of Lessor; and all alterations which may be made by either party thereto upon the premises, except movable furniture, fixtures, shelves and bulletin boards put in at the expense of Lessee, shall be the property of Lessor, and shall remain upon and be surrendered with the premises as a part thereof at the termination of this Lease.

8. NO WASTE OR MISUSE: Lessee will use the building utilities in a reasonable manner. Lessee will pay all costs and/or damages to Lessor's premises caused by waste or misuse of facilities.

9. TERMINATION, ABANDONMENT, RE-ENTRY, RELETTING: At the termination of the Lease, by lapse of time or otherwise, Lessee agrees to yield up immediate and peaceable possession to Lessor. If default be made in the payment of the rent, or any part thereof, or in any of the covenants herein contained to be kept by Lessee, it shall be lawful for the Lessor at any time, at its election, within 30 days of written notice and the right to cure, to declare the term ended and this Lease forfeited.

10. PROPERTY INSURANCE, UTILITY SERVICE, REPAIRS AND REPLACEMENT: Lessor assumes full responsibility for providing at its expense adequate insurance to protect the classrooms, including the contents thereof owned by Lessor; from fire, lightning, vandalism or other perils. Lessee assumes full responsibility for providing at its expense adequate insurance to protect its property within said classrooms. Lessor, at its own cost and expense, shall keep the air-conditioning, heating, electrical, plumbing and all other mechanical equipment in good repair, condition and working order and shall furnish any and all said parts, mechanisms and devices required thereof. Any major repairs or replacements to said mechanical equipment, to the roof, exterior walls and structural portions of the building, shall be made by the Lessor. Lessee shall, at the expiration of the term of the Lease return the leased premises to Lessor in the same condition as received by Lessee at the commencement of the term of this Lease, ordinary wear and tear and acts of God excepted. Any repairs or replacements made necessary by the waste or misuse of the premises by Lessee, its agents, employees, or students, shall be made promptly by the Lessee, at its own expense and in a manner to prevent liens from attaching as a result thereof.

11. LIABILITY INSURANCE AND INDEMNIFICATION: Lessor shall maintain adequate insurance to insure against claims for bodily injury and property damage resulting from the use of the Lessor's premises. In addition, Lessee shall purchase General Liability coverage with a \$1,000,000 per occurrence limit, \$2,000,000 General Aggregate and \$500,000 Damage to Rented Premises Each Occurrence limit. Said General Liability coverage should name the Lessor as additional insured on a primary and non-contributory basis to insure against any claim or claims brought by any party or parties against Lessor for bodily injury, including Sexual Misconduct, resulting from acts occasioned by any negligence or recklessness or willful conduct of Lessee, its agents, employees, students, or other persons on Lessor's premises, including that leased to Lessee, for Lessee's business purposes. Certificates of Insurance for both Lessee or Lessor shall be on file at SASSED offices and Lessor's offices.

Each party to this Lease agree to indemnify, defend and hold harmless the other party and its Board(s), Board members, employees, volunteers and agents, against and from any and all liabilities, damages, claims, demands, judgements, causes of action, costs, expense (including reasonable

attorneys' fees), and losses (collectively "Loss") arising directly or indirectly in connection with or as a result of this Lease, but only the extent the Loss is caused solely by an act of omission of the indemnifying party or its Board, Board members, employees, volunteers or agents.

12. SUCCESSORS: This Lease shall be binding upon, apply and inure to the benefit of Lessor and Lessee and their respective heirs, legal representatives, successors and assigns.

14. SERVICES: Space Usage shall include the following:

- Regular classroom or equivalent space, including use of utilities, garbage, snow removal and lawn cutting.
- Janitorial service, supplies and general maintenance.
- A proportionate share of access to the building principal, building secretary, and other personnel and spaces available to all students in the building such as nurse, librarian, etc. SASED staff and students are an integral part of the building, inclusive of building communications and crisis planning. Student fees required by the Lessor for students attending these programs are billed to SASED and will be included in the tuition costs billed to the district of residence. SASED staff has access to the building, general building supplies, copy machine, etc. as do all other staff. Postage can be accumulated by the Lessor and invoiced to SASED separately. Lessor will provide internet access in sufficient quantity to meet the reasonable needs of SASED faculty and students. Lessor will provide access to Lessor's technology staff to allow for SASED's computers to be integrated into the Lessor's network, to access the internet and troubleshoot problems. Lessor will not be required to provide technology equipment or trouble shoot technology issues directly related to hardware or software used by SASED. However, the Lessor's technology staff will be available to assist in resolving problems that are the result of the district network or the result of SASED provided hardware and software interacting with the network. This assistance shall be coordinated with SASED technology staff. SASED teachers working with students included in district classroom programs will be allowed to participate in lessor's staff meeting and activities, inclusive of celebrations and assemblies. The Lessor's building principal, secretary, and nurse consider the staff and students their responsibility, however, this responsibility is secondary to the SASED program coordinator. "Inclusion fees" have been integrated into this lease agreement. The payment of rental fee provides for the cost to lessor of having staffing patterns and other items impacted by including SASED students in the Lessor's programs. The rent amount identified above includes, and there shall be no additional charge for, SASED's use of the premises, facilities, utilities, supplies, maintenance services, access, support, personnel services, programs, area and facilities of common benefit described herein.
- With regard to the school day for SASED students, start and end times shall be the same as for the other students in the school.

15. ADDENDUM: This Lease may include an Addendum, if different/additional terms are warranted due to special circumstances (such as a unique space size). If an Addendum is used, it will be signed and dated by both parties, attached to this Lease, and considered a part of this Lease.

IN WITNESS THEREOF, the parties hereto have caused this Lease to be executed by their duly authorized officers as of the 24th day of April, 2024

MAERCKER SCHOOL DISTRICT #60
1 South Cass Avenue, Suite 202
Westmont, IL 60559

SCHOOL ASSOCIATION FOR SPECIAL
EDUCATION IN DUPAGE (SASED)
2900 Ogden Avenue
Lisle, IL 60532

By:



Assistant Superintendent for Business

By:

SASED Executive Director

ATTEST:



Secretary

ATTEST:

SASED Director of Business Services/CSBO

LEASE

1. PARTIES: The parties to this Lease are **Cass School District #63**, DuPage County, Illinois, having its principal offices 8502 Bailey Road, Darien Illinois ("Lessor"), and School Association for Special Education in DuPage County (SASED), having its principal offices at 2900 Ogden Avenue, Lisle, Illinois ("Lessee"). The rights and duties of Lessee and Lessor shall be controlled by the provisions of this Lease.

2. PREMISES: Lessor hereby leases to Lessee and Lessee hereby leases from Lessor the following described premises:

Two Structured Learning Environment (SLE) classrooms, Cass Jr. High, 8502 Bailey Road, Darien, IL

including all furnishings and ordinary school equipment necessary to use said rooms as classrooms. Lessor shall make available when needed by Lessee on a non-exclusive basis, Lessor's programs, areas and facilities of common benefit (e.g., the gymnasium, playgrounds, parking areas, restrooms etc.). If a situation arises in which Lessor anticipates that Lessee's use of facilities of common benefit will substantially disrupt or conflict with Lessor's use, Lessor will confer with Lessee in advance to make mutually agreeable alternative arrangements.

3. TERM: This Lease shall be for a term of one year commencing on August 11, 2024 and continuing until August 10, 2025. Thereafter, the parties may mutually agree to renew this Lease for an additional consecutive school year term upon the same terms and conditions with rent to be mutually agreed upon by the parties. The Lessee shall notify the Lessor of any such renewal request by March 15, 2025 and the Lessor shall accept or decline the renewal request by March 31, 2025.

4. RENT AND RELATED COSTS: Lessee agrees to pay Lessor rent as determined by the SASED Board of Control. For the school year 2024-2025 it is hereby agreed that the fees for Space Usage are as follows:

<input checked="" type="checkbox"/>	Grades K-8:	\$23,000 x 2 Classrooms	\$46,000.00
<input type="checkbox"/>	High School:	\$25,000	
<input type="checkbox"/>	Office Space:	\$12,000	
		TOTAL	\$46,000.00

5. PAYMENT OF RENT: Lessee agrees to pay rent in one lump sum on or before January 1, 2025, to the principal office of Lessor as stated above or at such other address as Lessor may designate.

6. REGULATION OF STUDENTS AND CLASSROOMS: Lessor shall have the right to establish reasonable rules and regulations:

- a. For the conduct of Lessee, its agents, employees, students, or persons entering or on Lessor's premises, including that which is leased.
- b. For the reasonable use of the classroom

7. ASSIGNMENT SUBLETTING: Lessee shall neither sublet the premises or any part thereof nor assign this Lease or permit by any act or default any transfer of Lessee's interest by operation of law, or offer the premises or any part thereof for lease or sublease, nor permit the use thereof for lease or sublease, nor permit the use thereof for any purpose other than as above mentioned, without in each case, the written consent of Lessor.

8. SURRENDER OF PREMISES: Lessee shall quit and surrender the premises and the school equipment provided by Lessor at the end of the term, with all keys thereto. Lessee shall not make any alterations in the premise without the written consent of Lessor; and all alterations which may be made by either party thereto upon the premises, except movable furniture, fixtures, shelves and bulletin boards put in at the expense of Lessee, shall be the property of Lessor, and shall remain upon and be surrendered with the premises as a part thereof at the termination of this Lease.

9. NO WASTE OR MISUSE: Lessee will use the building utilities in a reasonable manner. Lessee will pay all costs and/or damages to Lessor's premises caused by waste or misuse of facilities.

10. TERMINATION, ABANDONMENT, RE-ENTRY, RELETTING: At the termination of the Lease, by lapse of time or otherwise, Lessee agrees to yield up immediate and peaceable possession to Lessor. If default be made in the payment of the rent, or any part thereof, or in any of the covenants herein contained to be kept by Lessee, it shall be lawful for the Lessor at any time, at its election, within 30 days of written notice and the right to cure, to declare the term ended and this Lease forfeited.

11. PROPERTY INSURANCE, UTILITY SERVICE, REPAIRS AND REPLACEMENT: Lessor assumes full responsibility for providing at its expense adequate insurance to protect the classrooms, including the contents thereof owned by Lessor; from fire, lightning, vandalism or other perils. Lessee assumes full responsibility for providing at its expense adequate insurance to protect its property within said classrooms. Lessor, at its own cost and expense, shall keep the air-conditioning, heating, electrical, plumbing and all other mechanical equipment in good repair, condition and working order and shall furnish any and all said parts, mechanisms and devices required thereof. Any major repairs or replacements to said mechanical equipment, to the roof, exterior walls and structural portions of the building, shall be made by the Lessor. Lessee shall, at the expiration of the term of the Lease return the leased premises to Lessor in the same condition as received by Lessee at the commencement of the term of this Lease, ordinary wear and tear and acts of God excepted. Any repairs or replacements made necessary by the waste or misuse of the premises by Lessee, its agents, employees, or students, shall be made promptly by the Lessee, at its own expense and in a manner to prevent liens from attaching as a result thereof.

12. LIABILITY INSURANCE AND INDEMNIFICATION: Lessor shall maintain adequate insurance to insure against claims for bodily injury and property damage resulting from the use of the Lessor's premises. In addition, Lessee shall purchase General Liability coverage with a \$1,000,000 per occurrence limit, \$2,000,000 General Aggregate and \$500,000 Damage to Rented Premises Each Occurrence limit. Said General Liability coverage should name the Lessor as additional insured on a primary and non-contributory basis to insure against any claim or claims brought by any party or parties against Lessor for bodily injury, including Sexual Misconduct, resulting from acts occasioned by any negligence or recklessness or willful conduct of Lessee, its agents, employees, students, or other persons on Lessor's premises, including that leased to Lessee, for Lessee's business purposes. Certificates of Insurance for both Lessee or Lessor shall be on file at SASSED offices and Lessor's offices.

Each party to this Lease agree to indemnify, defend and hold harmless the other party and its Board(s), Board members, employees, volunteers and agents, against and from any and all liabilities, damages, claims, demands, judgements, causes of action, costs, expense (including reasonable attorneys' fees), and losses (collectively "Loss") arising directly or indirectly in connection with or as a result of this Lease, but only the extent the Loss is caused solely by an act of omission of the indemnifying party or its Board, Board members, employees, volunteers or agents.

13. SUCCESSORS: This Lease shall be binding upon, apply and inure to the benefit of Lessor and Lessee and their respective heirs, legal representatives, successors and assigns.

14. SERVICES: Space Usage shall include the following:

- Regular classroom or equivalent space, including use of utilities, garbage, snow removal and lawn cutting.
- Janitorial service, supplies and general maintenance.
- A proportionate share of access to the building principal, building secretary, and other personnel and spaces available to all students in the building such as nurse, librarian, etc. SASED staff and students are an integral part of the building, inclusive of building communications and crisis planning. Student fees required by the Lessor for students attending these programs are billed to SASED and will be included in the tuition costs billed to the district of residence. SASED staff has access to the building, general building supplies, copy machine, etc. as do all other staff. Postage can be accumulated by the Lessor and invoiced to SASED separately. Lessor will provide internet access in sufficient quantity to meet the reasonable needs of SASED faculty and students. Lessor will provide access to Lessor's technology staff to allow for SASED's computers to be integrated into the Lessor's network, to access the internet and troubleshoot problems. Lessor will not be required to provide technology equipment or trouble shoot technology issues directly related to hardware or software used by SASED. However, the Lessor's technology staff will be available to assist in resolving problems that are the result of the district network or the result of SASED provided hardware and software interacting with the network. This assistance shall be coordinated with SASED technology staff. SASED teachers working with students included in district classroom programs will be allowed to participate in lessor's staff meeting and activities, inclusive of celebrations and assemblies. The Lessor's building principal, secretary, and nurse consider the staff and students their responsibility, however, this responsibility is secondary to the SASED program coordinator. "Inclusion fees" have been integrated into this lease agreement. The payment of rental fee provides for the cost to lessor of having staffing patterns and other items impacted by including SASED students in the Lessor's programs. The rent amount identified above includes, and there shall be no additional charge for, SASED's use of the premises, facilities, utilities, supplies, maintenance services, access, support, personnel services, programs, area and facilities of common benefit described herein.
- With regard to the school day for SASED students, start and end times shall be the same as for the other students in the school.

15. ADDENDUM: This Lease may include an Addendum, if different/additional terms are warranted due to special circumstances (such as a unique space size). If an Addendum is used, it will be signed and dated by both parties, attached to this Lease, and considered a part of this Lease.

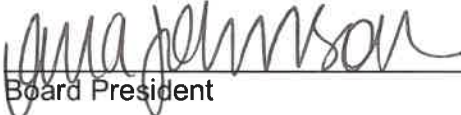
IN WITNESS THEREOF, the parties hereto have caused this Lease to be executed by their duly authorized officers as of the 14th day of May, 2024

CASS SCHOOL DISTRICT #63
8502 Bailey Road
Darien, IL 60561

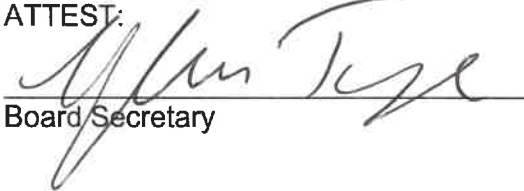
SCHOOL ASSOCIATION FOR SPECIAL
EDUCATION IN DUPAGE (SASED)
2900 Ogden Avenue
Lisle, IL 60532

By:

By:


Board President

SASED Executive Director

ATTEST:

Board Secretary

ATTEST:

SASED Director of Business Services/CSBO



LEASE

1. **PARTIES:** The parties to this Lease are the Board of Education **CENTER CASS SCHOOL DISTRICT #66, 699 Plainfield Road, Downers Grove, DuPage County, Illinois**, having its principal offices at, Illinois ("Lessor"), and School Association for Special Education in DuPage County (SASED), having its principal offices at 2900 Ogden Avenue, Lisle, Illinois ("Lessee"), collectively referred to herein as the "Parties." The rights and duties of Lessee and Lessor shall be controlled by the provisions of this Lease.

2. **PREMISES:** Lessor hereby leases to Lessee and Lessee hereby leases from Lessor the following described premises:

Lakeview Junior High School: 701 Plainfield Road, Downers Grove, Illinois

including all furnishings and ordinary school equipment present in said classrooms as of the effective date of this Lease. Lessor shall make available when needed by Lessee on a non-exclusive basis, Lessor's programs, areas and facilities of common benefit (e.g., the gymnasium, playgrounds, parking areas, restrooms etc.). If a situation arises in which Lessor anticipates that Lessee's use of facilities of common benefit will substantially disrupt or conflict with Lessor's use, Lessor will confer with Lessee in advance to make mutually agreeable alternative arrangements.

3. **TERM:** This lease shall be for the term of ESY, Summer 2024, encompassing the below dates.:

- a. Staff Orientation June 27 and June 28 from 8:00 a.m. - 3:15 p.m.
- b. Staff: 8:00 a.m. - 12:30 p.m., Students 8:15 a.m. - 12:15 p.m.
 - July 1 through July 25 (Monday-Thursday)
 - no instruction on 4th of July
- c. ESY administrators would have use of the building July 26, July 29 and July 30, 2024 for "close-out" tasks.

4. **RENT AND RELATED COSTS:** Lessee agrees to pay Lessor rent as determined by the SASED Board of Directors. For the summer of 2024, it is hereby agreed that the rent amount is \$17,000.00 for the use of Lakeview Junior High School.

5. **PAYMENT OF RENT:** Lessee agrees to pay rent in one lump sum on or before September 1, 2024, to the administrative center of Lessor as stated above or at such other address as Lessor may designate.

6. **REGULATION OF STUDENTS AND CLASSROOMS:** Lessee shall adhere to all of Lessor's policies and procedures and applicable law during the pendency of this Lease and during any consecutive school year terms (if renewed). In addition, Lessor shall adhere to all applicable laws during the pendency of this lease and during any consecutive school terms (if renewed). Lessor shall have the right to establish additional, reasonable rules and regulations governing Lessee's use of the premises, including, but not limited to:

- a. The conduct of Lessee, its agents, employees, students, or persons entering or on Lessor's premises, including that which is leased.
 - b. Lessee's reasonable use of the classroom
7. **ASSIGNMENT SUBLETTING:** Lessee shall neither sublet the premises or any part thereof nor assign this Lease or permit by any act or default any transfer of Lessee's interest by operation of law, or offer the premises or any part thereof for lease or sublease, nor permit the use thereof for lease or sublease, nor permit the use thereof for any purpose other than as above mentioned, without in each case, the written consent of Lessor.
8. **SURRENDER OF PREMISES:** Lessee shall quit and surrender the premises and the school equipment provided by Lessor at the end of the term, with all keys thereto. Lessee shall not make any alterations in the premises without the written consent of Lessor; and all alterations which may be made by either party thereto upon the premises, except movable furniture, fixtures, shelves and bulletin boards put in at the expense of Lessee, shall be the property of Lessor, and shall remain upon and be surrendered with the premises as a part thereof at the termination of this Lease.
9. **NO WASTE OR MISUSE:** Lessee will use the building utilities in a reasonable manner. Lessee will pay all costs and/or damage to Lessor's premises caused by waste or misuse of facilities. Further, Lessee will reimburse Lessor, or bear its own cost for, repairs and/or damages to any of Lessor's property caused by Lessee or Lessee's members, volunteers, employees, students, and agents.
10. **TERMINATION, ABANDONMENT, RE-ENTRY, RELETTING:** At the termination of the Lease, by lapse of time or otherwise, Lessee agrees to yield up immediate and peaceable possession to Lessor. If Lessee defaults by failing to pay rent, or any part thereof, or by breaching any of the covenants herein, it shall be lawful for the Lessor to immediately send notice of such failure or breach to Lessee. Within 30 calendar days of the date on which such notice was sent by Lessor, Lessee shall have the right to cure such failure and/or breach. However, if Lessee fails to cure said failure or breach within 30 calendar days of the date on which such notice was sent by Lessor, the Lease will immediately terminate. In the event of such termination, Lessee will remain responsible for rent attributable to the period prior to termination. If Lessor believes that it is entitled to additional damages due to Lessee's breach and the termination, the following procedures will apply: Lessor will provide Lessee with written notice of the alleged damages. Within 14 days after the notice is received, Lessor and Lessee will convene a meeting to confer in good faith and attempt to reach agreement regarding the dispute. Participants in the meeting will include representatives with decision-making authority for each Party. In the event that the Parties are unable to reach a resolution at the meeting, Lessor may inform Lessee in writing that Lessor reasonably believes that the differences between the Parties are not likely to be resolved through further negotiations. In that event, the Parties may agree to submit the dispute to mediation or arbitration.
11. **PROPERTY INSURANCE, UTILITY SERVICE, REPAIRS AND REPLACEMENT:** Lessor assumes full responsibility for providing at its expense adequate insurance to protect the classrooms, including the contents thereof owned by Lessor; from fire, lightning, vandalism, water damage or other perils. Lessee assumes full responsibility for providing at its expense adequate insurance to protect its property within said classrooms. Lessor, at its own cost and expense, shall keep the air-conditioning, heating, electrical, plumbing and all other mechanical equipment in good repair, condition and working order

and shall furnish any and all said parts, mechanisms and devices required thereof. Any major repairs or replacements to said mechanical equipment, to the roof, exterior walls and structural portions of the building, shall be made by the Lessor. Lessee shall, at the expiration of the term of the Lease return the leased premises to Lessor in the same condition as received by Lessee at the commencement of the term of this Lease, ordinary wear and tear and acts of God excepted. Any repairs or replacements made necessary by the damage, waste, or misuse of the premises by Lessee, its agents, employees, volunteers, or students, shall be made promptly by the Lessee, at its own expense and in a manner to prevent liens from attaching as a result thereof.

- 12. LIABILITY INSURANCE AND INDEMNIFICATION:** Lessor shall maintain adequate Liability insurance to insure against claims for bodily injury including Sexual Misconduct and property damage resulting from the use of the Lessor's premises. Said Liability insurance shall name SASSED, its Board, Board members, employees, agents, and successors as an additional insured on a primary noncontributory basis. In addition, Lessee shall purchase General Liability coverage with a \$1,000,000 per occurrence limit, \$2,000,000 General Aggregate and \$500,000 Damage to Rented Premises Each Occurrence limit. Said General Liability coverage should name the Lessor and its members, agents, and employees as additional insureds on a primary and noncontributory basis to insure against any claim or claims brought by any party or parties against Lessor for bodily injury, including Sexual Misconduct, resulting from acts occasioned by any negligence or recklessness or willful conduct of Lessee, its agents, employees, students, or other persons on Lessor's premises, including that leased to Lessee, for Lessee's purposes. Certificates of Insurance for both Lessee or Lessor shall be on file at SASSED offices and Lessor's offices. All insurance required of Lessee pursuant to this Lease must not be canceled or altered unless the insureds are given at least 30 calendar days' prior written notice of such cancellation or alteration.

Each party to this Lease agrees to indemnify, defend and hold harmless the other party and its Board(s), Board members, employees, volunteers and agents, against and from any and all liabilities, damages, claims, demands, judgements, causes of action, costs, expense (including reasonable attorneys' fees), and losses (collectively "Loss") arising directly or indirectly in connection with or as a result of this Lease, but only to the extent the Loss is caused solely by a negligent act or omission of the indemnifying party or its Board, Board members, employees, volunteers, agents, and students.

- 13. SUCCESSORS:** This Lease shall be binding upon, apply and insure to the benefit of Lessor and Lessee and their respective successors and assignees.
- 14. SERVICE/USAGE NEEDS for ESY 2024:** The rental fees paid to the Lessor shall be based upon the usage needs of the Lessee. The usage need is description as follows: The usage indicates that the SASSED staff and students are an integral part of the building. SASSED staff have access to regular classroom or equivalent space general, general supplies, copy machines, etc. as do all other staff. Lessor will provide internet access in sufficient quantity to meet the reasonable needs of SASSED faculty and students. However, Lessor makes no guarantee that its provision of internet access will be uninterrupted and will not be responsible for any interruptions in internet service. Additionally the usage needs are including use of utilities, garbage, snow removal and lawn cutting. plus janitorial service, supplies and general maintenance. Lessor will provide access to Lessor's technology staff to allow for SASSED's computers to be integrated into the Lessor's network, to access the internet and troubleshoot problems. Lessee and Lessee's employees, agents, volunteers,

and students shall be responsible for adhering to Lessor's policies and procedures governing acceptable use of technology and acceptable conduct when accessing Lessor's network. Lessor will not be required to provide technology equipment or troubleshoot technology issues directly related to hardware or software used by SASSED. However, the Lessor's technology staff will be available to assist in resolving network problems that are the result of Lessor's acts or omissions. This assistance shall be communicated to and coordinated with SASSED technology staff except in cases of emergency. Lessee is solely responsible for its own students and staff during the pendency of this Lease.


15. **CHOICE OF LAW/VENUE:** This Lease shall be interpreted in accordance with Illinois law, without regard to any conflict of law principles. Both Parties agree that venue for any dispute arising under this Lease is proper in a court of law in the Circuit Courts of DuPage County, Illinois or, if applicable, the United States District Court for the Northern District of Illinois.
16. **AUTHORITY:** Each Party's signatory to this Lease represents and warrants that it has the legal authority to sign this Lease and bind each Party to its obligations.
17. **NO JOINT VENTURE:** The Parties agree that this Lease does not confer joint venture or employer status on either Party. Accordingly, each Party is responsible for their own members, employees, agents, volunteers, and students, and shall not be responsible for the other Party's obligations with respect to collective bargaining and other employment matters, as well as student issues.

IN WITNESS THEREOF, the parties hereto have caused this Lease to be executed by their duly authorized officers.

THE BOARD OF EDUCATION OF
SCHOOL DISTRICT NO. 66
699 Plainfield Road
Downers Grove, IL 60516

SCHOOL ASSOCIATION FOR SPECIAL
EDUCATION IN DUPAGE (SASED)
2900 Ogden Avenue
Lisle, IL 60532

By:



Its President

By:

SASED Executive Director

ATTEST:



Secretary

ATTEST:

SASED Director of Business Services/CSBO

**CHC WELLNESS, INC., DBA CHC WELLBEING, INC.
PROFESSIONAL SERVICES AGREEMENT**

This agreement (the "Agreement") is made as of 5/22/2024 between CHC Wellness Inc., DBA CHC Wellbeing, Inc., an Illinois corporation ("CHC") and School Association for Special Education of DuPage, ("Client."). CHC and Client are also referred to individually as "Party" and together as "Parties"). The entirety of the Agreement shall include all the exhibits and appendices.

Article I – Scope of Work

CHC shall have sufficient staff to ensure prompt delivery of services and completion of assigned tasks. CHC will assign a Regional Sales Director and an Account Manager to the Client.

All work will be performed in accordance with all applicable local, state and federal laws. This Agreement shall be governed by and interpreted in accordance with the laws of the state of **Illinois**. Jurisdiction and venue for any dispute relating to this Agreement shall rest exclusively with the state and federal courts of **Illinois**.

All services shall be performed in accordance with the terms of this Agreement and shall hereinafter be referred to as the "CHC Services." Client requests and CHC agrees to provide or arrange to provide CHC Services as described in Exhibit A.

CHC and Client agree to be bound by the terms and conditions specified in this Agreement, the documents listed below, and by any amendments made thereto, each of which is part of this Agreement. Client acknowledges that the CHC Services are entirely voluntary and no employee of the Client shall be required to participate in the CHC Services.

Article II – General Terms and Conditions

A. Performance Standard - CHC will perform the CHC Services in a proficient manner and conforming to applicable industry and professional standards and best practices, using personnel having a professional level of skill in the area commensurate with the requirements of the CHC Services to be performed. If CHC's employees are located on Client's property, they shall observe the reasonable security and safety policies of Client as provided herein and as communicated to CHC in advance from time to time.

B. Accuracy of Client Information - All CHC Services provided hereunder will be based upon information provided to CHC by Client. Upon receipt from CHC, whether electronically or

otherwise, Client will promptly review all records and other reports prepared by CHC for validity and accuracy according to Client's records.

C. Fees and Billing - The Client shall pay CHC for the CHC Services described in Exhibit A. Client shall pay CHC for the CHC Services added by Client after the date hereof at prices mutually agreed upon for such services. CHC will issue an invoice to Client for review and approval following program enrollment and as enrollment changes require. Payment will be made by Client upon receipt of invoice, for all approved invoices. Employees of the Client who choose to participate in CHC Services will not be responsible for any cost of the Health and Wellbeing Assessment (Comprehensive Biometric Screening; Health & Lifestyle Survey) described in Exhibit A unless they choose to pay out of pocket for voluntary additional tests and/or services, including but not limited to Optional Tests, as described in Exhibit A. Client will not be responsible for any such additional charges.

Insurance billing, if applicable, Client will be responsible for all biometric charges not covered by the insurance carrier in addition to the CHC technology fees. Client's responsibility is determined after reimbursements are received from the carrier for CHC's claim(s).

D. CHC will provide a Statement of Work each year in a mutually agreed upon manner with the Client, to detail agreed upon event logistics and service design changes. The Statement of Work shall be signed by CHC and the Client. In the event of discrepancies between the Statement of Work and Exhibit A, the details in the Statement of Work shall take precedence.

Article III – Term and Termination

A. Term The initial term of this Agreement shall be for one (1) year. Unless a Party provides notice of non-renewal ninety (90) days prior to the expiration of the then current term, the Agreement shall automatically renew for 2 successive one (1) year renewal terms. Notwithstanding the foregoing, the confidentiality obligations in Article V herein shall survive termination of this Agreement.

B. Termination – If the Client intends to terminate this Agreement due to any material grievance(s) with CHC's Services, without limitation, the Client shall give CHC a 120-day period to remedy such grievance(s) in writing. If after this 120-day remedy period, CHC is unable to rectify such grievance(s), the Client may terminate this Agreement immediately, and without notice. If Client wishes to terminate the services within the initial 12 month period, the fees for the remainder of that initial period will be owed to CHC.

C. Fees – Annual program fees increases shall not exceed 5% per year, for the duration of this Agreement. Should CHC Wellbeing's partners and/or suppliers increase their charges to CHC Wellbeing so that it becomes economically infeasible for CHC Wellbeing to provide the services for that amount of the fees including increases herein, CHC Wellbeing may submit new service fees for the upcoming year for Client's approval at least 30 days prior to the anniversary of the Effective Date end of the Initial Term.

D. Cancellation Policy - A cancellation fee will apply for screening events cancelled with less than two weeks' notice. The fee is \$500 plus any non-refundable travel costs incurred.

Article IV – Extent of Agreement

This Agreement represents the entire and integrated agreement between Client and CHC and supersedes all prior negotiations, representations or agreements, either written or oral. This Agreement may be amended only by written instrument signed by both Client and CHC.

Client and CHC have read this Agreement and each attachment and understand that all apply fully to this Agreement and acknowledge that they are bound by this Agreement.

In witness whereof, the parties hereto have hereunto caused their names to be set and to a duplicate of the same date and tenor as of the day and year first written above.

[Signature page follows]

IN WITNESS WHEREOF, the parties hereto have made and executed this Agreement as follows:

School Association for Special Education of DuPage:

CHC Wellbeing, Inc.

By: X [Signature]

By: X

Client Signature

CHC Signature

Name: [Name]

Name: Joan Knauss-Harwell

Printed Name

Printed Name

ITS: [Title]

ITS: Managing Director

Title

Title

Date: [Date]

Date: _____

Exhibit A: Program Description and Fees

PROGRAM OVERVIEW

CHC will provide:

1. Wellbeing assessments at client locations
 - a) Comprehensive screening and Health & Lifestyle Survey
 - b) All marketing materials and registration technology and support
 - c) Review of each participant's results by a practicing physician, with follow up to participants with a factor or combination of factors that may indicate a wellness concern
2. Remote screening option as an alternative for those who cannot conveniently attend an on-site clinic
3. Participant results on-line
4. Delivery of individual results directly to the participant's physician upon written authorization
5. Delivery and review of aggregate company results, with strategic consultation services to design and implement an action plan that fits the needs and goals of the Client
6. Follow up programs for participants, based on the specific needs and the action plan designed with the Client
7. Services, materials, and communications that comply with HIPAA, GINA, and ADA regulations

WELLBEING ASSESSMENT

Comprehensive Biometric Screening

The comprehensive screening includes a lipid panel (cholesterol and additional tests related to coronary heart disease). CHC's certified phlebotomists perform the health evaluation and complete blood pressure readings on each participant. The full biometric draw enables a wide variety of additional testing options that provide the valuable benefit of early conditions detection. Additional tests can be funded by the employer, insurance plan or available on a self-pay basis at the time of service. Biometric screenings will be scheduled at Client's preferred location(s). CHC will work closely with Client to generate interest and excitement to achieve maximum participation. This provides a strong foundation for Client's program, which creates a culture of organizational trust and a state of personal wellbeing.

Health & Lifestyle Survey (HRA)

The survey collects behavioral information regarding smoking, alcohol use, exercise, workdays missed, and adherence to recommended preventive exams, as well as input regarding stress, depression, and job/life satisfaction. The survey can be taken online or can be completed at the onsite screening. It is available in English, Spanish and Polish, both online and on paper. Our clients have the option of adding questions to the survey. This customization will allow Client to poll participants in a multiple choice format OR stratify the reporting based on response. Results from the biometric screening and Health & Lifestyle Survey are seamlessly integrated by CHC to produce the aggregate and participant results.

Remote Wellbeing Assessment

Employees who travel, who don't work near a company facility, or who may be away at the time of the screening have a convenient option of visiting one of the 1,800 partner LabCorp facilities around the country. As with our on-site screenings, the participant experience will be facilitated by a trained professional. Participants can visit any of these labs at a time that is convenient for them, including Saturdays in many cases. Participants will also fill out an online Health &

Lifestyle Survey, and results gathered at off-site facilities will be combined with onsite wellbeing assessment results and included in aggregate client reports.

Physician Form

This option is ideal for participants who have visited their physician recently and already have test results, as well as international employees, spouses, and employees in certain remote locations. After the physician form is completed, the participant simply sends their results securely to CHC. As with our remote screening option, the data will be reflected in the participant and client reports.

DIGITAL & MOBILE TOOLS

e-Learning

CHC offers a wide variety of 700 e-Learning courses tailored to a participant's specific wellbeing needs. Participants can access the e-Learning Library through their personal online member portal. The courses are highly interactive, easy to understand and enjoyable. The multi-media modules present information in simple format based on proven theories of learning and behavior modification. Best of all, participants can access modules and learn at their own pace and convenience.

Health Coaching (if added to program offering – fees outlined on page 8)

Each participant has access to inbound health coaching via the phone or internet, for ongoing behavior modification, education, and access to proprietary online weight management and smoking cessation programs.

Financial Wellbeing

Participants have access to financial wellbeing through the portal. CHC equips your employees with interactive tools to personalize their experience. They can earn rewards along the way as they achieve specific goals by taking advantage of a catalog of tools that include webinars, access to financial advisors, articles, interactive modules, and more.

Mindfulness

CHC offers participants a curated collection of more than 60 videos featuring leaders in the mindfulness and emotional intelligence space, such as Jon Kabat Zinn, Sharon Salzberg, Brene Brown and Daniel Goleman. We have assembled these assets to provide a baseline curriculum for becoming more aware, dealing effectively with stress and increasing emotional IQ.

Physician Connect

Our Physician Connect service facilitates engagement between participants and their physicians. This feature provides a convenient way for participants to share their biometric results directly with their primary care providers. As a result of the additional insights and deeper connection, physicians will be able to more effectively manage the wellbeing of Client's population.

Activity & Nutrition Tracking

Our portal includes flexible activity and nutrition tracking tools to help participants monitor and manage their progress over time. A wide range of activities are included for tracking, along with a full menu of nutrition options.

WorkWell Series

WorkWell is a series of engaging webinars and monthly newsletters covering topics across all aspects of wellbeing. Each outreach includes education on a specific topic and actionable takeaways that participants can easily implement in their daily life.

SERVICE & SUPPORT

Multi-Channel Communications

CHC engages with populations year-round via multi-channel communications campaigns. We support the launch of new programs and stay connected with participants over time with a combination of posters, emails, text messages, app notifications, newsletters, web banners, flyers and other communication vehicles all geared toward educating individuals about their wellbeing and driving consistent engagement. All communications pieces are consistently branded, encouraging individuals to reach their "true potential." Our communication strategy works particularly well for highly dispersed populations that are often difficult to reach.

Participant Profile

CHC is concerned about the environment and proud to be a Green Company. Each participant has access to their own personal health portal on our website. This includes summarized and detailed results within 72 hours of their screening, along with explanations and trending information.

Organization Profile

Following the wellbeing assessment, Client's Account Manager will meet with Client to review the aggregate, anonymized results of the screening and highlight areas that can be addressed to lower claims costs and improve health and productivity. The comprehensive analysis includes 15 benchmark health risks, Health & Lifestyle Survey results, and engagement metrics. Client's Account Manager will work closely with Client to review and interpret the data, and to translate it into actionable information for Client's company. Please note that all CHC reporting is HIPAA compliant.

Account Management

Account Management is a pillar of our service to Client. Client's dedicated Account Manager will work closely with Client to understand Client's goals and will be Client's partner year-round in facilitating a sustainable, long-term wellbeing strategy that fits Client's business and culture. CHC's account managers can help structure and support wellness committees and bring best practice ideas for sustained engagement to the table for Client. CHC Account Manager will take as much of the program administration off of Client's plate as Client sees fit. It is Account Manager's role to support both the strategic and tactical efforts throughout every phase of the implementation and ongoing engagement.

REWARDS PLATFORM

CHC's rewards platform is one of the unique aspects of our solution. It allows clients and employees to measure results and to reward and reinforce the behaviors that will achieve their wellbeing goals.

- Flexible and customizable platform based on Client's goals and Client's population's wellbeing assessment
- Scientifically valid formula proven to predictably impact benchmark wellbeing risks

- Verification process ensures specific activities have been completed
- Expansive library of rewards allows us to encourage participation as well as outcomes, which encourage behavior change

WALKING PROGRAM

The CHC Walking Program motivates employees to be more active, builds community and inspires a healthy culture that encourages lower-cost behaviors.

- Customizable walking challenges
- Online team results and leader board for competitive challenges
- Account management assistance with program set up and implementation
- How-to guides to help get participants started
- Targeted and engaging marketing
- Training for team set up and program use
- Complete program tracking through CHC user portal

FEES:



Onsite Wellbeing Assessment (Screening and Health & Lifestyle Survey)	✓
Remote Wellbeing Assessment (Screening and Health & Lifestyle Survey)	✓
Wellbeing Program Set Up	✓
Dedicated and Consultative Account Manager	✓
Program Implementation & Ongoing Management	✓
Client/Admin Wellbeing Portal	✓
Organization Profile (25 participant minimum)	✓
Templated Marketing Materials	✓
Full Service Sign Up: Telephonic & Online	✓
Web Portal Access for All Screening Participants	✓
Physician Connect	✓
Nutrition, Activity, Sleep, and Hydration Tracking	✓
eLearning Library	✓
Financial Wellbeing	✓
Mindfulness	✓

Wellbeing Webinars	✓
WorkWell eNewsletter	✓
Electronic Participant Results	✓
Printed Participant Results	✓
Standard Rewards Platform: Automatic tracking of CHC programs: e-Learning, webinars, biometric outcomes, financial courses, activity tracking	✓
Challenge Platform	✓
Thriveworks – Mental Health Platform	✓
COST (Per Screening Participant, Per Year)	\$145

Included Tests

Chem-Screen Profile		
Glucose	Phosphorous	Alkaline Phosphatase
Sodium	Calcium	GGT
Potassium	Protein, Total	AST
Chloride	Albumin	ALT
BUN	Globulin, Calculated	LDH
Creatinine	A/G Ratio	Iron
BUN/Creatinine Ratio	Bilirubin, Total	Carbon Dioxide
Uric Acid	Bilirubin, Direct	
Coronary Risk Assessment		
Triglycerides	HDL Cholesterol	Cholesterol/HDL Ratio
Total Cholesterol	LDL Cholesterol	
Complete Blood Count		
WBC	Hematocrit	MCHC
RBC	MCV	RDW
Hemoglobin	MCH	Platelet Count

Optional Tests

(Payment collected from participant at the time of the screening)

TSH	Tests for thyroid disorder	\$42
PSA	Early detection of prostate cancer for men	\$39
Homocysteine	Tests for risk of both heart disease and Alzheimer's disease	\$54
Cardio C	A highly sensitive test that measures inflammation within the arteries	\$39
Hemoglobin A1C	Estimates the level of glucose over the last 3 months	\$34
NMR	A cholesterol test that provides information beyond what is included with a standard Lipid Panel	\$99
Blood Type	Determines A/B/O blood type and Rh factor	\$25
Vitamin D	Tests for Vitamin D deficiency	\$40
Testosterone	Measures the amount of male hormone androgen	\$42
B12 & Folate	Tests B12 & Folate levels, which can lead to depression, irritability and other symptoms	\$42
Gluten Allergy	Identifies gluten-specific allergy	\$29

Additional Fees:

Receptionist	\$75 per hour, minimum of 4 hours
Account Manager Travel Requests	Travel related expenses will be passed through to the client. <i>*Local Chicago travel is exempt.</i>
Expedited Screening Event	10% premium added for events scheduled less than 6 weeks advanced notice
<i>CHC Wellbeing makes an effort to avoid travel related charges. However, situations do arise where travel is necessary and Travel/Expense fees will apply.</i>	
Historical Data Transfer	\$500 one-time fee
3 rd Party Data Transfer	\$250 each occurrence
Custom Marketing	Custom marketing request including but not limited to nonstandard challenges, nonstandard flyers, logo's, promotional items and general custom design work will be quoted on a individual basis.

EXHIBIT B: BUSINESS ASSOCIATE AGREEMENT

THIS BUSINESS ASSOCIATE AGREEMENT (this "Agreement") is made and entered into as of this 5/22/2024 (the "Effective Date") by and between CHC Wellbeing ("Business Associate") and School Association for Special Education of DuPage ("Covered Entity").

WHEREAS, Business Associate may maintain, transit, create, or receive data for or from Covered Entity that constitutes Protected Health Information to perform tasks on behalf of Covered Entity;

WHEREAS, Covered Entity and Business Associate are required to meet the requirements of the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191 (the "Act"), the privacy standards adopted by the U.S. Department of Health and Human Services ("HHS") as they may be amended from time to time, 45 C.F.R. parts 160 and 164, subparts A and E (the "Privacy Rule"), the security standards adopted by the Department as they may be amended from time to time, 45 C.F.R. Parts 160, 162, and 164, subpart C (the "Security Rule"), and the Privacy provisions (Subtitle D) of the Health Information Technology for Economic and Clinical Health Act, Division A, Title XIII of Pub. L. 111-5, and its implementing regulations (the "HITECH Act"), due to their status as a "Covered Entity" or a "Business Associate" under the Act. (The Act, the Privacy Rule, the Security Rule, and the HITECH Act are collectively referred to as "HIPAA" for the purposes of this Agreement.);

WHEREAS, in order to provide the Services under the Services Agreement, Covered Entity may disclose to Business Associate certain Protected Health Information ("PHI"); and

WHEREAS, the parties desire to enter into this Agreement to protect the privacy, and provide for the security of PHI disclosed by Covered Entity to Business Associate and to satisfy certain requirements in compliance with HIPAA.

NOW, THEREFORE, in consideration of the mutual benefits of complying with laws and regulations stated above, Covered Entity and Business Associate agree as follows:

ARTICLE I

DEFINITIONS

1.1 **"Minimum Necessary"** means the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure, or request or the amount of PHI described and defined by the U.S. Department of Health and Human Services ("HHS") from time to time as the "minimum necessary."

1.2 **"Business Associate Subcontractor"** means any vendor, agent or subcontractor of Business Associate that performs services involving the receipt, use, disclosure and/or creation of PHI on behalf of Covered Entity, specifically including, without limitation, health information exchanges, regional health organizations and personal health records vendors.

1.3 **Other terms.** All other terms not specifically defined in this Agreement shall have the meanings attributed to them under HIPAA.

ARTICLE II

PRIVACY OF PROTECTED HEALTH INFORMATION

2.1 Permitted Uses & Disclosures.

(a) Business Associate agrees to use the Minimum Necessary PHI it creates or receives for or from Covered Entity only as permitted by the Privacy Rule, as expressly permitted by this Agreement, and only as necessary to perform functions, activities or services for, or on behalf of, Covered Entity as specified in the Services Agreement; provided, however, that, to the extent possible, Business Associate will use only a Limited Data Set. Business Associate is prohibited from using or disclosing PHI in its possession, except as permitted or required by this Agreement, or as Required By Law, the Services Agreement, or as otherwise expressly permitted in writing by Covered Entity. Business Associate shall use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Agreement, the Services Agreement, or in writing by Covered Entity.

(b) Business Associate will disclose PHI for the purposes authorized by this Agreement only (i) to its employees, (ii) to its subcontractors and agents, only in accordance with the terms of this Agreement, (iii) as directed by Covered Entity in writing, or (iv) as Required By Law.

(c) Unless otherwise limited herein and except where prohibited by law, Business Associate is authorized by this Agreement to:

(i) Use the PHI it creates or receives for or from Covered Entity if necessary for Business Associate's proper management and administration of Business Associate's duties under the Services Agreement or to fulfill any present or future legal responsibilities of the Business Associate.

(ii) Disclose such PHI to a third party if necessary for the proper management and administration of Business Associate's business or to fulfill any present or future legal responsibilities of the Business Associate, provided that the disclosure is required by law or the Business Associate obtains reasonable assurance, evidenced by written contract, from any third party to which Business Associate discloses such PHI, that the third party will:

(A) Hold such PHI in confidence and use or further disclose it only for the purpose for which Business Associate disclosed it to the third party or as required by law; and

(B) Notify Business Associate (who will in turn notify Covered Entity according to the terms of this Agreement) of any breaches of confidentiality.

2.2 Business Associate Subcontractor. Business Associate may disclose PHI to a Business Associate Subcontractor only to the extent not prohibited by the Services Agreement and subject to the terms of this Agreement. Prior to any disclosure of PHI to a Business Associate Subcontractor, Business Associate will enter into a written contract with the Business Associate Subcontractor to provide reasonable assurance that the Business Associate Subcontractor will comply with the same terms, conditions and restrictions of this Agreement. Upon request,

Business Associate will provide to Covered Entity a copy of the written contract with the Business Associate Subcontractor. Furthermore, Business Associate will disclose to its Business Associate Subcontractors only (i) a Limited Data Set of PHI, to the extent possible or (ii) if more information is required to perform or fulfill a specific function required or permitted hereunder, the Minimum Necessary to perform or fulfill such function.

2.3 PHI Access, Amendment, and Disclosure Accounting.

(a) Access. Business Associate will, at the request of Covered Entity, make available within ten (10) days to Covered Entity, or at the direction of Covered Entity to the individual, for inspection and to make copies of any PHI about the Individual which Business Associate created or received for or from Covered Entity and that is in the custody or control of the Business Associate as required by 45 C.F.R. § 164.524.

(b) Amendment. Business Associate will, at the request of Covered Entity, within twenty (20) days, amend PHI in accordance with the instructions provided by the Covered Entity or permit Covered Entity access to amend any portion of the PHI which Business Associate created or received from or on behalf of Covered Entity, as required by 45 C.F.R. § 164.526.

(c) Disclosure Accounting.

(i) Disclosure Tracking. Business Associate will retain a record of each disclosure of PHI, not excepted from disclosure accounting below, that Business Associate makes to a third party including (i) the disclosure date; (ii) the name and (if known) address of the person or entity to whom Business Associate made the disclosure; (iii) a brief description of the PHI disclosed; and (iv) a brief statement of the purpose of the disclosure (items (i)–(iv), collectively are referred, herein as the “Disclosure Information”). Business Associate will make disclosure-tracking information available to Covered Entity within twenty (20) days from the date Covered Entity made the request.

(ii) Exceptions from Disclosure Tracking. Business Associate need not include in its record of disclosures, or otherwise account for, disclosures of PHI that this Agreement, permits or requires, including those disclosures made (i) for the purpose of Covered Entity’s payment activities or health care operations, as provided in 45 C.F.R. § 164.502, unless such disclosure tracking is required by the HITECH Act; (ii) for the purpose of health care providers’ treatment activities, or (other) covered entities’ payment activities or certain health care operations (as set forth in 45 C.F.R. § 164.506(c)(4)), unless such disclosure tracking is required by the HITECH Act; (iii) to the Individual who is the subject of the PHI disclosed pursuant to 45 C.F.R. § 164.502; (iv) which are incidental to a use or disclosure otherwise permitted or required by 45 C.F.R. § 164.502; (v) pursuant to an authorization; (vi) to persons involved in that individual’s care; (vii) for notification for disaster relief purposes; (viii) for national security or intelligence purposes as provided in 45 C.F.R. § 164.512(k)(2); (ix) to correctional institutions or law enforcement officials regarding inmates as provided in 45 C.F.R. § 164.512(k)(5); (x) as part of a limited data set in accordance with 45 C.F.R. 164.514(e); (xi) for disclosures prior to April 14, 2003; or (xii) for the facility’s directory or to persons involved in the individual’s care or for other notification purposes as provided in 45 C.F.R. § 164.510.

(iii) **Research.** If Business Associate makes disclosures of PHI for a particular research purpose in accordance with 45 C.F.R. § 164.512 (i) for 50 or more Individuals, Business Associate will provide Covered Entity with a report of the disclosure accounting in accordance with the requirements of 45 C.F.R. § 164.528 (b)(4)(i)(A)–(F).

(iv) **Disclosure Tracking Time Periods.** Business Associate will provide to Covered Entity, within twenty (20) days following a request from Covered Entity, a report containing a record of disclosures of PHI (i) for the six (6) years prior to the date on which Covered Entity requested the accounting; or (ii) if the request relates to disclosures of PHI through electronic health records for treatment, payment or health care operations, and if such accounting is required to be provided pursuant to the HITECH ACT, for the three (3) years prior to the date on which Covered Entity requests the accounting. Additionally, if an individual requests an accounting of disclosures of his or her PHI, Business Associate will cooperate with Covered Entity to ensure the Covered Entity is able to provide the individual with the accounting.

2.4 Inspection of Books and Records. Business Associate will make the PHI it creates for or receives from Covered Entity, as well as its internal practices, books, and records, relating to the use and disclosure of all such PHI, available to Covered Entity and to HHS to determine the Covered Entity's and the Business Associate's compliance with HIPAA.

2.5 Reporting.

(a) Business Associate will report to Covered Entity any use or disclosure of PHI not permitted by this Agreement, by the Services Agreement, or in writing by Covered Entity, or that is in violation of any provision of HIPAA, within five (5) days of when Business Associate learns or should have learned of such non-permitted use or disclosure.

(b) In its report to Covered Entity, Business Associate will identify, at a minimum (i) the nature of the non-permitted use or disclosure; (ii) the PHI used or disclosed; (iii) the party or parties who made the non-permitted use or received the non-permitted disclosure; (iv) what corrective action Business Associate took or will take to prevent further non-permitted uses or disclosures; (v) what Business Associate did or will do to mitigate any harmful effect of the non-permitted use or disclosure; (vi) such other information, including a written report, as Covered Entity may request; and (vii) such other information as HHS may prescribe by regulation.

2.6 Additional Obligations.

(a) **Electronic Copies of PHI.** Business Associate will (i) cooperate with Covered Entity to provide an Individual with an electronic copy of his or her PHI if the PHI is maintained by Business Associate in an electronic health record and the Individual requests an electronic copy of his or her PHI; and (ii) comply with, and cooperate with Covered Entity to enable Covered Entity to comply with Section 13405(e) (1) of the HITECH Act and any regulations promulgated thereunder.

(b) **Non-Disclosure for Out-of-Pocket Services.** Business Associate will (i) abide by any directive from Covered Entity not to disclose PHI in connection with an item or service for which an individual has paid out-of-pocket, in full; and (ii) comply with, and cooperate

with Covered Entity such that Covered Entity is compliant with, Section 13405(a) of the HITECH Act and any regulations promulgated thereunder.

(c) **Prohibition on Sale of PHI.** Business Associate will not sell PHI or receive any direct or indirect remuneration in exchange for PHI, except as expressly permitted by this Agreement and the Services Agreement.

(d) **Prohibition on Marketing.** Business Associate will not transmit, to any individual for whom Business Associate has PHI, any communication about a product or service that encourages the recipient of the communication to purchase or use that product or service unless permitted to do so under the HITECH Act and any regulations promulgated thereunder.

ARTICLE III

COMPLIANCE WITH STANDARD TRANSACTIONS

3.1 **Electronic Transactions.** If Business Associate conducts all or part of an electronic transaction on behalf of Covered Entity, Business Associate will comply, and will require any Business Associate Subcontractor involved with the conduct of such Standard Transactions to comply, with each applicable requirement of 45 C.F.R. Parts 160 and 162.

3.2 **Trading Partner Agreements.** In compliance with 45 C.F.R. § 162.915, Business Associate will not enter into, or permit any Business Associate Subcontractor to enter into, any trading partner agreement in connection with the conduct of Standard Transactions for or on behalf of Covered Entity that:

- (a) changes the definition, data condition, or use of a data element or segment in a standard;
- (b) adds any data elements or segments to the maximum defined data set;
- (c) uses any code or data elements that are either marked “not used” in the standard’s implementation specification or are not in the standard’s implementation specification(s); or
- (d) changes the meaning or intent of the standard’s implementation specification(s), as these terms are defined in 45 C.F.R. Part 162.

ARTICLE IV

SAFEGUARDS FOR SECURING ELECTRONIC PROTECTED HEALTH INFORMATION

4.1 **Information Safeguards.** Business Associate will develop, implement, maintain, and use appropriate administrative, technical and physical safeguards (“Safeguards”) to protect the privacy of PHI, in compliance with standard business practices, HIPAA and any written instructions provided to Business Associate by Covered Entity. Business Associate will preserve the integrity and confidentiality of and prevent non-permitted uses or disclosures of PHI in its possession. Business Associate will reasonably safeguard PHI to limit incidental uses or disclosures made pursuant to an otherwise permitted or required use or disclosure. Business

Associate will document and keep current its policies to safeguard PHI, and will provide a copy of such policies to Covered Entity and to HHS upon request.

4.2 Mitigation. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate resulting from a use or disclosure of PHI by Business Associate in violation of the requirements of this Section.

4.3 Compliance with the Security Rule. Business Associate agrees to abide by the following requirements of the Security Rule including those set forth at 45 C.F.R. parts 164.308, 164.310, 164.312 and 164.316.

(a) Implement administrative, physical, and technical safeguards consistent with the Security Rule that reasonably protect the confidentiality, integrity, and availability of electronic PHI that it creates, receives, maintains, or transmits on behalf of Covered Entity;

(b) Ensure that any agent, including a subcontractor, to whom it provides such information agrees to implement reasonable and appropriate safeguards to protect it; and

(c) **Reporting Security Incidents to Covered Entity.** Business Associate agrees to the following reporting procedures for Security Incidents that result in unauthorized access, use, disclosure, modification or destruction of electronic PHI or interference with system operations ("Successful Security Incidents") and for Security Incidents that do not result in unauthorized access, use, disclosure, modification or destruction of electronic PHI or interference with system operations ("Unsuccessful Security Incidents").

(i) **Successful Security Incidents.** Business Associate shall provide notice to Covered Entity of any Successful Security Incident of which it becomes aware within five (5) business days. At a minimum, such report shall contain the following information: (A) date and time when the Security Incident occurred and/or was discovered; (B) names of systems, programs, or networks affected by the Security Incident; (C) preliminary impact analysis; (D) description of and scope of electronic PHI used, disclosed, modified, or destroyed; and (E) any mitigation steps taken by Business Associate.

(ii) **Unsuccessful Security Incidents.** To avoid unnecessary burden on either party, Business Associate shall report to Covered Entity any Unsuccessful Security Incident of which it becomes aware only upon request of the Covered Entity. The frequency, content and the format of the report of Unsuccessful Security Incidents shall be mutually agreed upon by the parties. If the definition of "Security Incident" is amended under the Security Rule to remove the requirement for reporting "unsuccessful" attempts to use, disclose, modify or destroy EPHI, then this Section 4.3(c) (ii) shall no longer apply as of the effective date of such amendment.

(d) **Security Officer and Training.** Business Associate shall designate a Security Officer and shall conduct staff training regarding compliance with the HIPAA security requirements, as required by the Security Rule and the HITECH Act.

ARTICLE V

BREACH OF AGREEMENT AND TERMINATION

5.1 Right to Terminate for Breach.

Covered Entity. Covered Entity has the right to terminate this Agreement immediately if Covered Entity determines, in its reasonable discretion that Business Associate has breached any material term of this Agreement. Following the Covered Entity's determination that Business Associate has breached a material term of this Agreement, in lieu of immediate termination, Covered Entity may elect, in its sole discretion, to provide the Business Associate with written notice of the existence of an alleged breach, and afford the Business Associate an opportunity to cure such alleged breach upon mutually agreeable terms. In the event that mutually agreeable terms cannot be achieved within five (5) days of receiving the written notice, the Business Associate must cure said breach to the reasonable satisfaction of Covered Entity within the next ten (10) days. Failure to cure in the manner set forth in this paragraph shall constitute a breach of a material term of this Agreement and is grounds for the immediate termination of this Agreement.

(a) Business Associate. If Business Associate determines that Covered Entity has breached a material term of this Agreement, it must provide the Covered Entity with written notice of the existence of an alleged breach, and afford the Covered Entity an opportunity to cure such alleged breach upon mutually agreeable terms. In the event that mutually agreeable terms cannot be achieved within five (5) days of receiving the written notice, the Covered Entity must cure said breach to the reasonable satisfaction of Business Associate within the next twenty (20) days. Failure to cure in the manner set forth in this paragraph shall constitute a breach of a material term of this Agreement and is grounds for the immediate termination of this Agreement.

5.2 Return or Destruction of PHI.

(a) Business Associate will automatically, at termination of the Services Agreement and this Agreement, return, at its cost, all PHI received from, or created or received by Business Associate on behalf of, Covered Entity. Prior to the return of PHI to Covered Entity, Business Associate may submit to Covered Entity a written request for permission to destroy PHI, and such request may be approved or denied in the sole discretion of Covered Entity.

(b) Business Associate will not retain any copies of PHI unless the Covered Entity expressly permits it to do so in writing.

5.3 Continuing Privacy and Security Obligation. If return or destruction of the PHI is not feasible, as determined by Covered Entity, Business Associate will extend the protections of this Agreement for as long as necessary to protect the PHI and to limit any further use or disclosure. Business Associate will only use or disclose such PHI for those purposes that make return or destruction infeasible.

5.4 Injunctive Relief. In the event of a breach of any material term of this Agreement, Covered Entity has a right to obtain injunctive relief to prevent future disclosure of PHI.

ARTICLE VI

INDEMNIFICATION AND INSURANCE

6.1 **Indemnification.** Business Associate will indemnify and hold harmless Covered Entity and any Covered Entity affiliate, officer, director, employee, subcontractor, agent, or other members of its workforce, from and against any claim, cause of action, liability, damage, fine, penalty, cost or expense arising out of or in connection with any non-permitted use or disclosure of PHI or other breach of this Agreement by Business Associate or any subcontractor, affiliate, or agent therefore, including but not limited to any Business Associate Subcontractor, that provides services described in or relating to the Services Agreement. Notwithstanding any provision of the Services Agreement to the contrary, Business Associate's responsibility for indemnification arising out of or in connection with this Agreement will be governed solely by this Section 6.1 and no provision set forth in the Services Agreement, including indemnification provisions thereunder or any terms that define, restrict or limit the types or amounts of damages, costs or expenses, will in any way alter, expand, restrict or limit Business Associate's indemnification liability hereunder.

6.2 **Insurance.** Business Associate represents and warrants that Business Associate has, and will maintain at Business Associate's own expense, liability insurance covering breach of Business Associate's requirements under this Agreement and Business Associate's negligent disclosure or breach of PHI covered by this Agreement. At the request of Covered Entity, Business Associate shall provide to Covered Entity proof of the insurance coverage required by this Section 6.2.

ARTICLE VII

MISCELLANEOUS

7.1 **Amendments; Waiver.** Except as provided herein, neither party shall modify this Agreement, or waive or amend any provision herein, except in writing signed by authorized representatives of the Parties. However, upon the compliance date of any final regulation or amendment to final regulations of HIPAA, this Agreement will automatically amend to impose upon Business Associate such additional obligations as are necessary for the parties to remain in compliance with these regulations.

7.2 **Construction.** This Agreement shall be construed as broadly as necessary to implement and comply with HIPAA. Any ambiguity in this Agreement shall be resolved in favor of a meaning that complies with HIPAA.

7.3 **Subpoenas.** Each party will provide written notice to the other party of any subpoena or other legal process seeking PHI received from or created on behalf of Covered Entity, or otherwise relating to Business Associate's services under the Services Agreement. Such written notice shall be provided within 48 hours of receipt of a subpoena or other legal process.

7.4 **Notices.** All notices records or reports required to be given to either party under this Agreement will be in writing and sent by traceable carrier to each party's address indicated below, or such other address as a party may indicate by at least ten (10) days' prior written notice to the other party. Notices will be effective upon receipt.

Business Associate:

Company: CHC Wellbeing, Inc.

Name: Joan Knauss-Harwell

Print Name

Title: Managing Director

Fax Number: 847-437-2770

Covered Entity:

Company: [Signature]

Name: [Name]

Print Name

Title: [Title]

Fax Number: Fax Number

7.5 **Term.** This Agreement will continue in full force and effect for as long as the Services Agreement remains in full force and effect unless it is earlier terminated pursuant to Section 5.1(a) or Section 5.1(b). This Agreement will terminate upon the cancellation, termination, expiration or other conclusion of the Services Agreement.

7.6 **Survival.** The rights and obligations of Business Associate under Article II and Section 6.1 and Section 6.2 of this Agreement shall survive the termination of this Agreement.

7.7 **Governing Law.** This Agreement shall be governed by and interpreted in accordance with the laws of the State of Illinois. Jurisdiction and venue for any dispute relating to this Agreement shall rest exclusively with the state and federal courts of Illinois.

IN WITNESS WHEREOF, the Parties hereto have caused this Agreement to be signed by their duly authorized representatives as of the Effective Date.

Business Associate / CHC Wellbeing

Covered Entity / School Association for Special Education of DuPage

By: X

By: X [Signature]

Signature

Name: Joan Knauss-Harwell

Name: [Name]

Print Name

Title: Managing Director

Title: [Title]

Date: _____

Date: [Date]

Confirmation

Employee/Client	Reservation: 393982
Muffin Long	Event Name: SASSED
SASED	Status: Confirmed
2900 Ogden Ave	Phone: 630.955.8131
Lisle, IL 60532	Email Address: mlong@sased.org
	Event Type: Meeting
	Profit Center: 001
	Event Coordinator: Ruthanne Schroeder
	Estimated Attendance: 0
	Actual Attendance: 0

Bookings / Details	Quantity	Price	Amount
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Below are the details of your request.

Please read all terms below, reservation is tentative pending the return of this signed agreement.

If you have any questions, please feel free to contact Ruthanne Schroeder at 630.271.2077 or schroeder-ruthanne@aramark.com

Payment Terms:

Contract must be submitted to secure reservation. Full payment is due 15 days after close of event.

Card Type: _____ CCV: _____

Credit Card Number: _____ Exp. date: _____

Cardholder's Name: _____

Cardholder's Signature: _____

Billing Address: _____

Invoicing: Please make checks payable to Aramark

*Note: Late fee will apply after 15 days at 1%

Cancellation Policy: Cancellation Policy: A cancellation fee of 50% of the total confirmation price will be applied if canceled more than 10 days prior to event. If canceled less than 10 days zero refund

Wi-Fi Policy: Free Wi-Fi is available to all guests. Due to your company's internet securities policies, connectivity maybe limited. We strongly suggest you visit the conference center for testing prior to your event.

AV Policy: Outside Audio Visual equipment is prohibited. Staff are fully trained and versed with the operation of Aramark equipment. Equipment is meticulously checked and maintained. Aramark is not responsible for any Client equipment or possessions.

Food Policy: Outside food and Beverages are strictly prohibited. A surcharge of \$10.00 per person will be applied to your invoice in the event the policy is not adhered too.

Additional charges outside Normal Business Hours:

Normal business hours are from 7:00am - 6:00pm. An additional charge of \$225.00 per hour will applied to your invoice for Security services, and HVAC outside of normal operating hours.

Bookings / Details

Quantity

Price

Amount

The undersigned represents that they are authorized to sign and enter this contract. This contract is considered tentative pending the return of this signed agreement.

Signature

Date:

Print name:

Title:

Wednesday, August 14, 2024

7:00 AM - 4:00 PM SASSED (Confirmed) CAFE DINING ROOM

Classroom Style for 30

Room Charge:	1	\$500.00	\$500.00
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Room Charge:	1	\$20.00	\$20.00
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Set Up Fee

Downers Grove Audio Visual:

LCD Projector (Data and Video)	1	\$50.00	\$50.00
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7:00 AM - 4:00 PM SASSED (Confirmed) TRAINING ROOM 1

Center Style for 30

Room Charge:	1	\$650.00	\$650.00
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Room Charge:	1	\$20.00	\$20.00
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Set Up Fee

Downers Grove Audio Visual:

LCD Projector (Data and Video)	1	\$100.00	\$100.00
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7:00 AM - 4:00 PM SASSED (Confirmed) TRAINING ROOM 3

Classroom Style for 30

Room Charge:	1	\$500.00	\$500.00
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Room Charge:	1	\$20.00	\$20.00
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Set Up Fee

Downers Grove Audio Visual:

LCD Projector (Data and Video)	1	\$100.00	\$100.00
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Subtotal	\$1,960.00
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Grand Total	\$1,960.00
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INFINITEC FY25 LETTER of AGREEMENT

By APRIL 28, 2024, please review and complete information requested.

Please return a signed copy of Agreement Pages 1-4 & District Info Sheet

via scan to [membership](mailto:membership@ucpnet.org) or fax to 708.444.4204, attention Jenn Skalitzky Please call

with questions

708-444-8460 x265 membership@ucpnet.org

**Infinitec Assistive Technology Coalition
Letter of Agreement July 1, 2024 to June 30, 2025**

This agreement is made between UCP Seguin of Greater Chicago – Infinitec (“Infinitec”), and:

The School Association for Special Education in DuPage County

Please Print ORGANIZATION Name (“Organization”)

2900 Ogden Avenue

ORGANIZATION Address

Lisle, IL

60532

City, State

Zip Code

Dr. Kim Dryier

kdryier@sased.org

Director of Special Education

Email Address

630-778-4500

Phone Number

Infinitec Responsibilities

Infinitec will provide the following services to Organization:

Information and Expertise Resources

- Access to Infinitec website (<http://www.myinfinitec.org>) which will be available 24 hours a day/7 days a week
- Networking opportunities with other assistive technology service providers
- Access to phone, email, and web-based technical assistance with Infinitec

Training Resources

- Provide access to Infinitec sponsored webinars and seminars
- Provide access to Video Training Programs streamed via the Infinitec website on priority topics including many of the state required trainings.
- Provide access to Engage Online Training Administration System
 - The ENGAGE Online Training Administration System from Infinitec engages the Organization's staff in online training enabling the Organization to assign or recommend presentations from the 700+ myinfinitec.org Online Classroom. ENGAGE also allows the Organization to produce activity reports that help track the progress staff members are making on their assigned or recommended activities.
 - PRIVATE CONTENT: The Private Content feature offers Infinitec Coalition members and Organizations the ability to post their internally developed training modules, supporting documents, external links and related quizzes in the Infinitec Online Classroom, where they will be made available privately and exclusively to that Organization's staff

Equipment Resources

- Infinitec Assistive Technology Library
- Group Buy Offerings (i.e. discounts for volume purchases) for specific software/ equipment available annually (e.g. from April 15 through December 15)

ORGANIZATION Responsibilities

Organization agrees to:

- Work with the Infinitec representatives to contribute non-monetary resources to benefit the entire Infinitec program including but not limited to such items as PowerPoint™ presentations, video training presenters, Sheets, Tip Sheets etc.
- Provide payment for access fees and services within 60 days of billing.
- Identify Organization representative to participate in scheduled network trainings to coordinate the provision of services from Infinitec for their Organization

Both Parties agree to the following:

- Duration of Agreement. The term of this agreement shall be from beginning July 1, 2024 and extending through the end of the business day on June 30, 2025.
- Renewal of Agreement. This agreement may be renewed for additional one-year periods by providing written notification to Infinitec of intent to renew by end of April of each year. Renewal is subject to the following:
 - Payment-in-full of all membership and program service fees incurred within 60 days of the billing date.
 - Return of all equipment loaned on or before the return due date.
- Fees. The annual membership fee is equal to the amount of \$0.74 times each student enrolled in each organization. This count will be based on the previous Fall's annual district/cooperatives/private school student enrollment count form filed with the ISBE. The minimum fee assess will be \$1,355 and the maximum is \$47,950 with student enrollment not to exceed 75,000.
 - Collaboration/Training is provided as requested via an additional fee for service
 - Fees are charged for Coalition trainings hosted around the State.
 - Equipment rental fee of 5% per month of the replacement cost of the item borrowed and graduated fees beyond 3 months. Designated rental credit will be applied towards purchase of the equipment rented.
- Disclaimer: All information from Infinitec is provided "as-is," and all warranties, express or implied, are disclaimed (including but not limited to the disclaimer of any implied warranties of merchantability and fitness for a particular purpose). No advice or information, whether oral or written, obtained by district/cooperatives/private school from Infinitec shall create any warranty, representation, or guarantee not expressly stated in this Agreement. We do not provide legal advice nor enter into any attorney-client privilege.

- **Limitation of Liability:** Infinitec’s liability under this Agreement is limited to the price paid by Organization for the services to be provided hereunder. In no event shall Infinitec be liable to Organization or any other person for any indirect, incidental, special, exemplary or consequential damages, including, but not limited to, lost profits, loss of business, personal injury or accidental damages suffered or incurred by Organization or any other person. The foregoing limitation also includes Organization’s claims based on the claims of third parties.
- Both Parties shall comply with all laws, rules, and regulations pursuant to the Family Educational Rights and Privacy Act, 20 USC 1232g (“FERPA”). Organization acknowledges that certain information about Organization’s students could be contained in records maintained by Infinitec and that this information can be confidential by reason of FERPA and related Organization policies. To the extent permitted by law, nothing contained herein shall be construed as precluding either party from releasing such information to the other so that each can perform its respective responsibilities. Infinitec shall comply with all other applicable federal and state laws and regulations regarding the confidential and secure treatment of Personally Identifiable Information and Personal Health Information. This includes, but is not limited to: Health Insurance Portability and Accountability Act (“HIPAA”); Protection of Pupil Rights Amendment (“PPRA”), Children’s Online Privacy Protection Rule, 15 U.S.C. 6501-6505 (“COPPA”); Individuals with Disabilities Education Act, 20 U.S.C. 33 (“IDEA”); and the Illinois School Student Records Act, 105 ILCS 10/1, *et seq.*
- This Agreement shall be governed by the laws of Illinois.

Executed on the date last written below, by and between:

Dr. Kim Dryier, Executive Director

1. **Print Name of District/Cooperative Authorized Leader with Title:**



6-12-24

2. **Signature of District/Cooperative Authorized Leader** **Date**

Signature of UCP Seguin/Infinitec EVP **Date**

If a cooperative please complete the member district sheet

UCP Seguin/Infinitec FEIN#: 36-2894174

District Information Form

Please list information for each district served by your agency.

This is helpful to ensure UCP/Infinitec knows which districts are eligible to participate in coalition activities. Secondly, the numbers of districts and schools are helpful for pursuing grants, etc.

Please complete and attach District Information Form to Membership

Renewal and scan to membership@ucpnet.org , fax 708-444-4204, or mail to:

J. Skalitzy - UCP/Infinitec - 7550 W. 183rd St. - Tinley Park, IL 60477
by **April 28, 2024**



Name of School District	School District Number (#)	Superintendent	Number of Schools
Keeneyville SD20	20	Dr. Omar Castillo	4
Benjamin SD25	25	Dr. Jim Woell	1
West Chicago Elementary SD33	33	Ms. Kristina Davis	11
Winfield SD34	34	Dr. Matt Rich	2
DuPage County SD45	45	Dr. Brian Graber	9
Salt Creek SD48	48	Dr. Amy Zaher	3
Downers Grove Grade School SD58	58	Dr. Kevin Russell	14
Maercker SD60	60	Dr. Sean Nugent	3
Cass SD63	63	Mr. Mark Cross	2
Center Cass SD66	66	Dr. Andrew Wise	3
Woodridge SD68	68	Dr. Patrick Broncato	7
DuPage High SD88	88	Dr. Jean Barbanente	2

INDEPENDENT CONTRACTOR AGREEMENT

This Agreement is made by and between The School Association for Special Education in DuPage County ("SASED"), and Creative Exchange ("Contractor") (collectively referred to as "the Parties").

The Parties agree as follows:

1. SERVICES. SASED shall engage Contractor to provide the following service:
 - a. To provide supplies (paper, pens, stickers, etc. and equipment (guitar, rhythm instruments, tape recorders, etc).
 - b. To develop programs and procedures for students.
 - c. To provide direct service to students on a regular basis.
 - d. To regularly report progress to staff.
 - e. To consult with treatment team members as requested.
 - f. To perform all services in accordance with the Music Therapy code of ethics and maintain necessary certification and registration in the state of Illinois.

Contractor shall provide services pursuant to an agreed schedule. Contractor is responsible for obtaining approval for scheduled services prior to providing services.

2. TERM. Contractor shall provide services to SASED pursuant to this Agreement during the period from August 19, 2024 to June 1, 2025, unless otherwise agreed to by the parties in writing. ("Agreement Term").

3. COMPENSATION. In exchange for approved services provided pursuant to Paragraph 1, SASED shall pay Contractor \$75.00 per direct service hour for 27.5 hours a week for approximately 34 weeks. Contractor must submit a signed "Contractor Request for Payment" form to SASED to initiate payment. Contractor will be issued a Form 1099 and shall be solely responsible for paying all applicable payroll or employment taxes, including but not limited to FICA, federal personal income tax, state personal income tax, and state disability tax.

4. EXPENSES. Contractor shall bear all other expenses incurred in the performance of this Agreement unless pre-approved in writing by SASED's Executive Director or designee.

5. INDEPENDENT CONTRACTOR. Contractor is an independent contractor and not an employee of SASED. Nothing in this Agreement shall be construed to create the relationship of employer and employee, principal and agent, or any relationship other than that of independent parties contracting with each other solely for the purpose of carrying out the terms of this Agreement. Unless otherwise stated in this Agreement, Contractor is not entitled to any of the benefits normally provided to employees of SASED.

6. RECORDS AND CONFIDENTIALITY. Contractor acknowledges that for purposes of implementing this Agreement and providing services under this Agreement, she/he may have access to information that constitutes "school student records" as defined in the *Illinois School*

Student Records Act (105 ILCS10/1, et seq.) and/ or "education records"as defined in the *Family Educational Rights and Privacy Act* ("FERPA," 20 U.S.C. §1232g) and/ or "personally identifiable information" as defined in FERPA' s implementing regulations (34 CFR §99.3), which information is collectively referred to as "Student Data." With regard to Student Data, Contractor certifies that she/he will comply with all applicable laws, regulations and SASED policies relating to confidentiality, privacy, use, redisclosure and data security.

All school student records maintained by SASED that are used by the Contractor in connection with the provision of services under this Agreement shall be and remain the property of SASED. The parties acknowledge and agree that all records and documents prepared pursuant or related to this Agreement are the property of SASED, although Contractor may retain temporary physical possession of them for the convenience of SASED. SASED has the unrestricted authority to request, access, use, disclose, distribute, and otherwise use, in whole or in part, any reports, data, or other materials prepared by Contractor under this Agreement. Any record (personally identifiable to a student) that Contractors delivers to or prepares for SASED under this Agreement is a student record, subject to all confidentiality protections under the Federal Educational Rights and Privacy Act and the Illinois School Student Records Act. At the conclusion of the Agreement Term, Contractor agrees to return all Student Data to SASED.

7. CRIMINAL BACKGROUND CHECK. Any Contractor employees who provide services to SASED students under this Agreement shall be subject to a criminal background check as required by the Illinois School Code.

8. OTHER RULES AND POLICIES. Contractor agrees to abide by any other rules, policies, and procedures as communicated by SASED.

9. TERMINATION. Either party may terminate this Agreement for any reason, at any time, by written notice delivered to the other party not less than ten (10) days prior to the termination date. The Contractor will be entitled to recover any outstanding compensation earned as of the date of receipt of written notification from SASED of its termination of this Agreement.

10. RETURN OF PROPERTY. Upon termination or completion of the Agreement Term, Contractor will promptly return to SASED all property belonging to SASED, including without limitation: all computers, technology, office supplies, keys and any other property in any form.

11. CONTINUING OBLIGATIONS. Notwithstanding the termination of this Agreement for any reason, the provisions of Paragraph 6 of this Agreement will continue in full force and effect following such termination.

12. NON-DISCRIMINATION. Contractor agrees that she/he shall not discriminate in the performance of this Agreement against any individual on the basis of an individual's actual or perceived race, color, creed, religion, national origin, sex, gender identity, sexual orientation, age, disability or any other status protected by law in its programs and/ or activities.

13. INSURANCE. During the term of this Agreement, Contractor shall maintain:

General Liability and Professional Liability insurance coverage in at least the following amounts: one million dollars (\$1,000,000) per each occurrence; and three million dollars (\$2,000,000) in the aggregate. The insurance shall include a provision for Sexual Abuse and Molestation coverage in the amount of one million dollars (\$1,000,000) per occurrence/aggregate.

Auto Liability insurance coverage in the amount of one million dollars (\$1,000,000) Combined Single Limit if autos are used during SASSED business.

Workers Compensation/Employers' Liability insurance with statutory coverage with \$100,000 Accident, \$500,000 Disease Policy and \$100,000 Disease Per Employee.

A certificate of insurance should be provided annually naming SASSED as an Additional Named Insured and its successors on a primary and noncontributory basis.

14. LIABILITY. Contractor agrees to indemnify and hold harmless SASSED, its officers, employees and agents, against any and all claims, damages, costs, losses, and/ or expenses arising from or related to the performance of this Agreement. This includes but is not limited to reasonable attorney's fees.

15. WAIVER. The failure of either party to enforce any provisions of this Agreement shall not be deemed a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Agreement.

16. SEVERABILITY. If any part or parts of this Agreement shall be held unenforceable for any reason, the remainder of this Agreement shall continue in full force and effect. If any provision of this Agreement is deemed invalid or unenforceable by any court of competent jurisdiction, and if limiting such provision would make the provision valid, then such provision shall be deemed to be construed as so limited.

17. ENTIRE AGREEMENT. This Agreement constitutes the entire agreement between the Parties and supersedes any prior understanding or representation of any kind preceding the date of this Agreement. There are no other promises, conditions, understandings or other agreements, whether oral or written, relating to the subject matter of this Agreement. This Agreement may be modified in writing and must be signed by both SASSED and Contractor.

18. NOTICE. Any notice required or otherwise given pursuant to this Agreement shall be in writing and mailed certified return receipt requested, postage prepaid, or delivered by overnight delivery service, addressed as follows:

For Contractor: Craig Christiansen, MT-BC
Creative Exchange Music Therapy
1942 Suffolk Avenue
Westchester, Illinois 60154

For SASED: Dr. James Gunnell, Executive Director
School Association for Special Education in DuPage County
2900 Ogden Avenue
Lisle, Illinois 60532

19. GOVERNING LAW. The laws and regulations of the State of Illinois shall govern the validity of this Agreement, the construction of its terms and the interpretation of the rights and duties of the Parties.

20. BOARD APPROVAL. This Agreement is subject to the approval of the SASED Board of Directors.

THEREFORE, SASED and Contractor now voluntarily and knowingly execute this Agreement.

SASED

By: _____
Executive Director

Date: _____

By: _____
Director of Business

Date: _____

Contractor
By:  _____

Date: 5/10/24



Invoice #15651

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From	Invoice Summary	
Embrace Education P.O. Box 305 Highland, IL 62249 (888) 437-9326 Accounting@EmbraceEducation.com	Invoice Number	15651
	Date	06/01/2024
	Terms	Net 60
	Due Date	07/31/2024
	Sales Rep	
	Amount Due (USD)	\$ 81,864.78
Bill To		
School Assoc for Spec Ed in DuPage Co 2900 Ogden Avenue Lisle, IL 60532		
Item / Description	Amount	
IL Single Sign On Services	500.00	
Single Sign-On Services: 2024/2025 School Year		
IL Secure File Import	500.00	
SFTP (Secure File Transfer Protocol) Student Import: 2024/2025 School Year (DuPage High School District 88)		
IL Accessory Component-Behavior Incident Reporting	5,945.94	
Behavior Incident Reporting: 2024/2025 School Year		
IL Embrace504® Plan	12,486.47	
Embrace504 Accessory Component Subscription: 2024/2025 School Year		
IL EmbraceIEP® Subscription	62,432.37	
EmbraceIEP Program Subscription: 2024/2025 School Year		
	Amount Due (USD)	\$ 81,864.78

Please remit to: Embrace Education

A monthly late fee of 1.5% will be added to all payments made more than 15 days after the due date.

Invoice powered by

Subscription Management for B2B SaaS



EDUCATION SERVICES STAFFING AGREEMENT

This Education Services Staffing Agreement (hereinafter “Agreement”) is entered into this August 1st, 2024, by and between **The School Association for Special Education in DuPage County DBA SASSED - The School Association for Special Education in DuPage County** located at 2900 Ogden Ave. Lisle, Illinois 60532, referred to in this Agreement as “Customer,” and **Amergis Healthcare Staffing, Inc.**, a Maryland Corporation including its affiliates and subsidiaries, with an office located at 230 W. Monroe Street, Suite 625, Chicago, IL, 60606, United States of America referred to in this Agreement as “Amergis.”

RECITALS

WHEREAS, Customer operates a School, as defined by State Law located in Illinois and wishes to engage Amergis to provide personnel to supplement Customer’s staff.

WHEREAS, Amergis operates a staffing agency that provides supplemental licensed staffing services to Customer.

THEREFORE, in consideration of the above premises set forth herein, and for other good and valuable consideration, the receipt and sufficiency of which are acknowledged by the Parties, and intending to be legally bound, Customer and Amergis hereby agree to the following terms and conditions.

ARTICLE I. DEFINITIONS

“**Agreement**” means this Education Services Staffing Agreement entered into as of the Effective Date between Amergis and Customer, including all Attachment(s) attached hereto, and all Statement(s) of Work entered into by Amergis and Customer pursuant to Section 3.1.

“**Assignment Confirmation**” means the details as agreed upon between Customer and Amergis for Assignment Personnel Providing Assignment Services.

“**Assignment Personnel**” means Local Assignment Personnel and Assignment Services.

“**Assignment Personnel Rate**” means a rate agreed upon between Customer and Amergis for that specific Assignment Personnel, as specified in “Attachment C” and controls where different from Base Rates set forth in “Attachment A.”

“**Assignment Services**” means Services for a specific term and length of the time, as more specifically set forth in Section 8.1 herein and “Attachment C.”

“**Base Rate**” means the rates billed for Services performed by Personnel pursuant to terms of Agreement and “Attachment A” hereto.

“**Behavior Intervention Plan**” or “**BIP**” is defined as a written improvement plan created for a student based on the outcome of the functional behavior assessment (FBA).

“**Contractor**” means either independent contractor(s) or legal entity(ies) being utilized by Amergis to provide Services, as specified in Section 7.2.



“Effective Date” means the date first written above in the introductory paragraph of Agreement.

“Float” means Personnel reassigned to a different Customer department, unit, School Work Site, or to a different staff classification.

“Individual Education Program” or “IEP” is a plan developed as required under the Individuals with Disabilities Education Act (“IDEA”) providing eligible students with special education and related services that is reasonably calculated to enable the student to make progress appropriate in light of the child’s unique circumstances.

“Individual Health Plan” or “IHP” is defined as a health plan focusing specifically on student(s)’ medical needs, it may contain physician orders. If the services for a student’s medical needs can be performed during the school day for the student to benefit from the education, the medical services may be incorporated into the 504 Plan or IEP.

“Medical Services” services provided by a licensed physician to determine a student’s medically related disability that results in the student’s need for a 504 Plan or an IEP. These services include determining the health or related services needed for a particular student, developing the plan, changes to the plan, and level of healthcare or professional required.

“Personnel” means licensed and/or unlicensed clinical and other non-clinical healthcare, behavioral, educational assistance, and instructional employees of Amergis.

“Placement” is defined to mean where the student with a disability receives the services listed in the 504 Plan or the IEP.

“Related Services” means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. Related services include school health services and school nurse services, social work services in schools, and parent counseling and training.

“School Health Services” means health services that are designed to enable a child with a disability to receive FAPE as described in the child’s IEP. School health services are services that may be provided by either a qualified school nurse or other qualified person as requested by the Customer.

“School Work Site” means any location Customer assigns Personnel to render Services.

“Services” means collectively School Health Services, Special Education Services, and/or Related Services provided by Amergis to Customer, as more specifically set forth in Article III and any Attachment(s) and/or Statement(s) of Work.

“Special Education Services” means specially designed instruction to meet the unique needs of a child with a disability.



“**Statement of Work**” or “**SOW**” means a statement of work describing the Services entered into by Amergis and Customer in accordance with Article III and “Attachment A” attached hereto.

“**Supplies**” means any and all necessary medical supplies to be used in administering and/or providing Services to student(s), including, but not limited to personal protective equipment (“PPE”).

“**Term**” has the meaning given in Section 2.1.

ARTICLE II. TERM

Section 2.1. Term. This Agreement will commence on the Effective Date and will continue for a school calendar year.

ARTICLE III. NATURE AND SCOPE OF SERVICES

Section 3.1 Scope of Services.

(a) Staffing. Amergis is responsible for recruiting, screening, and hiring its Personnel as set forth herein to provide temporary staffing Services to Customer, with such Services provided by Personnel under Customer’s management and supervision at a School Work Site or in an environment controlled by Customer. By assigning Personnel to Customer. By assigning Personnel to Customer, Amergis represents that Personnel are not disqualified from such work based on sexual misconduct allegations or because Personnel: i) have previously been discharged from, been asked to resign from, resigned from, or otherwise been separated from any employment, has ever been disciplined by an employer, or has ever had an employment contract not renewed; or ii) have ever had a license or certificate suspended, surrendered, or revoked or had an application for licensure, approval, or endorsement denied, any of which has occurred due to due to an adjudication or finding of sexual misconduct or while an allegation of sexual misconduct was pending or under investigation. Amergis will use its best efforts to provide Personnel who shall perform Services in accordance with the terms of this Agreement, as requested in “Attachment A.” Services include School Health Services, Related Services, and/or Special Education Services. Amergis will provide Personnel specific to the requirements provided by the Customer, following receipt of the BIP, IEP, IHP or 504 Plan (the “Plan”), as applicable, from the Customer. Amergis will use its best efforts to provide Personnel who meet the qualifications as specified by the Customer and shall perform services in accordance with the terms of this Agreement. Customer shall provide Amergis with the skill level, experience and services to be provided by Personnel to any student(s), and details from the applicable Plan for School Health Services or Related Services, necessary to perform Services hereunder.

(b) Changes. From time to time, requests for additions, deletions, or revisions to the Services or Base Rates may be made (collectively, the “Changes”). The Party that wishes to make a Change shall deliver to the other Party a modified Statement of Work (“SOW”) or subsequent “Attachment A” to reflect the changes to this Agreement expressly agreed to by the parties. The Changes will take effect upon signature by both parties.



Section 3.2 School Health Services Requirements. Amergis will perform the screening for School Health Services Personnel who meet the criteria as indicated in Attachment “B” hereto.

Section 3.3 Related Services. Amergis will perform the screening for Related Services and Special Education Personnel who meet the criteria as indicated in Attachment “B” hereto.

Section 3.4 Special Education Services. Amergis will perform the screening Special Education Services Personnel who meet the criteria as indicated in Attachment “B” hereto.

Section 3.5 Amergis as Employer. Amergis acknowledges and agrees that its Personnel are employees and shall be treated as such and not as employees of Customer. Amergis agrees that it (i) is responsible for providing any wages or other benefits to its Personnel; (ii) will make all appropriate tax, social security, Medicare, and other withholding deductions and payments with respect to its Personnel; (iii) will provide workers’ compensation insurance coverage for its Personnel; (iv) will make all appropriate unemployment tax payments with respect to its Personnel; and (v) will take any additional actions legally required to establish that the Personnel whose Services are provided under this Agreement are employees of Amergis.

Section 3.6 Availability of Personnel. The Parties agree that Amergis’ duty to supply Personnel is subject to the availability of qualified Personnel. The failure of Amergis to provide Personnel shall not constitute a breach of this Agreement if the requested Personnel are not available. To the extent that Amergis is unable to provide the modality of Personnel requested by Customer, Amergis will provide Customer with a higher skilled Personnel to perform the supplemental staffing services and will inform Customer of the fair market value rate that would be charged for the duration of the placement of such Personnel. If Customer agrees to accept a higher skilled Personnel, Amergis will bill Customer at that Personnel’s fair market value rate for the modality provided.

ARTICLE IV. SCHOOL WORK SITE REQUIREMENTS AND OBLIGATIONS

Section 4.1 Plan Implementation. Customer is responsible for the Medical Services provided to its students. Customer will provide supervision of Personnel for Services provided to any student with a medical disability. Customer will make available to Amergis and any Personnel the applicable Plan(s), as requested:

- o Medical changed to Educational
- o determined by Customer to be necessary for Personnel to provide service

Customer shall provide student specific orientation for the requirements of the Plan(s).

Section 4.2 Orientation and Evaluation. Customer will provide Personnel with orientation of Customer’s policies, procedures and School Work Site specific training. Customer will provide School Work Site specific emergency protocol training for all student’s with a medically related disability. Customer will perform evaluations of Personnel annually and provide documentation of the evaluation to Amergis. If Customer identifies area for improvement for any Personnel, Customer will collaborate with Amergis to provide additional recourses for training and orientation.

Section 4.3 Supplies. Customer will provide all necessary Supplies to Personnel in performance of this Agreement. Customer shall be responsible for disposing of all medical waste and



biohazard produced by the Services and will comply with all applicable local, state, and federal rules, regulations, and laws governing such disposal.

Section 4.4 Float Policy. Subject to prior written notification, Customer may Float Personnel, if Personnel satisfies the Customer's requisite specialty qualifications. If Customer Floats Personnel, the Personnel must perform the duties of the revised assignment as if the revised assignment were the original assignment. Customer will provide the Personnel with additional orientation regarding the Float assignment as necessary. If Personnel Floats to a staff classification that has a lower Base Rate, then the Base Rate that was applicable to the original Personnel assignment remains the applicable Base Rate despite the Float. If Personnel Floats to a staff classification that has a higher Base Rate, then the Base Rate that is applicable to the newly assigned staff classification is the applicable Base Rate for as long as the Personnel continues to work in that staff classification.

Section 4.5 Right to Dismiss. If at any time Customer, in its reasonable judgment, determines that the staffing Services provided any Personnel provided hereunder is inadequate, unsatisfactory or has failed to comply with Customer's rules, regulations, or policies, Customer shall immediately advise Amergis. Amergis will remove Personnel from Customer's School Work Site as requested. Customer will cooperate with Amergis and provide reasonable detail(s) for the dismissal to the extent permitted by law. Customer will provide Amergis with any reports it provides to any governing oversight agency(ies) as a result of Amergis Personnel's conduct, including all drug screens conducted, results of peer review and/or documentation of Customer's investigation.

Section 4.6 Work Environment and OSHA. Customer will provide a clean and properly maintained workspace(s) for Amergis changed to Personnel to conduct the Services. Customer will provide furniture at its sole risk to include, but not limited to, tables and chairs, and allow Personnel reasonable access to telephones for business use. Amergis will not be responsible for the proper maintenance of any property supplied by Customer. Customer will orient Personnel to the specific exposure control plan(s), emergency action plan(s), and/or protocol(s) of the Customer as it pertains to all federal OSHA requirements and equivalent state agency requirements, directives, or standards, with respect to blood borne pathogens, other emergent matters, and any of the Customer's specific policies and procedures for safety, hazardous communications and/or operations instructions. Customer will be responsible for all OSHA recordkeeping, logging, and reporting responsibilities required by law pertinent to Services provided under this Agreement.

Section 4.7 Notification of Incidents and Claims. Customer agrees to notify Amergis of any incident involving Amergis Personnel within forty-eight (48) hours of its occurrence to the extent permitted by law. Customer agrees to provide Amergis documentation of any investigation conducted. Amergis and Customer agree to notify each other in writing of any asserted claim relating to this Agreement within ten (10) days of either discovery of the occurrence upon which the claim may be based or learning of the claim. Indemnity to Customer shall not cover any claims or liabilities in which there is a failure to give the indemnifying party prompt notice of any incident within forty-eight (48) hours of its occurrence.

Section 4.8 MaxView. The Parties acknowledge and agree that notwithstanding any Customer manuals, instructions, or other Customer policies, Amergis reserves the right to utilize MaxView, a proprietary web-based timekeeping system, for the provision of Services and is not required



and/or mandated to use paper-based timekeeping records, unless otherwise required by applicable law. Personnel will submit hours worked to Customer via MaxView. Customer will be notified via electronic mail regarding the hours submitted and agrees to review and approve the submitted hours on a weekly basis, each Monday by noon local time. Customer approved hours will be utilized for the weekly payroll and billing. Any non-approved hours will be discussed between Customer and Amergis; notwithstanding this, Customer and Amergis agree to cooperate in good faith to ensure that all Personnel time is properly captured to ensure compliance with applicable local, state, and federal wage and hour laws.

ARTICLE V. CONVERSION OF PERSONNEL

Section 5.1 Non-Solicitation. For a period of twelve (12) months following the date on which the Personnel last worked an assignment under this Agreement, or a subsequent Assignment through this Agreement, Customer agrees that it will take no steps to solicit, recruit, hire, or employ as its own employees, or as a contractor, Personnel provided by Amergis during the term of this Agreement. Customer understands and agrees that Amergis is not an employment agency and that Personnel are assigned to the Customer to render temporary service(s) and are not assigned to become employed by the Customer. Customer further acknowledges and agrees that there is a substantial investment in business related costs incurred by Amergis in recruiting, onboarding, training, and employing Personnel, which necessarily includes recruiting, qualifying, credentialing, training, retaining, and supervising Personnel. In the event that Customer, solicits, hires, or employs any Personnel, Customer will be in material breach of this Agreement.

Section 5.2 Placement Fee. Notwithstanding this Article V, Customer may hire or contract with any Amergis Personnel provided by Amergis if Customer pays Amergis a placement fee equal to the greater of: five thousand dollars (\$5,000) or the sum of thirty percent (30%) of such Personnel's annualized salary (calculated as Weekday Hourly Bill Rate x 1,440 Hours x 30%).

Section 5.3 Breach of Conversion of Personnel Section. In the event that Customer hires or contracts with any Personnel in accordance with the requirements set forth above but does not notify Amergis, the Placement Fee that applies is 150% of that set forth above.

ARTICLE VI. INVOICING, PAYMENT, AND TAXES

Section 6.1 Invoicing. Amergis will supply Personnel under this Agreement at the rate(s) listed in the Attachment(s) to this Agreement. Amergis will submit invoices to Customer every week for Personnel provided to Customer during the preceding week. Customer Invoices shall be submitted to the following electronic mail address or by the applicable agreed upon Timecard Application.

Invoicing E-mail: ap@sased.org
Invoicing Contact: Andrea Mesko, Accounts Payable
Invoicing Address: 2900 Ogden Ave, Lisle, IL 60532

Section 6.2 Payment. All amounts are due and payable within sixty (60) from the date of invoice to "in accordance with the Illinois Local Government Prompt Payment Act. Amergis' preferred payment is via electronic payment (EFT). If Customer is unable to pay electronically, Customer will send all payments to the address set forth on the invoice. If any portion of an amount billed by Amergis under this Agreement is subject to a good faith dispute between the Parties, Customer



shall give written notice to Amergis of the amounts it disputes (“Disputed Amounts”) upon the discovery of the billing dispute and include in such written notice the specific details and reasons for disputing each item. Written notice of a dispute must be provided within fourteen (14) days from date of invoice or the invoice amount is presumed to be valid. Customer shall pay by the due date all undisputed amounts, including, in the event of a billing rate dispute, the amount of the Services at the lower billing rate. Billing disputes shall be subject to the terms of Article XIII, Dispute Resolution.

Section 6.3 Late Payment. Payments not received within sixty (60) days from approval of an invoice will accumulate interest, until paid, at the permitted by applicable law.

Section 6.4 Annual Rate Increases. Customer agrees to and accepts annual rate increases at the percentage listed on “Attachment A” of this Agreement.

ARTICLE VII. RELATIONSHIP OF THE PARTIES

Section 7.1 Independent Legal Entities. Amergis and Customer are independent legal entities. Nothing in this Agreement shall be construed to create the relationship of employer and employee, or principal and agent, or any relationship other than that of independent parties contracting with each other solely for the purpose of carrying out the terms of this Agreement. Neither Amergis nor Customer nor any of their respective agents or employees shall control or have any right to control the activities of the other Party in carrying out the terms of this Agreement.

Section 7.2 Conflict of Interest. By entering into this Agreement, the Parties agree that all conflicts of interest shall and have been disclosed to the other Party for review in accordance with that Party’s policies and procedures. A conflict of interest occurs when a Customer employee or Personnel has professional or personal interests that compete with his/her/their ability to provide Services to or on behalf of Amergis or Customer. Such competing interests may make it difficult for the Customer employee or Personnel to fulfill his/her/their duties impartially.

ARTICLE VIII. ASSIGNMENT SERVICES

Section 8.1 Assignment Services. As part of the Services outlined herein, Amergis provides Assignment Services for a specific term and length of the time, and agrees to assign Assignment Personnel to work such specified assignments agreed to and confirmed in writing by the Parties, as set forth in “Attachment C.” To the extent Assignment Personnel are utilized for such length and time the terms of Article VIII apply as indicated.

Section 8.2 Interviews. Amergis will provide Customer with Assignment Personnel candidate(s) available to provide Assignment Services, as applicable, and will provide all pertinent information requested by Customer for an interview. Customer has the opportunity and reserves the right to conduct a telephone interview with any Assignment Personnel prior to Assignment Services commencing. Amergis assumes no liability if said Assignment Personnel fail(s) to meet Customer’s requirements. Additionally, Customer will not be relieved of paying Amergis the established fees set forth in this Agreement for said Assignment Services.



Section 8.3 Assignment Cancellation by Amergis. Amergis reserves the right to cancel the term of Assignment Personnel with written notification to Customer. Amergis will endeavor to provide a qualified replacement for cancelled Assignment Personnel within fourteen (14) days from the date of notification.

Section 8.4 Assignment Cancellation by Customer. Customer agrees to utilize Assignment Personnel for the specified period of time outlined in the "Attachment C" Assignment Confirmation. Should Customer staffing needs change and Customer wishes to cancel Assignment Personnel already being utilized on contract, Customer must give Amergis fourteen (14) days' notice before cancellation date. If Customer does not provide required notice, Customer will be required to pay Amergis a fee equal to: the sum of seventy-two (72) hours of such Assignment Personnel's rate subtracted by any hours worked by Assignment Personnel after notice is given (calculated as Assignment Bill Rate x 72 Hours - Hours Worked after cancellation notice).

Section 8.5 Assignment Confirmations. Each Assignment Services request will be confirmed in writing with the applicable Base Rate or Assignment Personnel Rate to be charged for Assignment Personnel to work a specific assignment set forth in Assignment Confirmations as "Attachment C." Hourly rates include reimbursement for ordinary and necessary travel expense for meals incurred by Assignment Personnel, as accounted for on the invoice or periodic statement, where Customer is acknowledged to be subject to limitation on deduction under IRC § 274 and related regulations. As needed, Customer should request information beyond the accounting provided to comply with their obligation(s). If there is any conflict between this Agreement and any Assignment Confirmation(s) and/or Attachment(s), the terms of the Assignment Confirmation(s) will govern.

Section 8.6 Assignment Confirmation Delivery. Assignment Confirmations will be sent via electronic mail, or other means as agreed upon by the Customer and Amergis. In the event that Customer fails to respond to the Assignment Confirmation within forty-eight (48) hours, the Customer will be deemed to have accepted the terms in said Assignment Confirmation and Customer will assume responsibility for any applicable payment terms as outlined in the Assignment Confirmation. Should a dispute arise, the Assignment Confirmation shall supersede any and all prior oral and written understandings.

ARTICLE IX. INSURANCE

Section 9.1 Amergis Insurance. Amergis will maintain (at its sole expense and for the benefit of Customer), or require the Contractors it utilizes under this Agreement to maintain, valid policies of insurance covering temporary staffing Services provided by Personnel evidencing general and professional liability coverage of:

Section 9.2 Commercial General Liability insurance, with minimum limits of One Million Dollars (\$1,000,000.00) per occurrence and Two Million Dollars (\$2,000,000) general aggregate; Professional Liability Insurance with limits of Two Million Dollars (\$2,000,000.00) per claim and Three Million Dollars (\$3,000,000) general aggregate. Automobile liability Insurance with a combined single limit of \$1,000,000; Workers' Compensation Insurance covering all costs, statutory benefits, and liabilities under State Workers' Compensation and similar laws for



Contractor's respective employees with Employers Liability of limits of \$1,000,000 Each Accident; \$1,000,000 Disease – Each Employee; \$1,000,000 – Policy Limit; and Umbrella or Excess Liability insurance providing follow form coverage to the underlying coverages with minimum limits of Three Million Dollars (\$3,000,000) per occurrence and Three Million Dollars (\$3,000,000) general aggregate; the insurance shall include sexual abuse and molestation coverage. All insurers shall be licensed by the State of Illinois and rated A-VII or better by A.M. Best or comparable rating service. The commercial general liability insurance policy shall name the Customer, its Board, Board members, employees, agents, and successors as an additional insured on a primary noncontributory basis with a waiver of subrogation in favor of the School District. The Consultant shall provide the School District with certificates of insurance and/or copies of policies reasonably acceptable to the School District evidencing the existence of the coverage described above, including form and deductibles, during the duration of this Agreement. The failure to provide acceptable insurance shall be deemed a breach of this Agreement entitling the Customer to terminate this Agreement immediately. All policies of insurance shall provide by endorsement that no coverage may be canceled, terminated, or reduced by the insuring company without the insuring company having first given at least 30 days prior written notice to the Customer by certified mail, return receipt requested.

ARTICLE X. INDEMNIFICATION

Section 10.1 Indemnification by Amergis. Amergis agrees, at its own expense, to indemnify, defend, and hold harmless Customer and its parent, subsidiaries, Affiliates, directors, officers, employees, and agents against any and all third-party losses, liabilities, judgments, awards, and costs (including reasonable attorneys' fees and expenses) to the extent arising out of or relating to:

- (a) bodily injury (including death) or any real or tangible property loss or damage as a direct result of Amergis' employees' negligent acts or omissions in the performance of Services under this Agreement; or
- (b) any breach by Amergis of this agreement.

Section 10.2 Indemnification by Customer – Customer agrees, at its own expense, to indemnify, defend, and hold harmless Amergis and its parent, subsidiaries, affiliates, directors, officers, employees, and agents against any and all third-party losses, liabilities, judgments, awards, and costs (including reasonable attorneys' fees and expenses) to the extent arising out of or relating to:

- (a) bodily injury (including death) or any real or tangible property loss or damage as a direct result of Customer's employees' negligent acts or omissions in the performance of Services under this Agreement; or
- (b) any Transaction Taxes levied, assessed, or imposed by any taxing authority as a result of, or in connection with this Agreement, whatever the source and regardless of whether invoiced to or remitted by Customer.

Section 10.3 Indemnification Procedures – The Party seeking indemnification under this Article XI (the “**Indemnified Party**”) shall notify the other Party (the “**Indemnifying Party**”)



promptly after the Indemnified Party receives notice of a claim for which indemnification is sought under this Agreement; provided, however, that no failure to so notify the Indemnifying Party shall relieve the Indemnifying Party of its obligations under this Agreement except to the extent that it can demonstrate damages directly attributable to such failure. To the extent permitted by law, the Indemnifying Party shall have authority to defend or settle the claim; provided, however, that the Indemnified Party, at its sole discretion and expense, shall have the right to participate in the defense and/or settlement of the claim, and provided further, that the Indemnifying Party shall not settle any such claim imposing any liability or other obligation on the Indemnified Party without the Indemnified Party's prior written consent.

ARTICLE XI. LIMITATION OF LIABILITY

Section 11.1 Limitation on Liability. IN NO EVENT SHALL EITHER PARTY BE LIABLE TO THE OTHER PARTY FOR ANY INDIRECT, INCIDENTAL, PUNITIVE, EXEMPLARY, RELIANCE OR SPECIAL OR CONSEQUENTIAL DAMAGES, INCLUDING DAMAGES FOR LOST PROFITS, LOSS OF USE, BUSINESS INTERRUPTION, OR LOSS OF DATA IN CONNECTION WITH OR ARISING OUT OF THIS AGREEMENT REGARDLESS OF THE FORM OF ACTION WHETHER IN CONTRACT, WARRANTY, STRICT LIABILITY OR TORT AND EVEN IF SUCH PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

Section 11.2 Cap on Damages. THE TOTAL AGGREGATE LIABILITY OF EACH PARTY TO THE OTHER PARTY FOR DAMAGES UNDER THIS AGREEMENT OR OTHERWISE SHALL NOT EXCEED THE SUM OF ALL FEES PAID OR PAYABLE TO AMERGIS BY CUSTOMER UNDER EITHER THE APPLICABLE STATEMENT OF WORK OR FOR SERVICES RENDERED DURING THE TWELVE (12) MONTHS IMMEDIATELY PRECEDING THE MONTH IN WHICH SUCH LIABILITY AROSE, WHICHEVER IS LESS. MULTIPLE CLAIMS UNDER THIS AGREEMENT OR THIS AGREEMENT WILL NOT ENLARGE THIS LIMIT. THIS LIMITATION OF LIABILITY SHALL APPLY NOTWITHSTANDING ANY FAILURE OF ESSENTIAL PURPOSE OF ANY EXCLUSIVE REMEDY HEREIN.

ARTICLE XII. DISPUTE RESOLUTION

Section 12.1 Dispute Resolution. Except as otherwise provided in this Agreement, any dispute between the Parties regarding the interpretation or enforcement of this Agreement or any of its terms shall be addressed by good faith negotiation between the Parties.

Section 12.2 Dispute Resolution Process. To initiate such negotiation, a Party must provide to the other Party written notice of the dispute that includes both a detailed description of the dispute or alleged nonperformance and the name of an individual who will serve as the initiating Party's representative in the negotiation. The other Party shall have ten (10) business days to designate its own representative in the negotiation. The Parties' representatives shall meet at least once within forty-five (45) days after the date of the initiating Party's written notice in an attempt to reach a good faith resolution of the dispute. Upon agreement, the Parties' representatives may utilize other alternative dispute resolution procedures such as private mediation to assist in the negotiations.



Section 12.3 Inability to Resolve. If the Parties have been unable to resolve the dispute within forty-five (45) days of the date of the initiating Party's written notice, either Party may pursue any remedies available to it under this Agreement, at law, in equity, or otherwise, including, but not limited to, instituting an appropriate proceeding before a court of competent jurisdiction.

ARTICLE XIII. CONFIDENTIALITY AND USAGE OF DATA

Section 13.1 Confidentiality.

A. Amergis/Customer Information. Subject to applicable intellectual property federal law(s), the Parties recognize and acknowledge that, by virtue of entering into this Agreement and providing Services hereunder, the Parties will have access to certain information of the other Party that is confidential and constitutes valuable, special, and unique property of the Party, and may be classified as trade secret or proprietary information. Each of the Parties agree that neither it nor its staff shall, at any time either during or subsequent to the term of this Agreement, disclose to others, use, copy, or permit to be copied, except pursuant to its duties for or on behalf of the other Party, or as required by law, to include the Illinois Freedom of Information Act, any secret or confidential information of the Party, including, without limitation, information with respect to the Party's customers, cost structure, and/or business strategy or business methods at any time used, developed, or made by the Party during the term of this Agreement and that is not available to the public, without the other Party's prior written consent.

B. Disclosure of Amergis/ Customer Partnership. From time to time, Amergis lists or mentions its customers in its marketing, communication, and business initiatives barring any restrictions and obligations as set forth in Section 14.1(C) and/or Section 14.2 of this Agreement. Customer agrees that Amergis may disclose the partnership between Amergis and Customer, and use Customer's name for such marketing, communication, and business purposes and initiatives. The Parties will make all commercially reasonable efforts to facilitate and coordinate press announcements, press releases, and other joint-marketing efforts related to this Agreement and the Amergis /Customer partnership. If either Party reasonably objects to use or disclosure of said partnership in such initiative(s), the other Party may ask the Party that developed the marketing or promotional content to edit or adjust such materials, and such Party will not unreasonably disagree.

C. Student Information: Amergis shall not disclose any individual student records, to any third-party, except where such disclosure is expressly approved by Customer, Amergis, and if required, or as required by law, to include the Illinois Freedom of Information Act ,student in writing. Further, each Party and its employees shall comply with the other Party's policies and obligations.

D. The obligations set forth in this Article XIV shall survive the termination of this Agreement.

Section 13.2 Data Security. Customer will be responsible for establishing and overseeing all access, maintenance, and transmission of Customer and Student data and information, including privacy and security measures required under Law, which may further be needed to maintain and protect the security of all computer systems, networks, and/or data related to the services under this Agreement. Customer will be responsible for providing all education and training to Personnel as it relates to Customer's privacy and security measures and processes, including,



without limitation the Customer's processes and expectations for collecting, storing, securing, and transferring Customer or Student data and information accessed, collected, and maintained under this Agreement.

Section 13.3 Aggregate Statistical Usage. Customer acknowledges and agrees that Amergis will collect data related to the performance of the Services for the purposes of aggregation and the creation of a centralized benchmarking mechanism. Notwithstanding anything to the contrary in this Agreement, Customer acknowledges and agrees that Amergis shall have a perpetual right to collect, use, and disclose the data collected relating to the Services and derived from Customer's use of Amergis, under this Agreement for the analysis, benchmarking, analytics, marketing, or other business purposes as long as all data collected is done in an anonymized aggregated manner, with Customer's data aggregated with data of other Amergis customers, so as to be non-specific to any individual Customer.

ARTICLE XIV. TERMINATION

Section 14.1. Termination for Convenience. Either Party may terminate this Agreement for any reason by providing at least thirty (30) days advance written notice of the termination date to the other Party.

Section 14.2 Termination for Cause. If payment default occurs, Amergis may terminate this Agreement upon seven (7) days advance written notice of the termination date to Customer.

Section 14.3 Post Termination Obligations. Termination will have no effect upon the rights and obligations resulting from any transactions occurring prior to the effective date of the termination.

ARTICLE XV. GENERAL TERMS

Section 15.1 Non-discrimination. Neither Amergis nor Customer will discriminate on the basis of race, color, religion, creed, national origin or ancestry, ethnicity, sex (including gender, pregnancy, sexual orientation, and gender identity), age, physical or mental disability, citizenship, past, current, or prospective service in the uniformed Services, genetic information, or any other characteristic protected under applicable federal, state, or local law.

Section 15.2 Compliance with Laws. Amergis agrees that all Services provided pursuant to this Agreement shall be performed in compliance with all applicable federal, state, and/or local rules and regulations. In the event that applicable federal, state, or local laws and regulations or applicable accrediting body standards are modified, Amergis reserves the right to notify Customer in writing of any modifications to the Agreement in order to remain in compliance with such law, rule, or regulation.

Section 15.3 Governing Law, Jurisdiction. This Agreement will be governed by and construed in accordance with the laws of the State of Illinois, without regard to its principles of conflict of laws. Any dispute or claim from this Agreement shall be resolved exclusively in the federal and state courts of the State of Illinois and the parties hereby irrevocably submit to the personal jurisdiction of said courts and waive all defenses thereto.

Section 15.4 Assignment of Agreement. Customer may not assign this Agreement without the prior written consent of Amergis, and such consent will not be unreasonably withheld. Amergis



may assign this Agreement without consent and/or notice for assignment to either: (i) an entity owned by or under common control with assignor, (ii) in connection with any acquisition of all of the assets or capital stock of Amergis, and/or (iii) a name change by Amergis.

Section 15.5 Notices. Any notice or demand required under this Agreement will be in writing; will be personally served or sent by certified mail, return receipt requested, postage prepaid, or by a recognized overnight carrier which provides proof of receipt; and will be sent to the addresses below. Either Party may change the address to which notices are sent by sending written notice of such change of address to the other Party.

The School Association for Special
Education in DuPage County DBA
SASED - The School Association
for Special Education in DuPage
County
2900 Ogden Ave., Lisle,
Illinois 60532
ATTN: Julie Grohn

Amergis Healthcare Staffing, Inc.

7223 Lee DeForest Drive
Columbia, MD 21046
ATTN: Contracts Department

COPY TO:

Amergis Healthcare Staffing, Inc.
230 W. Monroe Street, Suite 625
Chicago, IL, 60606, United States of
America
ATTN: Joseph Stith

Section 15.6 Headings. The headings of sections and subsections of this Agreement are solely for reference only and will neither affect nor control the meaning or interpretation of this Agreement.

Section 15.7 Merger. This Agreement constitutes the entire contract between Customer and Amergis regarding the Services to be provided hereunder. Any agreements, promises, negotiations, or representations not expressly set forth in this Agreement are of no force or effect. All terms of a later signed Agreement will supersede a prior signed Agreement. This Agreement may be executed in any number of counterparts, each of which will be deemed to be the original, but all of which shall constitute one and the same document.

Section 15.8 Amendment. No changes and/or amendments to this Agreement will be effective unless made in writing and signed by duly authorized representatives of both Parties except as provided in Section 3.1(a), Section 16.2, and Attachment(s).

Section 15.9 Severability. In the event that one or more provision(s) of this Agreement is deemed invalid, unlawful, and/or unenforceable, then only that provision will be omitted, and will not affect the validity or enforceability of any other provision; the remaining provisions will be deemed to continue in full force and effect.

Customer and Amergis have acknowledged their understanding of and agreement to the mutual promises written above by executing and delivering this Agreement as of the date set forth



THE SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE COUNTY DBA SASSED - THE SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE COUNTY:

AMERGIS HEALTHCARE STAFFING, INC.:

Signature of Authorized Representative

Signature of Authorized Representative

Printed Name & Title

Printed Name & Title

Date

Date

ATTACHMENT "A"

CUSTOMER REQUESTED PERSONNEL AND RATES - May 17, 2023

School Work Site. This "Attachment A" shall apply to the following School Work Site(s):

Work Site Name	Address	Work Site Contact
SASED	2900 Ogden Ave Lisle, IL 60532	Julie Grohn

Base Rates. Base Rates for the following positions shall apply. Where Base Rate on "Attachment C" is differing, "Attachment C" shall control.

Positions	Rate \$ (per hour)
Paraprofessional – School Aide	\$40.00
Paraprofessional – BT	\$50.00
Substitute Paraprofessional – School Aide	\$45.00
Substitute Paraprofessional – BT	\$55.00
Certified Nursing Assistant – CNA School Aide	\$45.00
Health Office School Nurse – Licensed Practical Nurse (LPN)	\$70.00
1:1 School Nurse – LPN	\$72.00
1:1 School Nurse LPN – Trach/Vent	\$80.00
Substitute School Nurse – LPN	\$82.00



Health Office School Nurse – Registered Nurse (RN)	\$75.00
1:1 School Nurse RN	\$78.00
1:1 School Nurse – RN – Trach/Vent	\$85.00
Substitute School Nurse – RN	\$90.00
Certified School Nurse (PEL-CSN) – Remote	\$100.00
Certified School Nurse (PEL-CSN) – On-Site	\$115.00
Social Worker / School Counselor	\$82.00
School Social Worker (PEL)	\$90.00
Substitute Teacher (PEL)	\$75.00
General Education Teacher	\$85.00
Special Education Teacher (LBSI)	\$90.00
Occupational / Physical (OT/PT)	\$90.00
Board Certified Behavioral Analyst (BCBA)	\$115.00
School Psychologist	\$120.00
Speech Language Pathologist (SLP)	\$125.00
Sign Language Interpreter (SLI)	\$75.00

Weekend. Weekend rates will apply to shifts beginning at 11:00 p.m. on Friday and will apply through shifts ending at 7:00 a.m. on Monday.

Orientation. Base Rate(s) will be billed for all time spent in required Customer orientation.

Overtime. Overtime Rates are charged for all hours worked in excess of forty (40) per week or according to applicable state law. The overtime rate is a one and one-half times (1.5x) multiplier of the Base Rate for such hours, unless applicable state law requires a different multiplier.

Holidays. Holiday Rates will apply to shifts beginning at 11:00 p.m. the night before the holiday through 11:00 p.m. the night of the holiday. The Holiday rate is a one and one-half times (1.5x) multiplier of the Base Rate for the following holidays:

- | | |
|------------------|------------------|
| New Year's Day | Labor Day |
| Memorial Day | Thanksgiving Day |
| Independence Day | Christmas Day |

Changes. Pursuant to Section 3.1(c) of the Agreement, the Parties agree that Changes may be made to “Attachment A” by execution of subsequent “Attachment A” document(s).



Attachment "B"
PRE-ASSIGNMENT SCREENING

- I. **Personnel Requirements.** Amalgis will supply Customer with Personnel requested in Attachment "A" who meet the following criteria, if the role involves the provision of health and mental health services. These roles include but are not limited to: RN Certified Nurse, RN School, BCBA, Behavior Tech, Occupational Therapist, Occupational Therapy Assistant, Physical Therapist, Physical Therapist Assistant, Psychologist. Customer agrees any additional screening that may be required not listed herein, may take place following Personnel's placement. Amalgis will:
- a. Conduct a criminal background screening in accordance with Section 10-21.9 of the Illinois School Code relating to fingerprint-based criminal history records checks and checks of the Statewide Sex Offender Database and the Statewide Murderer and Violent Offender Against Youth Database;
 - b. Verify current license, registration, or certification, including CPR, for the Services to be provided, if applicable to role;
 - c. Skills assessment checklist of competencies for the position and an exam, if applicable. Verify that the appropriate health screening(s) was completed and pre-employment physical.
 - d. Verify that a current diagnostic Tuberculosis (TB) test or screening is on file;
 - e. Verify relevant professional and specialty expertise as requested by Customer;
 - f. Receive employment verification;
 - g. Confirm Personnel are authorized to work;
 - h. Perform federal exclusion and abuse check(s) including but not limited to, List of Excluded Individuals/Entities (LEIE) and the Excluded Parties List System (EPLS) and the National Sex Offender Registry.
- II. **Education Personnel Requirements.** Amalgis will supply Customer with requested Related Services Personnel in Attachment "A" performing education services who meet the following criteria. These roles include but are not limited to the following: Special Education Teacher, Social Worker, School Counselor, Sign Language Interpreter, Admin Teacher Orientation and Mobility, Behavioral Classroom Aide (WA), Speech Language Pathologist. Customer agrees any additional screening that may be required not listed herein, may take place following Personnel's placement. Amalgis will:
- a. Conduct a criminal background screening in accordance with applicable law;
 - b. Receive employment verification;
 - c. Verify, license, certification or certification, if applicable to the role;
 - d. Verify relevant professional and specialty expertise as requested by Customer;
 - e. Confirm Personnel are authorized to work;
 - f. Perform federal exclusion checks including but not limited to, List of Excluded Individuals/Entities (LEIE), Excluded Parties List System (EPLS) and the National Sex Offender Registry.



III. Customer Criminal Background Report. In the event that Customer requires its own criminal background screening for Amergis Personnel, Customer agrees that Personnel may begin assignment following completion of a successful Customer background screening.



**ATTACHMENT "C"
ASSIGNMENT CONFIRMATION**

Amergis and Customer hereby agree the following Personnel will be assigned to Customer's Work Site, listed below, under the terms and conditions outlined below and according to the Agreement signed between Customer and Amergis.

Customer and Amergis understand and agree that this assignment is contingent upon verification of Personnel's compliance with the Agreement and the pre-assignment screening requirements in "Attachment B" prior to the assigned start date. To the extent that the rates set forth herein differ from the rates in "Attachment A" the rates set forth herein shall govern for the length of the Assignment start and end dates, and with renewal of the Agreement.

Customer Name:	
School Work Site Address:	
Confirmation Date:	

Customer hereby agrees to sign/return this document **WITHIN 48 BUSINESS HOURS** of the date listed above and understands that failure to do so may result in the delay of the assignment start date, and/or additional charges as defined in the Agreement.

Personnel Name, Discipline:	
Assigned Unit/Department:	
Float Requirement:	

Assignment Start Date:	
Assignment End Date:	
Guaranteed Weekly Hours/Schedule:	
Approved Time-Off:	

Base Bill Rate:	
Overtime and Holiday Rates:	
On Call/Call Back Rates:	
Approved Orientation Rate/Hrs.:	
Special Provisions:	

Authorized signature below indicates agreement to utilize Amergis Personnel under of ALL of the conditions specified above. The Staffing Services Agreement between Customer and Amergis shall govern any/all additional provisions that affect this assignment and/or the business relationship between the parties.

Authorized Customer Representative Signature

Printed Name & Title



Date

Please email a signed copy of this confirmation back to jostith@amërgis.com. Thank you.



BLAZERWORKS SERVICE AGREEMENT

THIS SERVICES AGREEMENT (hereinafter "Agreement") is entered into by and between **BlazerWorks, LLC** (hereinafter "BW") located at 5550 Peachtree Parkway, Suite 200, Peachtree Corners, GA 30092 and **School Association for Special Education of DuPage County** whose principal address is 2900 Ogden Ave., Lisle, IL 60532 (hereafter referred to as "Client"). This Agreement shall govern the overall terms of the relationship and the parties agree as follows:

1. Scope of Services.

This Agreement sets forth the general terms and conditions governing the contractual relationship between Client and BW regarding the administration and management of providers of personnel to perform services for Client. BW, a licensed entity in the business of providing workforce solutions to the public and private education sector and not a healthcare provider, will use its commercially reasonable efforts to source Consultants for assignment with Client. In such capacity, BW will act as a non-exclusive workforce solutions manager between Client and its supplemental staff ("Consultants") and may carry out its responsibilities hereunder using one or more Secondary Staffing Partners ("SSP"), including its affiliated divisions/companies. During the term of this agreement, all communications regarding the day-to-day activity and professional operations of the services outlined in this agreement will be conducted between BW and Client. BW shall comply, and shall ensure all SSP's agree to comply, with all applicable laws, regulations, rules and ordinances governing the services to be provided by BW and/or SSP pursuant to this Agreement.

2. Independent Contractor.

The parties hereto specify and intend that the relationship of each to the other is that of an independent contractor, and that no Consultant shall at any time be an employee of Client, unless the parties shall otherwise agree in writing.

3. Competency and Licensing.

BW will present Consultants who possess the licensure and/or certification required for the position identified by Client. In addition, BW will present Consultants who, as closely as possible, represent that they meet the experience and other qualifications as requested by the Client. BW and BW in conjunction with SSP will make every effort to pre-screen job candidates based on Client's requirements and perform due diligence to ascertain the professional and applicable Department of Education licensing and certification requirements for the Consultant referred to Client. In the event Client becomes aware of any notices, findings, or information, including but not limited to fingerprint search results that may negatively impact the commencement or continuation of said assignment, the Client shall notify BW in writing within three (3) business days of Client becoming aware. Client shall furnish all relevant details regarding the situation. Failure to notify BW of such matters may result in the termination of the contractual relationship. Client acknowledges that the decision to accept and keep any Consultant on assignment is ultimately the responsibility of the Client. BW shall not make any intentional misrepresentations about any Consultant and disclaims responsibility or liability for fraud or misrepresentation by consultants not readily ascertainable by reasonable diligence in performing BW's services.

BW will, and shall ensure SSP's will, comply with Section 10-21.9 of the Illinois School Code relating to fingerprint-based criminal history records checks and checks of the Statewide Sex Offender Database and the Statewide Murderer and Violent Offender Against Youth Database. Before any Consultant furnishes services for Client, BW will provide Client with proof of compliance and/or ensure Consultant complies with Client's checks, as determined by Client.

For each Consultant to provide services for Client, BW will ensure compliance with the requirements of Section 24-5 of the Illinois School Code (105 ILCS 5/24-5) relating to evidence of physical fitness to perform assigned duties and freedom from communicable disease (and screening for tuberculosis when required), and BW will provide proof of compliance to Client.

In addition, for each Consultant who will have direct contact with Client's students, BW will, and shall ensure SSP's will, comply with Section 22-94 of the Illinois School Code (105 ILCS 5/22-94), to include an employment history review, using forms consistent with the template forms issued by the Illinois State Board of Education, and other compliance with the requirements applicable to contractors. By assigning any such Consultant to Client, BW shall, and BW will ensure SSP's shall, represent that the Consultant is not disqualified from such work based on sexual misconduct allegations and that the Consultant: (A) has never been the subject of a sexual misconduct allegation unless a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated; (B) has never been discharged from, been asked to resign from, resigned from, or otherwise been separated from any employment, been removed from a substitute list, been disciplined by an employer, or had an employment contract not renewed due to an adjudication or finding of sexual misconduct or while an allegation of sexual misconduct was pending or under investigation, unless the investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated; and (C) has never had a license or certificate suspended, surrendered, or revoked or had an application for licensure, approval, or endorsement denied due to an adjudication or finding of sexual misconduct or while an allegation of sexual misconduct was pending or under investigation, unless the investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.



4. Insurance.

BW will ensure SSP's maintain the following minimum amounts of insurance:

General Liability - \$2,000,000 per occurrence and \$4,000,000 aggregate.

Workers Compensation - in accordance with State regulations.

Employer's Liability - \$1,000,000.

Excess Liability over General Liability and Employer's Liability - \$5,000,000 per occurrence and \$5,000,000 aggregate.

Professional Liability - \$1,000,000 per occurrence and \$3,000,000 aggregate.

Sexual Abuse and Molestation - \$1,000,000 per occurrence and \$3,000,000 aggregate

5. Employment of Consultants.

Client agrees that it will not directly or indirectly, personally or through an agent or agency, contract with or employ any Consultant introduced or referred by BW or through its SSP for a period of one year after the latest date of introduction, referral, placement or last day of scheduled assignment. If Client or its affiliate enters into such a relationship, Client may be subject to pay a fee per Consultant. Applicable fees are determined by each SSP and could be different for each SSP and/or Consultant. Fees will be outlined in each Consultant's "Client Assignment Confirmation," one of which will be issued for each Consultant placed with Client. Blazerworks will facilitate contact between Client and SSP to verify or negotiate fees. Payment is due and payable to BW on the first day such Consultant provides services to Client outside of this agreement. Client agrees that it will not solicit any Consultant who during the course of business is introduced or referred by BW to Client. Moreover, the Client agrees it will not solicit any Consultant prior to a Consultant Assignment Confirmation being executed. Client shall be subject to a fee of 35% of the Consultant's first year annualized compensation if a Client or its Affiliates intentionally interferes with the relationship of BW and its SSPs, or attempts to solicit any Consultant from BW or its SSPs.

6. Limitation of Liability.

Except for damages or losses arising from a party's indemnification obligations pursuant to paragraph 19, neither party shall be liable to the other for any special, consequential, indirect, exemplary or punitive damages, including any damages on account of lost profits, lost data, loss of use of data, or lost opportunity, whether or not placed on notice of any such alleged damages and regardless of the form of action in which such damages may be sought. The fees and billings due under this agreement are not considered special damages or lost profits and shall not be limited by these provisions. Further, excluding claims arising out of BW's failure to pay SSP's for services rendered after having received payment from Client for such services, in no event shall BW's aggregate liability with respect to any claim or liability arising out of or relating to the Agreement exceed \$25,000.00.

7. On-Site Responsibility.

Client is responsible for providing all orientation, support, facilities, training, direction, and means for the Consultant to complete the assignment. Client acknowledges that BW is not providing special education or related services, but rather is providing candidate identification and management services. As such, Client acknowledges that BW nor SSP's are responsible for monitoring the Consultant's on-site performance given that they do not have the capacity to provide direct, on-site supervision of daily activity. Client warrants that its facilities and operations will comply at all times with all applicable federal, state and local safety and health laws, regulations and standards, including any applicable OSHA standards, and that Client will be responsible for providing all safety training and equipment.

8. Timekeeping and Invoicing.

Client will ensure that Consultants accurately record the start and stop times for all hours worked, in accordance with the Client's policies utilizing the Client designated method which may include the submission of BW's timesheet. Timesheets are due weekly by 12:00 PM on the Monday following the end of Client's designated workweek.

BW will generate an invoice for Client based on timesheets submitted. Each invoice will contain a unique invoice number, date(s) services were provided, Consultant name, Consultant job title, hourly bill rate, total hours billed, and total amount due. Client must review the invoice and notify BW of any errors, including billed hours or improper rates, immediately and in writing. Invoicing errors not received within forty-five (45) days of the date of invoice shall not be disputed and invoices will be due in full.

9. Professional Fees.

Client will be responsible for verifying hours worked by Consultants as documented on the Consultant's timesheet and any discrepancy must be reported to BW by 10:00 on Tuesday following the work week end. Client will pay BW based on hours worked and in accordance with the service charges specified on one or more Assignment Confirmations, which will be included as addenda to this Agreement. BW will generate an invoice for Client based on timesheets submitted. Client must review the invoice and notify BW of any errors, including billed hours or improper rates, within forty-five (45) days of the date of invoice. BW shall resolve any error and provide corrected invoice mutually acceptable to both parties within a reasonable period. In the event client fails to dispute or report any errors within forty-five (45) days, errors shall not be accepted as a disputed charge and invoices will be due and payable in full. All pre-approved hours worked over forty (40) hours in a one-week work period will be billed at one and one-half times the regular bill rate unless applicable law requires double-pay, in which case such time will be



billed at two times the regular bill rate. Client hereby notifies BW that pre-approval is required for any and all overtime hours prior to any such hours being worked. SSP invoices will be collected by BW, consolidated and submitted to Client. BW will pay SSPs within 15 days of BW's receipt of payment from Client for services provided by such SSP.

10. Payment Terms.

BW reserves the right to consolidate Consultant and SSP invoices, and invoice Client on a weekly basis for all services provided during the previous week. Client's written pre-approval is required for any and all overtime hours prior to any such hours being worked. If (and only if) such written pre-approval is given by Client, BW will bill Client at one and one-half times the regular bill rate for Consultant's overtime. Payment is due in accordance with the Illinois Local Government Prompt Payment Act, 50 ILCS 505. Invoices paid after the due date will incur an interest charge in accordance with the Illinois Local Government Prompt Payment Act, 50 ILCS 505.. BW reserves the right, at its option, to discontinue any extension of credit. Should billing disputes arise, Client shall notify BW in writing within ten (10) days of the receipt of the disputed invoice.

11. Administrative Responsibilities.

Client shall be responsible for orienting Consultants to Client's policies and procedures regarding the submission of any requisite paperwork which must be tendered for reimbursement by funding entities such as Medicare, Medicaid, or health insurance. Such paperwork may include, but is not limited to, patient care plans, comprehensive patient histories, individual education plans, or Client specific program plans. During the contracted assignment, should Consultants fail to submit paperwork as required per Client's policies and procedures, Client must notify BW in writing within three (3) business days of alleged failure. Failure to notify BW before assignment ends shall negate any Client claim to withhold payment due to untimely work and/or paperwork non-compliance by Consultant. Client agrees that all approved time sheets by client's assigned representative are not subjected to billing dispute if client fails to notify BW of time sheet and work performed discrepancies. Additionally, Client acknowledges and agrees that if formal notice is required to be given to any Consultant that participation in a retirement system/pension is either: 1) permitted by Consultant's election; or 2) is required by law, Client is solely responsible for providing such notice to BW and Consultant and fulfilling all associated administrative duties. Client shall immediately notify BW if any Consultant is required to, or voluntarily elects to participate in any such system, and agrees that no work will be performed by such Consultant until a signed agreement between SSP and Client sets forth the manner in which all employer and employee contributions will be made.

12. Incident and Error Tracking

Client will report to BW any performance issues, incidents, errors and other events related to the care and services provided by BW or SSP employees. BW or SSP, as applicable, will document reported incidents in employee's personnel file and track all such events for quality assurance purposes. All supporting documentation is required within five (5) business days of the occurrence.

13. Reporting of Work-Related Injuries.

Client will maintain a safe working environment and provide all appropriate personal protective equipment as deemed appropriate by the Client and suitable to the setting to which Consultants are assigned. Client ensures compliance with all applicable OSHA obligations to include general training on the reporting of work-place injuries, incidents, and occupational exposure to bloodborne pathogens occurring at Client facility. Records of such occurrences must be maintained by the Client and accessible to BW within guidelines set forth by governing entities. In the event of work-place injury, incident or exposure, each affected Consultant will contact their immediate Client-appointed supervisor and report to the applicable treating department as per Client protocol. Consultants shall also report work-place injuries, incidents or exposures to BW and applicable SSPs concurrently with Client.

14. Termination with Cause.

Within five (5) business days after occurrence, Client has the obligation to notify BW of any misconduct or poor performance by the Consultant, and any Consultant-involved incident that would be considered adverse to the overall operation of Client. Client may request that BW facilitate the immediate removal of any Consultant due to any of the issues preceding with written and/or verbal notice. The Client, however, may not immediately terminate a Consultant's assignment unless BW or SSP has been notified as set forth in the first sentence of this section, or unless a single incident warrants immediate dismissal prior to BW's notification. All supporting documentation specifying the reasons and facts of the termination is required Within five (5) business days after termination. Client will be responsible for all professional fees (and expenses if applicable) up to the point of termination. Should BW identify a suitable replacement Consultant within two (2) business days after termination, Client agrees to original terms or extended terms of the terminated Consultant's assignment.

15. Termination without Cause.

Either party may cancel an assignment with thirty (30) days prior written notice. In that event, Client is responsible for all charges and fees prior to cancellation date and through the 30-day period of notice. In the event Client is unable to provide thirty (30) days' notice of termination, Client will be billed for thirty (30) days at the agreed upon regular bill rate and minimum hours. In addition, Client may cancel an assignment with thirty (30) days prior written notice to BW in the event that the assignment becomes



unnecessary for reasons beyond Client's control, including (but not limited to) extended absence of the student to whom the Consultant is assigned or a reduction in the number of students receiving services from the Consultant.

16. Guaranteed Minimum Hours.

Client agrees to provide Consultant the guaranteed number of work hours per week specified in the "Client Assignment Confirmation," one of which will be issued for each Consultant placed with Client. Cancellation of prescheduled workdays or reduction in work hours by Client will be billed reflecting the guaranteed minimum work hours. Minimum work hours shall be reduced to reflect scheduled closings for holidays and planning days.

17. Paid Sick Leave.

For those jurisdictions that have passed or will pass paid sick time legislation, Paid Sick Time will be the responsibility of BW or the SSP, as applicable, and will not be billed to Client.

18. Unscheduled Facility Closure Policy.

The parties agree that in the event of an unforeseen or unexpected interruption in an Consultant's assignment resulting from an unscheduled closure, complete or partial, of Client's facilities due to natural or manmade disasters, such as, and without limiting the generality of the foregoing, fire, storms, flooding, earthquake, labor unrest, riots, and/or acts of terrorism or war (each an "Unscheduled Closure"), Client will be invoiced and shall pay for each such affected Consultant's services at the reduced rate of \$200 per day for each day that the Consultant (s) is unable to work by virtue of such Unscheduled Closure. For the purposes of this section snow days are not included.

19. Multiple Locations.

If client requires Consultant to travel to and perform services at more than one location, Client will compensate BW for travel time between facilities in the same work day at the regular hourly bill rate and for mileage up to the current acceptable IRS reimbursement rate.

20. Indemnification.

BW will contractually require, in all subcontractor/sub-vendor agreements, that each SSP agree to defend, indemnify and hold harmless Client (as a third-party beneficiary) and BW together with their governing boards, executive boards, directors, officers, employees and agents from and against all liability, loss, expense, damage or claim for injury or damages arising out of or relating to its performance of services to Client including, without limitation any and all claims for injury or damage caused by or resulting from the acts and/or omissions of Consultants and/or SSPs, including acts and/or omissions of their directors, officers, employees or agents except to the extent said claims are caused by, or in any manner related to, the negligent acts or omissions of Client, its Board of Directors, Governing Board, Board members, employees, and agents..

BW agrees that it shall defend, indemnify and hold harmless Client and SSP together with their directors, officers, employees and agents from and against all liability, loss, expense, damage or claim for injury or damages to the extent solely caused by or resulting solely from the negligent or willful acts or omissions of BW in the performance of services hereunder, including acts and/or omissions of its directors, officers, employees or agents except to the extent said claims are caused by, or in any manner related to, the negligent acts or omissions of Client, its Board of Directors, Governing Board, Board members, employees, and agents.. Notwithstanding anything to the contrary above, BW shall not be responsible, under any theory of liability, for claims resulting from the acts or omissions of any of the SSPs, their respective officers, employees, agents, or contractors, nor shall BW be responsible for the SSP's performance under the applicable supplier agreement, and BW's insurance shall not be deemed to cover or be excess to the insurance of any SSP.

Notwithstanding anything herein to the contrary, neither BW's nor SSP's obligations with respect to indemnification for acts or omissions described in this Section will apply to the extent that such application would nullify any existing insurance coverage of Soliant or as to that portion of any claim of loss which the insurer is obligated to defend or satisfy.

21. Confidentiality.

Each party acknowledges that as a result of this Agreement, they will learn confidential information of the other party. Confidential information is defined as that information which is private to each party but is shared by one to the other party as required to accomplish this Agreement. It is agreed that neither party will disclose any confidential information of the other party to any person or entity. Neither will it permit any person nor entity to use said confidential information. The only exceptions will be: (a) Information shared to the appropriate individuals within the respective organizations as necessary to execute this Agreement, (b) disclosures as required by law. Confidential Information of BW shall include, but is not limited to, any and all unpublished information owned or controlled by BW and/or its employees, that relates to the clinical, technical, marketing, business or financial operations of BW and which is not generally disclosed to the public.



22. Family Education Rights and Privacy Act.

BW shall, and shall contractually require all SSPs and Consultants, to comply with all laws, rules and regulations pursuant to the Family Educational Rights and Privacy Act, 20 USC 1232g (“FERPA”). BW acknowledges that certain information about the Client's students may be contained in records maintained by BW, SSPs, and/or Consultants. BW further acknowledges that this information may constitute “school student records”, and/or “education records” as defined in FERPA, and/or “personally identifiable information” as defined in FERPA’s implementing regulations, which information is hereinafter collectively referred to as “Student Data.” With regard to Student Data, BW agrees as follows:

- a. BW certifies that it will comply with all applicable laws and/or regulations, including FERPA, relating to confidentiality, privacy, and data security.
- b. BW will have access to Student Data on an “as needed” basis, only as necessary to perform the services under this Agreement.
- c. When BW is provided access to Student Data, BW (and its employees) will use the information only for the purposes for which access was provided.
- d. BW agrees that it will comply with 34 CFR §99.33(a) relating to the use and redisclosure of Student Data.
- e. BW shall maintain in force measures reasonably available within the information technology industry to prevent any unauthorized person from gaining access to or altering, viewing, manipulating or affecting the Student Data in any way. BW shall maintain, encrypt, and secure the Student Data in accordance with industry standards. BW agrees to maintain the confidentiality of the Student Data using at least the degree of care and security as BW uses to maintain the confidentiality of its own confidential information.
- f. BW agrees to direct its owners, directors, members, employees, and agents to adhere to the confidentiality requirements set forth herein.
- g. Upon termination, cancellation, expiration, or other conclusion of this Agreement, BW shall return all Student Data to the Client and shall delete all Student Data from its operational systems.

In addition, BW will contractually require all SSPs and Consultants to agree to items a-g, above.

23. Equal Opportunity.

BW will contractually require that all SSPs: 1) screen based on merit only; 2) warrant that no candidates will be discriminated against due to race, religion, color, sex, national origin, age, disability, or any other characteristic protected by law; and 3) provide equal opportunity to all Consultants for employment. Client warrants that it will screen based on merit only, that no candidates will be unlawfully rejected by Client, that no candidates will be discriminated against by Client due to race, religion, color, sex, national origin, age, or disability, and that it is an equal opportunity employer. BW warrants that it will screen based on merit only, that no candidates will be unlawfully rejected by BW, that no candidates will be discriminated against by BW due to race, religion, color, sex, national origin, age, disability, or any other characteristic protected by law, and that it is an equal opportunity employer. In performing services pursuant to this Agreement, BW will not, and shall ensure SSP’s acknowledge they will not, discriminate against any individual on the basis of race, religion, color, sex, national origin, age, disability, ancestry, marital status, order of protection status, military status, sexual orientation, pregnancy, or any other characteristic protected under applicable State or Federal law.

24. Compliance with Laws.

BW shall comply with all state and federal laws, regulations, rules and ordinances applicable to BW and/or the services to be provided by BW pursuant to this Agreement.

25. Notices.

Any notice or notification required to be given by either BW or Client in connection with the terms and conditions of this Agreement shall be provided in writing and considered effective as of the date of receipt. Notices shall be sent to the following:

If to BlazerWorks:

5550 Peachtree Parkway
Suite 500
Peachtree Corners, GA 30092
ContractNotices@blazerworks.com

To Client

Client: School Association for Special Education of DuPage County
Address: 2900 Ogden Ave., Lisle, IL 60532

26. Survival.

The parties' obligations under this Agreement which by their nature continue beyond termination, cancellation or expiration of this Agreement, shall survive termination, cancellation or expiration of this Agreement.



27. Governing Law.

This Agreement shall be governed by the laws of the state of Illinois.

28. Modification of Agreement

This Agreement may not be modified, amended, suspended, or waived, except by the mutual written agreement of the Parties who are authorized to execute the agreement.

29. Entire Agreement.

This Agreement represents the entire agreement between the parties and supersedes any prior understandings or agreements whether written or oral between the parties respecting the subject matter herein. This Agreement may only be amended and/or assigned in a writing specifically referencing this Agreement and executed by both parties. This Agreement shall inure to the benefit of and shall be binding upon the parties hereto and their respective heirs, personal representatives, successors and assigns, subject to the limitations contained herein. The unenforceability, invalidity or illegality of any provision of this Agreement shall not render any other provision unenforceable, invalid or illegal and shall be subject to reformation to the extent possible to best express the original intent of the parties.

This Agreement contains terms that may only be altered when agreed upon in writing by both parties. *(Please return all pages of this Client Agreement).*

CLIENT ID – CLIENT NAME

279871 - SASSED

BlazerWorks LLC

Client Representative Signature Date

Client Representative Signature Date

Print Name

Print Name

Title

Title



June 12, 2024

Mr. David Skrzypczynski
Knights of Columbus
Saint John Council #3738
25 North Cass Avenue
Westmont, IL 60559

Dear David,

We recently received a generous donation in the amount of \$500 from your organization. On behalf of SASED and our Board of Directors, we would like to thank you for this donation. Your donation truly helps SASED reach our vision of being an innovative leader that inspires, creates, and implements best practices in education for all of our students and we value your support tremendously.

Thank you again for your support!

Sincerely,

SASED Board of Directors

SASED - THE SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE COUNTY

FLEXIBLE BENEFITS PLAN

2900 Ogden Avenue
Lisle, IL 60532
Phone: (630) 778-4500

Please note: Depending upon your election of benefits, certain benefits in this Summary Plan Description may or may not pertain to you. Please contact your Human Resources Department for questions concerning election of benefits.

This booklet describes the Flexible Benefits for Eligible Employees of SASED - The School Association for Special Education in Dupage County and its divisions, affiliates and subsidiaries covered under these provisions.

Information Applicable to Plan 503

Employer Identification Number

36-2919494

**The Benefits In This Booklet Are
Amended and Restated Effective**

1/1/2024

Original Effective Date

1/1/2006

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January 1, 2024

To All Eligible Employees of SASSED - The School Association for Special Education in Dupage County:

This document describes the SASSED - The School Association for Special Education in Dupage County Flexible Benefits Plan. It is a summary of the official Plan documents that govern the operation of the Plan. If you have any questions about the material in this document or if you would like to review the official Plan document, please contact the Human Resources Department.

This summary is meant to be consistent with the Plan document. Also, this document is intended to comply with Section 125 and Section 129 of the Internal Revenue Code.

This document is also intended to comply with the Patient Protection and Affordable Care Act ("ACA"). As such, Employees are allowed to make pre-tax salary reduction contributions for health benefits (including a health flexible spending account) for children who have not attained age 27 as of the end of the taxable year, who pursuant to ACA, are properly enrolled in coverage for such benefits.

The above provisions do not, and are not intended in any way to, expand the definition of "child" contained in any applicable medical, dental and/or vision plans.

DEFINITIONS

Certain terms used in this summary will be capitalized and are described as follows:

Child. The son, daughter, stepson, or stepdaughter of the Employee, and a Child includes both a legally adopted individual of the Employee and an individual who is lawfully placed with the Employee for legal adoption by the Employee. A Child also includes an "eligible foster child," defined as an individual who is placed with the Employee by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction.

Employee. A person who customarily works with the Employer of at least twenty (20) hours per week.

Employer. SASSED - The School Association for Special Education in Dupage County and any affiliated Employer that adopts the Plan according to the legal documents under which the Plan is established.

Flexible Benefits Plan Enrollment Form. The agreement, which permits the Employer to reduce the participant's current salary and contribute the amount of the reduction to purchase benefits on behalf of the participant.

Grace Period. The two and one-half (21/2) month period of time from the last day of the Plan Year in which a participant can apply any unused amounts in his or her health flexible spending account (FSA), limited purpose flexible spending account (LPFSA) and dependent care assistance (DCA) expenses from the previous Plan Year to pay for covered expenses incurred during the two and one-half (21/2) month grace period.

Plan. The Plan is commonly known as the "SASSED - The School Association for Special Education

in Dupage County Flexible Benefits Plan.”

Plan Administrator. The person or entity responsible for the day-to-day functions and management of the Plan. The Plan Administrator may employ persons or firms to perform certain Plan connected services. The Plan Administrator is the Employer.

Plan Fiduciary. The person or entity who has the authority to control and manage the operation and administration of the Plan. The Plan Fiduciary is the Employer.

Plan Sponsor. SASSED - The School Association for Special Education in Dupage County and any affiliated Employer that adopts the Plan according to the legal documents under which the Plan is established.

Plan Supervisor. The entity providing consulting services to the Employer in connection with the operation of the Plan and performing other functions, including processing of claims. The Plan Supervisor is Allied Benefit Systems, LLC, P.O. Box 211651, Eagan, MN 55121.

Plan Year. The Plan is administered according to its designated benefit plan year and/or each Calendar year basis beginning each January 1 and ending each December 31.

ELIGIBILITY AND ENROLLMENT

The Plan consists of five parts: qualified insurance premiums, Health Savings Account (HSA) contributions, health flexible spending account (FSA) expenses, limited purpose flexible spending account (LPFSA) expenses and dependent care assistance (DCA) expenses.

You are eligible to participate in the Plan if you are an Employee of the Employer working at least twenty (20) hours per week. You become a participant on the first pay period after you meet the eligibility requirements and you enroll.

INITIAL ENROLLMENT

Enrollment in the qualified insurance premiums portion of the Plan is automatic upon completion of the applicable enrollment form(s) provided by the Employer. If you do not complete the applicable enrollment form(s), you will not be able to participate in the qualified insurance premiums portion of the plan until a designated subsequent benefit open enrollment period or you experience a Change in Status event.

To enroll in a Health Savings Account (HSA) you must be covered by a HSA-qualified high deductible health plan (HDHP). To contribute to a HSA, you must complete the applicable enrollment form provided by the Employer and you cannot be covered by another health plan, including Medicare, and you cannot be claimed as a dependent on another individual's tax return.

To enroll in the FSA, LPFSA or DCA portions of the Plan, you must complete a Flexible Benefits Plan Enrollment Form. If you do not complete a Flexible Benefits Plan Enrollment Form, you will not be able to participate in these portions of the Plan until a subsequent open enrollment period or you experience a Change in Status event.

SUBSEQUENT ANNUAL OPEN ENROLLMENT

If you do not complete the applicable enrollment form(s) during a designated subsequent benefit open enrollment period, your participation in the qualified insurance premiums and/or health savings account (HSA) portion of the Plan will automatically renew on its designated

subsequent benefit plan year at the new amounts. You will be considered to have agreed to pay the appropriate premium for the designated subsequent benefit plan year for the coverage based on your current election. However, you must complete a new Flexible Benefits Plan Enrollment Form each year for the FSA, LPFSA and DCA portions of the Plan in order to participate in subsequent Plan Years. If you fail to submit a completed Flexible Benefits Plan Enrollment Form during a designated open enrollment period to elect to participate in these portions of the Plan, you will not be able to participate in the Plan for that Plan Year (unless you experience a Change in Status event).

TERMINATION OF COVERAGE

You remain a participant in the Plan until you no longer meet the eligibility requirements. In regards to the FSA and LPFSA portions of the Plan, expenses incurred prior to the termination date are reimbursable, and may be submitted for reimbursement up to 90 days after the end of the Plan Year. Expenses incurred after the termination date, are only reimbursable if you elect continuation coverage (COBRA). If you are eligible for and elect COBRA, you may continue contributing to the FSA and LPFSA portions of the Plan on an after-tax basis only.

Also, if you separate from service or otherwise cease to be eligible under the DCA expenses portion of the Plan, you may continue to submit for reimbursement eligible claims incurred during the Plan Year. DCA expenses incurred after the Plan Year ends are not reimbursable. Except as indicated above, no additional contributions to the Plan are allowed.

“Continuation Coverage” under COBRA means your right, to continue the coverage under the FSA and LPFSA portions of the Plan that was in place the day before a Qualifying Event if participation by you otherwise would end due to the occurrence of such Qualifying Event.

A Qualifying Event is:

- termination of your employment (other than by reason of gross misconduct), or reduction of your work hours;
- your death;
- divorce or legal separation from your Spouse;
- your becoming entitled to receive Medicare benefits; or
- your dependent’s ceasing to be a dependent.

Participants under the FSA and LPFSA portions of the Plan will be eligible for COBRA continuation coverage if they have a positive account balance at the time of a Qualifying Event (taking into account all claims submitted before the date of the qualifying event). You will be notified if you are eligible for COBRA Continuation Coverage. However, even if COBRA is offered for the year in which the Qualifying Event occurs, COBRA coverage for the FSA and LPFSA expenses portion of the Plan will cease at the end of the year and cannot be continued for the next Plan Year. If you are eligible to elect COBRA with respect to the FSA and LPFSA accounts, you may continue participation by making after-tax contributions to the Plan on a monthly basis in an amount equal to 102% of the pay reductions that were allocated prior to your termination. After-tax contributions for a month are due on the first day of each month. However, there is a 30 day grace period for timely payment. Participation will be terminated if contributions are not made on a timely basis.

REVOCACTION OF ELECTION

Generally, once you make a decision with respect to benefits, you may not revoke that election during the Plan Year or the designated benefit plan year. However, you may change your election during the Plan Year or during a designated benefit plan year if you experience a change in status or event changes. You must notify Human Resources within 30 days of these events in order to make a change. If you do not notify Human Resources within 30 days of the event, you must wait until the next annual open enrollment period to make an election change. The next section describes these situations in which it may be permissible to make a change:

A. Changes in Status

1. Change in status events

You may revoke an election during the Plan Year or the designated benefit plan year and make a new election for the remaining period of coverage under the Plan if there is a change in status as described below and if the election change is on account of and corresponds with a change in status that affects eligibility for coverage under an employer's plan. The Plan Administrator shall determine whether a requested change is on account of and corresponds with a change in status.

- (a) Legal marital status. Events that change an Employee's legal marital status, including the following: marriage; death of spouse; divorce; legal separation; and annulment.
- (b) Number of dependents. Events that change an Employee's number of dependents, including the following: birth; death; adoption; and placement for adoption, as well as a Child becoming newly eligible for coverage or eligible for coverage beyond the date on which the Child otherwise would have lost coverage.
- (c) Employment status. Events that change the employment status of an Employee, an Employee's spouse, or an Employee's dependent, including the following: a termination or commencement of employment; a strike or lockout; a commencement of or return from an unpaid leave of absence; a change in worksite, and the switching from part-time to full-time employment status or from full-time to part-time status by an Employee or an Employee's spouse or dependent.
- (d) Dependent satisfies or ceases to satisfy eligibility requirements. Events that cause an Employee's dependent to satisfy or cease to satisfy eligibility requirements for coverage on account of attainment of age, student status, or any similar circumstances.
- (e) Residence. A change in the place of residence of an Employee, spouse or dependent. Note: The change in residence must result in the Employee, Employee's spouse or dependent gaining or losing eligibility under a plan.

If the change in status is (a) an Employee's divorce, annulment or legal separation from a spouse, the death of a spouse or dependent or (b) a dependent ceasing to satisfy the eligibility requirements for coverage, then an Employee may only elect to cancel coverage for the affected spouse or dependent. Canceling coverage for any other individual under these circumstances would fail to correspond with that change

in status and therefore is not a permitted election change.

If an Employee, spouse or dependent gains eligibility for coverage under a plan sponsored by the employer of the Employee's spouse or dependent as a result of a change in Legal marital status or change in Employment Status, an Employee may change an election to cease or decrease coverage for that individual under the Plan only if coverage for that individual becomes applicable (i.e. effective) or is increased under the other employer's plan.

Applicability to DCA expenses portion of the Plan: An election change relating to the DCA expenses portion of the Plan is permitted only if (a) the election change is on account of and corresponds with a change in status that affects eligibility for coverage under an employer's plan or (b) the election change is on account of and corresponds with a change in status that affects DCA expenses available under Section 129 of the Internal Revenue Code. (For example: A DCA expenses election may be canceled where a dependent child turns age 13 in the middle of the Plan Year).

B. Cost or Coverage Changes

1. Automatic increase or decrease for cost changes.

If the cost of a qualified benefits plan increases or decreases during a period of coverage, the Plan may, on a reasonable and consistent basis, automatically make a prospective increase or decrease in the affected Employees' elective contributions to reflect such cost changes.

2. Significant cost increases.

If the cost of a benefit package option (such as a PPO option or HMO option under a health plan) significantly increases during a period of coverage as determined by the Plan Administrator, you may elect to make a corresponding prospective increase in your payments, or to revoke your election and, in lieu thereof, to receive on a prospective basis coverage under another benefit package option providing similar coverage.

Applicability to the DCA expenses portion of the Plan: An Employee participating in the DCA expenses portion of the Plan may change an election based upon a significant increase in cost of the dependent care provider only if the cost change is imposed by a dependent care provider who is not a relative of the Employee (For example, the Employee's parent(s), child(ren), brother(s), sister(s), etc.)

3. Coverage changes.

If the coverage under a plan is significantly curtailed or ceases during a period of coverage, you may revoke your election and make a new election on a prospective basis for coverage under another benefit package option providing similar coverage. Coverage is considered significantly curtailed only if there is an overall reduction in coverage provided to participants under a plan so as to constitute reduced coverage to participants generally.

If a plan adds a new benefit package option or other coverage option (or eliminates an existing benefits package option or other coverage option), you may elect the

newly-added option (or elect another option if an option has been eliminated) prospectively on a pre-tax basis and make a corresponding election change with respect to other benefit package options providing similar coverage.

Applicability to DCA expenses portion of the Plan: The availability of dependent care services from a new child care provider during the Plan Year does constitute a significant change in coverage similar to a benefit package option becoming available. Accordingly, you are permitted to revoke your previous election under the DCA expenses portion of the Plan and make a corresponding new election to reflect the cost of the new child care provider. In addition, a change in the number of hours of work performed by a child care provider constitutes a change in coverage enabling you to make a corresponding new election to reflect the new cost of the child care provider.

Applicability to the FSA and LPFSA portions of the Plan: Election changes related to the FSA and LPFSA portions of the Plan are not permitted under this section B (Cost or Coverage Changes).

C. Other Permitted Mid-year Election Changes

1. Special Enrollment Rights under HIPAA

You may revoke an election for coverage under a group health plan during a period of coverage and make a new election that corresponds with the special enrollment rights provided under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

2. Judgment, Decree or Order.

The Plan may change your election to provide coverage for your child if a judgment, decree, or order resulting from a divorce, legal separation, annulment or change in legal custody requires health coverage for the child. If a judgment, decree or order requires your spouse, former spouse, or other individual to cover the child, you may change his/her election to revoke coverage for the child.

3. Entitlement to Medicare or Medicaid

You may change an election on a prospective basis to cancel or reduce coverage for yourself or your spouse or dependent under a plan if you, your spouse or dependent who is enrolled in a plan subsequently becomes enrolled under Part A or Part B of Medicare or entitled to Medicaid. Conversely, you may change an election on a prospective basis to commence or increase coverage for yourself or your spouse or dependent if you or your spouse or dependent who had been entitled to Medicare or Medicaid subsequently loses eligibility for coverage under Medicare or Medicaid.

4. The Family and Medical Leave Act

If you take leave under the Family and Medical Leave Act (FMLA), you may revoke an existing election of group health plan coverage and make such other election for the remaining portion of the period of coverage as may be provided for under the FMLA.

5. Change in Coverage of Spouse or Dependent under other Employer's plan

You may change an election on a prospective basis that is on account of and corresponds with a change made under the plan of a spouse's or dependent's employer if (a) the plan of the spouse's or dependent's employer permits participants to make election changes that would be permitted under IRS regulations under Section 125 of the Code or (b) the Plan permits participants to make an election for a period of coverage that is different from the period of coverage under the plan of the spouse's or dependent's employer.

6. Changes Allowed Under Current Regulations

You may change an election on a prospective basis that is on account of and corresponds with any other permitted change under the current IRS regulations under Section 125 of the Code.

7. Reduction of Hours

You may prospectively revoke an election for coverage (that is not a health FSA, but provides minimum essential coverage) if you experience a change in employment status, such that 1) you are no longer expected to work an average of at least 30 hours of service per week, but 2) the reduction in hours does not result in you ceasing to be eligible for coverage. The revocation of the election of coverage must correspond to your intent to enroll yourself and any eligible dependents (who cease coverage due to the revocation) in another plan that provides minimum essential coverage, with the new coverage effective no later than the first day of the second month following the month that includes the date the original coverage is revoked.

8. Enrollment in a Qualified Health Plan through the Marketplace

You may prospectively revoke an election for coverage (that is not a health FSA, but provides minimum essential coverage) if you are eligible for a special or annual enrollment period to enroll in a Qualified Health Plan through the Health Insurance Marketplace ("Marketplace") established under section 1311 of the Affordable Care Act. The revocation of the election of coverage must correspond to your intent to enroll yourself and any eligible dependents (who cease coverage due to the revocation) in the Qualified Health Plan, the effective date for which is no later than the day immediately following the last day of coverage through your group health plan.

You may prospectively revoke an election for family coverage (that is not a health FSA, but provides minimum essential coverage) if one or more already-covered related individuals are eligible for a special enrollment period to enroll in a Qualified Health Plan through the Marketplace, or one or more already-covered related individuals seek to enroll in a Qualified Health Plan during the Marketplace's annual open enrollment period. The revocation of coverage must correspond to the intended enrollment of the related individual(s) in the Qualified Health Plan for new coverage, the effective date for which is no later than the day immediately following the last day of the revoked coverage.

If you revoke your election during the Plan Year or during a designated benefit plan year for any reason other than those specifically allowed by the Internal Revenue Code and the

regulations thereunder, the amount of your contribution during that designated benefit plan year may be included in your gross income.

HOW THE PLAN WORKS

ELECTION OF BENEFITS

Prior to the beginning of each Plan Year or designated subsequent benefit plan year, you will designate your insurance coverage. As noted, if you do not complete the applicable enrollment form(s) during a designated benefit open enrollment period for the qualified insurance premiums and/or health savings account (HSA) contributions portion of the Plan, your participation will automatically renew for the subsequent designated benefit plan year at the new amounts. The available choices are qualified insurance premiums, health savings account (HSA) contributions, limited purpose flexible spending account (LPFSA) expenses, health flexible spending account (FSA) expenses and dependent care assistance (DCA) expenses.

If you elect to participate in the Plan, then you pay for your coverage on a pre-tax basis. Paying for benefits with money which has not yet been taxed may, therefore, increase your take home pay. The result is additional spendable income. You must notify your Human Resources Department in writing within thirty (30) days from becoming eligible in the Plan or within (30) days from the beginning of a new Plan Year or designated benefit plan year, if you wish to not pay for your benefits on a pre-tax basis. The amount you use to pay for such benefits will, therefore, be taxable to you.

You must make your election prior to the beginning of the Plan Year or designated benefit plan year. However, if you become eligible to participate in the Plan after a designated subsequent open enrollment, you may enroll on the date you become eligible. The amount you may pledge will be pro-rated based upon your eligibility date for the FSA expenses, LPFSA expenses or DCA expenses portions of the Plan only.

Each year you will be informed of the premium rates that apply and the total amount you may pledge. The available amount announced each year will be the same for all Employees. The type and amount of coverage you elect will determine your total contribution which the Employer will deduct from your paycheck based on your elections.

The maximum contribution levels are as follows:

- qualified insurance premiums: specified by the Employer.
 - health savings account (HSA) maximum contributions are follows for **2024**:
 - \$4,150* (self-only coverage under a qualified High Deductible Health Plan)
 - \$8,300* (family coverage under a qualified High Deductible Health Plan)
- * If you are age 55 or older, you can contribute \$1,000 in addition to the **2024** HSA maximum amount.

Note: Subsequent years- HSA maximum contribution amounts are indexed annually. Please consult with your Human Resources Department.

- health flexible spending account (FSA) expenses: \$3,200 maximum
- limited purpose flexible spending account (LPFSA) expenses: \$3,200 maximum
- dependent care assistance (DCA) expenses: \$5,000 maximum (\$2,500 maximum for

married couples filing separate tax returns.)

CHOICE OF BENEFITS

You may make an election under the terms of the Plan with respect to the following benefits:

(a) Qualified Insurance Premiums

You may allow the Employer to reduce your current salary pursuant to the applicable enrollment form(s) provided by the Employer and make premium payments for coverage under the Employer's qualified insurance plans. Premium payments shall be made directly by the Employer, and benefits shall be paid pursuant to the terms of the applicable benefit plans. The benefit descriptions and all other provisions in such plans and any applicable contracts, as in effect from time to time, are hereby incorporated by reference into this Plan.

Such qualified insurance premiums apply to you, your spouse or your dependents (as defined in Section 152 of the Code), as well as your Children who have not attained age 27 as of the end of the taxable year.

(b) Health savings account (HSA) contributions

You must be covered by a HSA-qualified high deductible health plan (HDHP) and you may allow the Employer to reduce your current salary pursuant to the applicable enrollment form provided by the Employer for contributions to your Health savings account (HSA). You cannot be covered by another health plan, including Medicare, and you cannot be claimed as a dependent on another individual's tax return.

- Medicare Enrollment: All HSA contributions must cease for the current Plan Year maximum contribution amount once a participant is enrolled in any type of Medicare.
- Full Plan Year's Contribution:
 - A full Plan Year's contribution may be made to an HSA if you become eligible under a qualified High Deductible Health Plan at anytime during the Plan Year.
 - If you contribute a full Plan Year's contribution but are eligible for only part of the Plan Year, you will be subject to taxes and penalties if you don't remain a participant in the Plan for 12 months after the Plan Year in which you first become eligible.
- Excess contributions:
 - Contributions to the HSA in excess of the contribution limits must be withdrawn by the participant or be subject to an excise tax.
 - A pro-rata portion of earnings must be withdrawn, also
 - Pay income tax on the withdrawn amount, but no 20% penalty
 - If the HSA maximum contribution limit was not reached for the Plan Year, any other withdrawal for the Plan Year (that is not for qualified medical expenses) will not be considered "excess HSA contributions" and this withdrawal will be subject to both income tax and the 20% penalty.
- Contributions are pre-tax:

- All HSA contributions through this Plan are “pre-tax” and are not subject to individual or employment taxes.

(c) Health Flexible Spending Account (FSA) Expenses

You may not enroll in this portion of the Plan if you are enrolled in a Health savings account (HSA).

You may allow the Employer to reduce your current salary pursuant to a Flexible Benefits Plan Enrollment Form and make payments on your behalf for the subsequent reimbursement of certain FSA expenses. Only those health expenses allowed by Section 213 of the Code may be submitted for reimbursement through this portion of the Plan.

Such expenses may be incurred by you, your spouse or your dependents (as defined in Section 152 of the Code), as well as your Children who have not attained age 27 as of the end of the taxable year. The expense will only be reimbursed to the extent that you or other person is not reimbursed for the expense through any other insurance or other source. Any reimbursement to you under this Plan may not otherwise be claimed as a credit or deduction under the Code.

The following health expenses may be submitted for reimbursement under the FSA expenses portion of the Plan:

- (1) Expenses for medical care as allowed by Section 213 of the Code.
- (2) Expenses incurred for medicines and drugs purchased without a prescription to alleviate or treat personal injuries or sickness if substantiated by a receipt showing, at a minimum, 1) the date purchased, 2) the amount of the purchase, and 3) the specific item(s) purchased.
- (3) Any other expense allowed by the IRS as reimbursable under a flexible spending account.

There are certain expenses that do not qualify. For example, you cannot obtain reimbursement for health club dues, non-prescription eyeglasses or sunglasses, programs or prescriptions to control weight (unless a medical necessity exists) and cosmetic procedures (including teeth bleaching, electrolysis, hair transplants and prescriptions or OTC drugs taken for cosmetic reasons) unless necessary because of injuries you receive or related to a congenital disfigurement.

(d) Limited purpose Flexible Spending Account (LPFSA) Expenses

This option is available only to those participants enrolled in a Health savings account (“HSA”).

You may allow the Employer to reduce your current salary pursuant to a Flexible Benefits Plan Enrollment Form to make payments on your behalf for the subsequent reimbursement of certain medical expenses. Only vision, dental and preventive care expenses as specified by Sections 213 and 223 of the Code may be submitted for reimbursement through this portion of the Plan.

Such expenses may be incurred by you, your spouse or your dependent. The expense will only be reimbursed to the extent that you or other person is not reimbursed for the

expense through any other insurance or other source. Any reimbursement to you under this Plan may not otherwise be claimed as a credit or deduction under the Code.

The following medical expenses may be submitted for reimbursement under the LPFSA expenses portion of the Plan:

- (1) Expenses for vision care as allowed by Sections 213 and 223.
- (2) Expenses for dental care as allowed by Sections 213 and 223.
- (3) Expenses for preventive care.

Expenses for preventive care do not generally include any service or benefit intended to treat an existing illness, injury or condition. Preventive care includes, but is not limited to, the following:

- Periodic health evaluations, including tests and diagnostic procedures ordered in connection with routine examinations, such as annual physicals.
- Routine prenatal and well-child care.
- Child and adult immunizations.
- Tobacco cessation programs.
- Obesity weight-loss programs.
- Screening services, including:
 - Cancer Screening
 - Heart and Vascular Diseases Screening
 - Infectious Diseases Screening
 - Mental Health Conditions and Substance Abuse Screening
 - Metabolic, Nutritional, and Endocrine Conditions Screening
 - Musculoskeletal Disorders Screening
 - Obstetric and Gynecologic Conditions Screening
 - Pediatric Conditions Screening
 - Vision and Hearing Disorders Screening

(e) Dependent Care Assistance (DCA) Expenses

A Participant may allow the Employer to reduce his or her current salary pursuant to a Flexible Benefits Plan Enrollment Form and make payments on behalf of the Participant for the subsequent reimbursement of certain DCA expenses in accordance with Section 129 of the Code.

A Participant may request reimbursement for those dependent care expenses incurred in connection with the following qualifying individuals:

- i. A dependent of the Participant who is under age 13 and with respect to whom the

Participant is entitled to a deduction under Section 151(c) of the Code.

- ii. A dependent of the Participant who is physically or mentally incapable of caring for himself or herself.
- iii. The spouse of the Participant, if he or she is physically or mentally incapable of caring for himself or herself.
- iv. Any other individual defined under Section 21(b) of the Code.

Expenses will only be reimbursed to the extent they allow the Participant and spouse, if any, to be gainfully employed. Such expenses include costs for the care of a qualifying individual described above and related household services.

Also, a Participant may request reimbursement for those expenses incurred outside the Participant's home for the care of a qualifying individual described in (1) above or for the care of those qualifying individuals described in (2) and (3) above if those individuals regularly spend at least eight (8) hours each day in the Participant's household.

Expenses incurred outside the Participant's home at a dependent care center are reimbursable only if such center complies with all applicable laws and regulations of the appropriate State or unit of local government or any other requirement under the Code.

Expenses paid to the spouse or other dependent of the Participant for the care of any qualifying individual are not reimbursable. Any reimbursement under this Plan may not otherwise be claimed as a credit or deduction under the Code. Notwithstanding the above, only expenses specifically allowed by Sections 21, 129 or any other related section of the Code will be reimbursed.

FICA

It is important to note that because you are enjoying the benefits of pre-tax savings, you will be paying less FICA for your future Social Security retirement. Your eventual benefit under Social Security will, therefore, be slightly reduced. Most Employees see only a very slight reduction in benefits.

UNIFORM COVERAGE

Under the FSA and LPFSA portions of the Plan only, the total amount of your elective annual contribution will be available for reimbursement to you at any time during the Plan Year or Grace Period.

LOSS OF BENEFITS

If you do not use all of the amounts which you contribute to the FSA, LPFSA or DCA portions of the Plan during the Plan Year or Grace Period, you will lose these amounts and they will be returned to the Employer. You cannot commingle your salary reduction amounts among the various portions of the Plan. Therefore, you should be conservative in estimating your expenses.

The Heroes Earnings Assistance and Relief Tax Act of 2008 ("HEART Act"), allows military reservists called to active duty for a period of at least 180 days (or for an indefinite period of time) who participate in the Plan to obtain distributions of their unused balances from their FSA or LPFSA. These distributions will be made during the period beginning on the date of the call to active duty, and end on the last date reimbursements could be made under the FSA or LPFSA for

that Plan Year. You must notify your Human Resources Department by the last date reimbursements end for that Plan Year to receive this distribution. The distribution will be taxable to you.

CLAIMS PROCEDURE

Claims for benefits under any qualified insurance plan should be submitted in accordance with the procedures established by the applicable plans.

You may receive distributions from your Health Savings Account (HSA) at any time. You may withdraw your funds by either using your debit card provided by the HSA custodian or trustee or by issuing a check from your HSA account. It is important to remember that you control the distributions from your HSA. You will be required to report distributions on your income tax returns. Therefore, please keep all your receipts for any qualified medical expenses. Also, distributions from your HSA for qualified medical expenses are tax free. If, however, you take a distribution for a non-qualified expense, you will be required to pay the appropriate tax and any applicable penalty.

Reimbursement claims for the FSA expenses or LPFSA expenses (non-Allied Flex Debit Card) and DCA expenses must be submitted in writing on the form provided. DCA expenses may only be reimbursed if you provide a written statement stating that the expense has been incurred during the Plan Year or Grace Period, the amount of such expense and that the expense has not been reimbursed or is not reimbursable under any other plan. FSA or LPFSA expenses may only be reimbursed if you provide a written statement stating that the expense has been incurred during the Plan Year or Grace Period, the amount of such expense and that the expense has not been reimbursed or is not reimbursable under any other plan. Use of the Allied Flex Debit Card is only available for use for the FSA or LPFSA expenses (non-Allied Flex Debit Card) and DCA expenses must be submitted in writing on the form provided. Please note that you are still required to keep all receipts since you may be asked for the receipts in order to substantiate the claim. All such claims must be submitted within 90 days following the end of the Plan Year. Your failure to do so will result in the denial of the charges.

After a FSA, LPFSA or DCA claim is processed, an electronic notification will be provided by the Plan Administrator showing the calculation of the total amount payable for the claim, charges not payable, and the reason. If the claim is denied or reduced in whole or in part, it is considered an "Adverse Benefit Determination" and is subject to the provisions detailed below.

The Plan will notify you of an Adverse Benefit Determination within 30 days after receipt of the claim. However, in certain cases an extension of up to 15 days may be utilized if the Plan determines that the extension is necessary due to matters beyond the control of the Plan and you are notified prior to the expiration of the initial 30 day period, of the circumstances requiring the extension of time and the date by which the Plan expects to render a decision. If such an extension is necessary due to your failure to submit the information necessary to decide the claim, the notice of extension shall specifically describe the required information, and you shall be given at least 45 days within which to provide the specified information.

A notice of Adverse Benefit Determination will include the following:

- ◆ The specific reason or reasons for the adverse determination.
- ◆ Reference to specific plan provisions on which the adverse determination is based.

- ◆ A description of the Plan's appeal procedures and the time limits applicable to such procedures.
- ◆ If an internal rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination, either the specific rule, guideline, protocol, or other similar criterion will be set forth in the notice of Adverse Benefit Determination; or the notice will contain a statement that such a rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination and that a copy of such rule, guideline, protocol, or other criterion will be provided free of charge to you upon request.
- ◆ If the Adverse Benefit Determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to your medical circumstances, will be set forth in the notice of Adverse Benefit Determination, or the notice will contain a statement that such explanation will be provided free of charge upon request.

APPEALS

If you receive an Adverse Benefit Determination, you or your authorized representative may appeal the determination by filing a written application with the Plan. In appealing an Adverse Benefit Determination, the Plan will provide you or your authorized representative:

- ◆ The opportunity to submit written comments, documents, records, and other information relating to the claim for benefits.
- ◆ Upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim.
- ◆ A full and fair review that takes into account all comments, documents, records, and other information submitted by you relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination.
- ◆ A full and fair review that does not afford deference to the initial benefit determination and is conducted by an appropriate named fiduciary of the Plan who is neither the individual who made the initial Adverse Benefit Determination that is the subject of the appeal, nor the subordinate of such individual.
- ◆ In deciding an appeal of an Adverse Benefit Determination that is based in whole or in part on a medical judgment, including determinations with regard to whether a particular treatment, drug, or other item is experimental, investigational, or not medically necessary or appropriate, that the appropriate named fiduciary shall consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment and that the health care professional consulted shall neither be an individual who was consulted in connection with the initial Adverse Benefit Determination that is the subject of the appeal, nor the subordinate of any such individual.
- ◆ Upon request, the identification of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with an Adverse Benefit Determination, without regard to whether the advice was relied upon in making the benefit determination.

An appeal must be filed within 180 days after the Adverse Benefit Determination is received. The Plan will notify you or your authorized representative of the Plan's determination within 60 days after receipt of an appeal.

The Plan's determination

- will be in writing setting forth specific reasons for the decision and reference to the specific plan provisions upon which the determination is based.
- will contain a statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits.
- if an internal rule, guideline, protocol, or other similar criterion was relied upon in making the Adverse Benefit Determination, either the specific rule, guideline, protocol, or other similar criterion will be set forth in the determination; or the determination will contain a statement that such rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination and that a copy of the rule, guideline, protocol, or other similar criterion will be provided free of charge to you upon request.
- if the Adverse Benefit Determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to your medical circumstances, will be set forth in the determination or the determination will contain a statement that such explanation will be provided free of charge upon request.

ADMINISTRATION OF THE PLAN

Calendar records are maintained for a Plan Year ending the last day of December each year or a designated benefit plan year. The Plan is a legal entity. Legal notices may be filed with and legal process served upon the Plan Administrator.

As Plan Administrator and Plan Fiduciary, the Employer has complete authority to control and manage the operation and administration of the Plan. In exercising its fiduciary and other responsibilities, the Employer shall have the discretionary authority to determine eligibility for benefits, review any denied claims for benefits and construe disputed Plan terms. The Employer shall be deemed to have properly exercised such authority, unless it has abused its discretion by acting arbitrarily and capriciously.

The Employer reserves the right to amend, modify, revoke or terminate the Plan, in whole or in part, at any time. The authority to make any such changes to the Plan rests with an authorized representative of the Employer. Any such amendment, modification, revocation or termination of the Plan shall be made by a written amendment signed by an authorized representative. The Plan Administrator shall communicate such changes to Plan participants. Plan participants will be furnished with summary descriptions of material modifications not later than 210 days after the end of the Plan Year in which the change is adopted. Any modification or change that is a material reduction in benefits provided under the Plan will be communicated to participants not later than 60 days after adopting the modification or change, unless the Employer provides summaries of modifications or changes at regular intervals of not more than 90 days.

If you have any questions regarding your FSA, LPFSA or DCA claim submission or claim status, please contact:



Allied Benefit Systems, LLC

P.O. Box 211651

Eagan, MN 55121

P 312-906-8080

F 312-906-8359

E FlexClaims@Alliedbenefit.com

**STANDARDS FOR PRIVACY AND SECURITY OF INDIVIDUALLY
IDENTIFIABLE HEALTH INFORMATION ISSUED PURSUANT TO THE
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF
1996, AS AMENDED (“HIPAA”)**

A. Privacy Standards.

1. Disclosure of Protected Health Information (“PHI”) to the Plan Sponsor for Plan Administration Purposes.

In order that the Plan Sponsor may receive and use PHI for Plan Administration purposes, the Plan Sponsor agrees to:

- a. Not use or further disclose PHI other than as permitted or required by the Plan Documents or as required by law (as defined in the Privacy Standards);
- b. Ensure that any agents, including a subcontractor, to whom the Plan Sponsor provides PHI received from the Plan agree to the same restrictions and conditions that apply to the Plan Sponsor with respect to such PHI;
- c. Not use or disclose PHI for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the Plan Sponsor, except pursuant to an authorization which meets the requirements of the Privacy Standards;
- d. Report to the Plan any PHI use or disclosure that is inconsistent with the uses or disclosures provided for of which the Plan Sponsor becomes aware;
- e. Make available PHI in accordance with Section 164.524 of the Privacy Standards (45 CFR 164.524);
- f. Make available PHI for amendment and incorporate any amendments to PHI in accordance with Section 164.526 of the Privacy Standards (45 CFR 164.526);
- g. Make available the information required to provide an accounting of disclosures in accordance with Section 164.528 of the Privacy Standards (45 CFR 164.528);
- h. Make its internal practices, books and records relating to the use and disclosure of PHI received from the Plan available to the Secretary of the U.S. Department of Health and Human Services (“HHS”), or any other officer or employee of HHS to whom the authority involved has been delegated, for purposes of determining compliance by the Plan with Part 164, Subpart E, of the Privacy Standards (45 CFR 164.500 et seq);
- i. If feasible, return or destroy all PHI received from the Plan that the Plan Sponsor still maintains in any form and retain no copies of such PHI when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the PHI infeasible; and
- j. Ensure that adequate separation between the Plan and the Plan Sponsor, as required in Section 164.504(f)(2)(iii) of the Privacy Standards (45 CFR 164.504(f)(2)(iii)), is established as follows:

- i. The following employees, or classes of employees, or other persons under control of the Plan Sponsor, shall be given access to the PHI to be disclosed:

The Human Resources Manager, Staff designated by Human Resources Manager, Chief Financial Officer and Staff designated by Chief Financial Officer.

- ii. The access to and use of PHI by the individuals described in subsection (i) above shall be restricted to the Plan Administration functions that the Plan Sponsor performs for the Plan.
- iii. In the event any of the individuals described in subsection (i) above do not comply with the provisions of the Plan Documents relating to use and disclosure of PHI, the Plan Administrator shall impose reasonable sanctions as necessary, in its discretion, to ensure that no further non-compliance occurs. Such sanctions shall be imposed progressively (for example, an oral warning, a written warning, time off without pay and termination), if appropriate, and shall be imposed so that they are commensurate with the severity of the violation.

“Plan Administration” functions are activities that would meet the definitions of treatment, payment and health care operations. “Plan Administration” functions include, but are not limited to quality assurance, claims processing, auditing, monitoring, management and eligibility information requests. It does not include any employment-related functions or functions in connection with any other benefit or benefit plans.

The Plan shall disclose PHI to the Plan Sponsor only upon receipt of a certification by the Plan Sponsor that (a) the Plan Documents have been amended to incorporate the above provisions and (b) the Plan Sponsor agrees to comply with such provisions.

2. Disclosure of Certain Enrollment Information to the Plan Sponsor.

Pursuant to Section 164.504(f)(1)(iii) of the Privacy Standards (45 CFR 164.504(f)(1)(iii)), the Plan may disclose to the Plan Sponsor information on whether an individual is participating in the Plan or is enrolled in or has disenrolled from a health insurance issuer or health maintenance organization offered by the Plan to the Plan Sponsor.

3. Other Disclosures and Uses of PHI.

With respect to all other uses and disclosures of PHI, the Plan shall comply with the Privacy Standards.

B. Security Standards.

1. Definitions.

- a. The term “Electronic Protected Health Information” (“E PHI”) has the meaning set forth in Section 160.103 of the Security Standards (45 C.F.R. 160.103) and generally means individually identifiable health information that is transmitted or maintained in any electronic media.
- b. The term “Security Incidents” has the meaning set forth in Section 164.304 of the Security Standards (45 C.F.R. 164.304) and generally means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with systems operations in an information system.

2. Plan Sponsor Obligations.

Where EPHI will be created, received, maintained, or transmitted to or by the Plan Sponsor on behalf of the Plan, the Plan Sponsor shall reasonably safeguard the EPHI as follows:

- a. Plan Sponsor shall implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of EPHI that Plan Sponsor creates, receives, maintains, or transmits on behalf of the Plan;
- b. Plan Sponsor shall ensure that the adequate separation that is required by Section 164.504 (f) (2) (iii) of the Security Standards (45 C.F.R. 164.504 (f) (2) (iii)) is supported by reasonable and appropriate security measures;
- c. Plan Sponsor shall ensure that any agents, including a subcontractor, to whom it provides EPHI agrees to implement reasonable and appropriate security measures to protect such EPHI; and
- d. Plan Sponsor shall report to the Plan any Security Incidents of which it becomes aware as described below:
 - i.) Plan Sponsor shall report to the Plan within a reasonable time after the Plan Sponsor becomes aware of any Security Incident that results in unauthorized access, use, disclosure, modification, or destruction of the Plan's EPHI; and
 - ii.) Plan Sponsor shall report to the Plan any other Security Incident on an aggregate basis every quarter, or more frequently upon the Plan's request.
- e. Plan Sponsor shall make its internal practices, books, and records relating to its compliance with the Security Standards to the Secretary of the U.S. Department of Health and Human Services ("HHS"), or any other officer or employee of HHS to whom the authority involved has been delegated, for purposes of determining compliance by the Plan with the Security Standards.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT COVERED PERSONS MAY BE USED AND DISCLOSED AND HOW COVERED PERSONS CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (“Notice”) describes how protected health information may be used or disclosed by this Plan to carry out treatment, payment, health care operations and for other purposes that are permitted or required by law. This Notice also sets out this Plan’s legal obligations concerning a Covered Person’s protected health information and describes a Covered Person’s rights to access, amend and manage that protected health information.

Protected health information (“PHI”) is individually identifiable health information, including demographic information, collected from a Covered Person or created or received by a health care provider, a health plan, an employer (when functioning on behalf of the group health plan), or a health care clearinghouse and that relates to: (1) a Covered Person’s past, present or future physical or mental health or condition; (2) the provision of health care to a Covered Person; or (3) the past, present or future payment for the provision of health care to a Covered Person.

This Notice has been drafted to be consistent with what is known as the “HIPAA Privacy Rule,” and any of the terms not defined in this Notice should have the same meaning as they have in the HIPAA Privacy Rule.

If You have any questions or want additional information about the Notice or the policies and procedures described in the Notice, please contact the Human Resources Department.

THE PLAN’S RESPONSIBILITIES

The Plan is required by law to maintain the privacy of a Covered Person’s PHI. The Plan is obligated to provide the Covered Person with a copy of this Notice of the Plan’s legal duties and of its privacy practices with respect to the Covered Person’s PHI, abide by the terms of the Notice that is currently in effect, and notify the Covered Person in the event of a breach of the Covered Person’s unsecured PHI. The Plan reserves the right to change the provisions of this Notice and make the new provisions effective for all PHI that is maintained. If the Plan makes a material change to this Notice, a revised Notice will be mailed to the address that the Plan has on record.

When using or disclosing PHI or when requesting PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

Genetic information shall be treated as health information pursuant to the Health Insurance Portability and Accountability Act. The use or disclosure by the Plan of protected health information that is genetic information about an individual for underwriting purposes under the Plan shall not be a permitted use or disclosure.

However, the minimum necessary standard will not apply in the following situations:

- disclosures to or requests by a health care provider for treatment;
- uses or disclosures made to the individual;
- disclosures made to the Secretary of the U.S. Department of Health and Human

Services;

- uses or disclosures that are required by law;
- uses or disclosures that are required for compliance with the HIPAA Privacy Rule; and
- uses or disclosures made pursuant to an authorization.

This Notice does not apply to information that has been de-identified. De-identified information is health information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual. It is not individually identifiable health information.

PERMISSIBLE USES AND DISCLOSURES OF PHI

The following is a description of how the Plan is most likely to use and/or disclose a Covered Person's PHI.

TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

The Plan has the right to use and disclose a Covered Person's PHI for all activities that are included within the definitions of "treatment, payment and health care operations" as described in the HIPAA Privacy Rule.

TREATMENT

The Plan will use or disclose PHI so that a Covered Person may seek treatment. Treatment is the provision, coordination or management of health care and related services. It also includes, but is not limited to consultations and referrals between one or more of a Covered Person's providers. For example, the Plan may disclose to a treating specialist the name of a Covered Person's primary care physician so that the specialist may request medical records from that primary care physician.

PAYMENT

The Plan will use or disclose PHI to pay claims for services provided to a Covered Person and to obtain stop-loss reimbursements, if applicable, or to otherwise fulfill the Plan's responsibilities for coverage and providing benefits. For example, the Plan may disclose PHI when a provider requests information regarding a Covered Person's eligibility for coverage under this Plan, or the Plan may use PHI to determine if a treatment that was received was medically necessary.

HEALTH CARE OPERATIONS

The Plan will use or disclose PHI to support its business functions. These functions include, but are not limited to quality assessment and improvement, reviewing provider performance, licensing, stop-loss underwriting, business planning and business development. For example, the Plan may use or disclose PHI: (1) to provide a Covered Person with information about a disease management program; (2) to respond to a customer service inquiry from a Covered Person or (3) in connection with fraud and abuse detection and compliance programs.

POTENTIAL IMPACT OF STATE LAW

The HIPAA Privacy Regulations generally do not "preempt" (or take precedence over) state

privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Regulations, might impose a privacy standard under which the Plan will be required to operate. For example, where such laws have been enacted, the Plan will follow more stringent state privacy laws that relate to uses and disclosures of PHI concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, reproductive rights, etc.

OTHER PERMISSIBLE USES AND DISCLOSURES OF PHI

The following is a description of other possible ways in which the Plan may (and is permitted to) use and/or disclose PHI.

REQUIRED BY LAW

The Plan may use or disclose PHI to the extent the law requires the use or disclosure. When used in this Notice, “required by law” is defined as it is in the HIPAA Privacy Rule. For example, the Plan may disclose PHI when required by national security laws or public health disclosure laws.

PUBLIC HEALTH ACTIVITIES

The Plan may use or disclose PHI for public health activities that are permitted or required by law. For example, the Plan may use or disclose information for the purpose of preventing or controlling disease, injury, or disability, or it may disclose such information to a public health authority authorized to receive reports of child abuse or neglect. The Plan also may disclose PHI, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

HEALTH OVERSIGHT ACTIVITIES

The Plan may disclose PHI to a health oversight agency for activities authorized by law, such as: audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee: (1) the health care system; (2) government benefit programs; (3) other government regulatory programs and (4) compliance with civil rights laws.

ABUSE OR NEGLECT

The Plan may disclose PHI to a government authority that is authorized by law to receive reports of abuse, neglect or domestic violence. Additionally, as required by law, the Plan may disclose to a governmental entity, authorized to receive such information, a Covered Person’s PHI if there is reason to believe that the Covered Person has been a victim of abuse, neglect, or domestic violence.

LEGAL PROCEEDINGS

The Plan may disclose PHI: (1) in the course of any judicial or administrative proceeding; (2) in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized) and (3) in response to a subpoena, a discovery request, or other lawful process, once the Plan has met all administrative requirements of the HIPAA Privacy Rule. For example, the Plan may disclose PHI in response to a subpoena for

such information, but only after first meeting certain conditions required by the HIPAA Privacy Rule.

LAW ENFORCEMENT

Under certain conditions, the Plan also may disclose PHI to law enforcement officials. For example, some of the reasons for such a disclosure may include, but not be limited to: (1) it is required by law or some other legal process; (2) it is necessary to locate or identify a suspect, fugitive, material witness, or missing person or (3) it is necessary to provide evidence of a crime.

CORONERS, MEDICAL EXAMINERS, FUNERAL DIRECTORS, AND ORGAN DONATION ORGANIZATIONS

The Plan may disclose PHI to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death or for the coroner or medical examiner to perform other duties authorized by law. The Plan also may disclose, as authorized by law, information to funeral directors so that they may carry out their duties. Further, the Plan may disclose PHI to organizations that handle organ, eye or tissue donation and transplantation.

RESEARCH

The Plan may disclose PHI to researchers when an institutional review board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the information and (2) approved the research.

TO PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY

Consistent with applicable federal and state laws, the Plan may disclose PHI if there is reason to believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The Plan also may disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

MILITARY ACTIVITY AND NATIONAL SECURITY, PROTECTIVE SERVICES

Under certain conditions, the Plan may disclose PHI if Covered Persons are, or were, Armed Forces personnel for activities deemed necessary by appropriate military command authorities. If Covered Persons are members of foreign military service, the Plan may disclose, in certain circumstances, PHI to the foreign military authority. The Plan also may disclose PHI to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons or heads of state.

INMATES

If a Covered Person is an inmate of a correctional institution, the Plan may disclose PHI to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to the Covered Person; (2) the Covered Person's health and safety and the health and safety of others or (3) the safety and security of the correctional institution.

WORKERS' COMPENSATION

The Plan may disclose PHI to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

EMERGENCY SITUATIONS

The Plan may disclose PHI of a Covered Person in an emergency situation, or if the Covered Person is incapacitated or not present, to a family member, close personal friend, authorized disaster relief agency, or any other person previous identified by the Covered Person. The Plan will use professional judgment and experience to determine if the disclosure is in the best interests of the Covered Person. If the disclosure is in the best interest of the Covered Person, the Plan will disclose only the PHI that is directly relevant to the person's involvement in the care of the Covered Person.

FUNDRAISING ACTIVITIES

The Plan may use or disclose the PHI of a Covered Person for fundraising activities, such as raising money for a charitable foundation or similar entity to help finance its activities. If the Plan does contact the Covered Person for fundraising activities, the Plan will give the Covered Person the opportunity to opt-out, or stop, receiving such communications in the future.

GROUP HEALTH PLAN DISCLOSURES

The Plan may disclose the PHI of a Covered Person to a sponsor of the group health plan – such as an employer or other entity – that is providing a health care program to the Covered Person. The Plan can disclose the PHI of the Covered Person to that entity if that entity has contracted with the Plan to administer the Covered Person's health care program on its behalf.

UNDERWRITING PURPOSES

The Plan may use or disclose the PHI of a Covered Person for underwriting purposes, such as to make a determination about a coverage application or request. If the Plan does use or disclose the PHI of the Covered Person for underwriting purposes, the Plan is prohibited from using or disclosing in the underwriting process the PHI of the Covered Person that is genetic information.

OTHERS INVOLVED IN YOUR HEALTH CARE

Using its best judgment, the Plan may make PHI known to a family member, other relative, close personal friend or other personal representative that the Covered Person identifies. Such use will be based on how involved the person is in the Covered Person's care or in the payment that relates to that care. The Plan may release information to parents or guardians, if allowed by law.

If a Covered Person is not present or able to agree to these disclosures of PHI, then, using its professional judgment, the Plan may determine whether the disclosure is in the Covered Person's best interest.

REQUIRED DISCLOSURES OF PHI

The following is a description of disclosures that the Plan is required by law to make.

DISCLOSURES TO THE SECRETARY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Plan is required to disclose PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining the Plan's compliance with the HIPAA Privacy Rule.

DISCLOSURES TO COVERED PERSONS

The Plan is required to disclose to a Covered Person most of the PHI in a "designated record set" when that Covered Person requests access to this information. Generally, a designated record set contains medical and billing records, as well as other records that are used to make decisions about a Covered Person's health care benefits. The Plan also is required to provide, upon the Covered Person's request, an accounting of most disclosures of his PHI that are for reasons other than treatment, payment and health care operations and are not disclosed through a signed authorization.

The Plan will disclose a Covered Person's PHI to an individual who has been designated by that Covered Person as his personal representative and who has qualified for such designation in accordance with relevant state law. However, before the Plan will disclose PHI to such a person, the Covered Person must submit a written notice of his designation, along with the documentation that supports his qualification (such as a power of attorney).

Even if the Covered Person designates a personal representative, the HIPAA Privacy Rule permits the Plan to elect not to treat that individual as the Covered Person's personal representative if a reasonable belief exists that: (1) the Covered Person has been, or may be, subjected to domestic violence, abuse or neglect by such person; (2) treating such person as his personal representative could endanger the Covered Person, or (3) the Plan determines, in the exercise of its professional judgment, that it is not in its best interest to treat that individual as the Covered Person's personal representative.

BUSINESS ASSOCIATES

The Plan contracts with individuals and entities (Business Associates) to perform various functions on its behalf or to provide certain types of services. To perform these functions or to provide the services, the Plan's Business Associates will receive, create, maintain, use or disclose PHI, but only after the Plan requires the Business Associates to agree in writing to contract terms designed to appropriately safeguard PHI. For example, the Plan may disclose PHI to a Business Associate to administer claims or to provide service support, utilization management, subrogation or pharmacy benefit management. Examples of the Plan's Business Associates would be its third party administrator, broker, preferred provider organization and utilization review vendor.

OTHER COVERED ENTITIES

The Plan may use or disclose PHI to assist health care providers in connection with their treatment or payment activities or to assist other covered entities in connection with payment activities and certain health care operations. For example, the Plan may disclose PHI to a health care provider when needed by the provider to render treatment to a Covered Person, and the Plan may disclose PHI to another covered entity to conduct

health care operations in the areas of fraud and abuse detection or compliance, quality assurance and improvement activities or accreditation, certification, licensing or credentialing. This also means that the Plan may disclose or share PHI with other insurance carriers in order to coordinate benefits, if a Covered Person has coverage through another carrier.

PLAN SPONSOR

The Plan may disclose PHI to the Plan Sponsor of the group health plan for purposes of plan administration or pursuant to an authorization request signed by the Covered Person. Also, the Plan may use or disclose "summary health information" to the Plan Sponsor for obtaining premium bids or modifying, amending or terminating the group health plan. Summary health information summarizes the claims history, claims expenses or types of claims experienced by individuals for whom a Plan Sponsor has provided health benefits under a group health plan and from which identifying information has been deleted in accordance with the HIPAA Privacy Rule.

USES AND DISCLOSURES OF PHI THAT REQUIRE A COVERED PERSON'S AUTHORIZATION

SALE OF PHI

The Plan will request the written authorization of a Covered Person before the Plan makes any disclosure that is deemed a sale of the Covered Person's PHI, meaning that the Plan is receiving compensation for disclosing the PHI in this manner.

MARKETING

The Plan will request the written authorization of a Covered Person to use or disclose the Covered Person's PHI for marketing purposes with limited exceptions, such as when the Plan has face-to-face marketing communications with the Covered Person or when the Plan provides promotional gifts of nominal value.

PSYCHOTHERAPY NOTES

The Plan will request the written authorization of a Covered Person to use or disclose any of the Covered Person's psychotherapy notes that the Plan may have on file with limited exception, such as for certain treatment, payment or health care operation functions.

Other uses and disclosures of PHI that are not described previously will be made only with a Covered Person's written authorization. If the Covered Person provides the Plan with such an authorization, he/she may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective for information that has already been used or disclosed, relying on the authorization.

A COVERED PERSON'S RIGHTS

The following is a description of a Covered Person's rights with respect to PHI:

RIGHT TO REQUEST A RESTRICTION

A Covered Person has the right to request a restriction on the PHI the Plan uses or discloses about him/her for treatment, payment or health care operations. The Plan is not required to agree to any restriction that a Covered Person may request. If the Plan

does agree to the restriction, it will comply with the restriction unless the information is needed to provide emergency treatment.

A Covered Person may request a restriction by contacting the Human Resources Department. It is important that the Covered Person directs his request for restriction to this individual or office so that the Plan can begin to process Your request. Requests sent to individuals or offices other than the one indicated might delay processing the request.

The Plan will want to receive this information in writing and will instruct the Covered Person where to send the request when the Covered Person's call is received. In this request, it is important that the Covered Person states: (1) the information whose disclosure he/she wants to limit and (2) how he/she wants to limit the Plan's use and/or disclosure of the information.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

If a Covered Person believes that a disclosure of all or part of his PHI may endanger him/her, that Covered Person may request that the Plan communicates with him/her regarding PHI in an alternative manner or at an alternative location. For example, the Covered Person may ask that the Plan only contact the Covered Person at a work address or via the Covered Person's work e-mail.

The Covered Person may request a restriction by contacting the Human Resources Department. It is important that the request for confidential communications is addressed to this individual or office so that the Plan can begin to process the request. Requests sent to individuals or offices other than the one indicated might delay processing the request.

The Plan will want to receive this information in writing and will instruct the Covered Person where to send a written request upon receiving a call. This written request should inform the Plan: (1) that he/she wants the Plan to communicate his PHI in an alternative manner or at an alternative location and (2) that the disclosure of all or part of this PHI in a manner inconsistent with these instructions would put the Covered Person in danger.

The Plan will accommodate a request for confidential communications that is reasonable and that states that the disclosure of all or part of a Covered Person's PHI could endanger that Covered Person. As permitted by the HIPAA Privacy Rule, "reasonableness" will (and is permitted to) include, when appropriate, making alternate arrangements regarding payment.

Accordingly, as a condition of granting a Covered Person's request, he/she will be required to provide the Plan information concerning how payment will be handled. For example, if the Covered Person submits a claim for payment, state or federal law (or the Plan's own contractual obligations) may require that the Plan disclose certain financial claim information to the Plan Participant under whose coverage a Covered Person may receive benefits (e.g., an Explanation of Benefits "EOB"). Unless the Covered Person has made other payment arrangements, the EOB (in which a Covered Person's PHI might be included) will be released to the Plan Participant.

Once the Plan receives all the information for such a request (along with the instructions for handling future communications), the request will be processed usually within 2

business days or as soon as reasonably possible.

Prior to receiving the information necessary for this request, or during the time it takes to process it, PHI may be disclosed (such as through an EOB). Therefore, it is extremely important that the Covered Person contact the Human Resources Department as soon as the Covered Person determines the need to restrict disclosures of his PHI.

If the Covered Person terminates his request for confidential communications, the restriction will be removed for all of the Covered Person's PHI that the Plan holds, including PHI that was previously protected. Therefore, a Covered Person should not terminate a request for confidential communications if that person remains concerned that disclosure of PHI will endanger him/her.

RIGHT TO INSPECT AND COPY

A Covered Person has the right to inspect and copy PHI that is contained in a "designated record set." Generally, a designated record set contains medical and billing records, as well as other records that are used to make decisions about a Covered Person's health care benefits. However, the Covered Person may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set.

To inspect and copy PHI that is contained in a designated record set, the Covered Person must submit a request by contacting the Human Resources Department. It is important that the Covered Person contact this individual or office to request an inspection and copying so that the Plan can begin to process the request. Requests sent to individuals or offices other than the one indicated might delay the processing of the request. If the Covered Person requests a copy of the information, the Plan may charge a fee for the costs of copying, mailing or other supplies associated with that request.

The Plan may deny a Covered Person's request to inspect and copy PHI in certain limited circumstances. If a Covered Person is denied access to information, he/she may request that the denial be reviewed. To request a review, the Covered Person must contact the Human Resources Department. A licensed health care professional chosen by the Plan will review the Covered Person's request and the denial. The person performing this review will not be the same one who denied the Covered Person's initial request. Under certain conditions, the Plan's denial will not be reviewable. If this event occurs, the Plan will inform the Covered Person through the denial that the decision is not reviewable.

RIGHT TO AMEND

If a Covered Person believes that his PHI is incorrect or incomplete, he/she may request that the Plan amend that information. The Covered Person may request that the Plan amend such information by contacting the Human Resources. Additionally, this request should include the reason the amendment is necessary. It is important that the Covered Person direct this request for amendment to this individual or office so that the Plan can begin to process the request. Requests sent to individuals or offices other than the one indicated might delay processing the request.

In certain cases, the Plan may deny the Covered Person's request for an amendment. For example, the Plan may deny the request if the information the Covered Person wants to amend is not maintained by the Plan, but by another entity. If the Plan denies the request,

the Covered Person has the right to file a statement of disagreement with the Plan. This statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include this statement.

RIGHT OF AN ACCOUNTING

The Covered Person has a right to an accounting of certain disclosures of PHI that are for reasons other than treatment, payment or health care operations. No accounting of disclosures is required for disclosures made pursuant to a signed authorization by the Covered Person or his personal representative. The Covered Person should know that most disclosures of PHI will be for purposes of payment or health care operations, and, therefore, will not be subject to this right. There also are other exceptions to this right.

An accounting will include the date(s) of the disclosure, to whom the Plan made the disclosure, a brief description of the information disclosed and the purpose for the disclosure.

A Covered Person may request an accounting by submitting a request in writing to the Human Resources Department. It is important that the Covered Person direct the request for an accounting to this individual or office so that the Plan can begin to process the request. Requests sent to individuals or offices other than the one indicated might delay processing the request.

A Covered Person's request may be for disclosures made up to 6 years before the date of the request, but not for disclosures made before April 14, 2004. The first list requested within a 12-month period will be free. For additional lists, the Plan may charge for the costs of providing the list. The Plan will notify the Covered Person of the cost involved and he/she may choose to withdraw or modify the request before any costs are incurred.

RIGHT TO A COPY OF THIS NOTICE

The Covered Person has the right to request a copy of this Notice at any time by contacting the Human Resources Department. If you receive this Notice on the Plan's website or by electronic mail, you also are entitled to request a paper copy of this Notice.

COMPLAINTS

A Covered Person may complain to the Plan if he/she believes that the Plan has violated these privacy rights. The Covered Person may file a complaint with the Plan by contacting the Human Resources Department. A copy of a complaint form is available from this contact office.

A Covered Person also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems and (4) be filed within 180 days of the time the Covered Person became or should have become aware of the problem.

The Plan will not penalize or in any other way retaliate against a Covered Person for filing a complaint with the Secretary or with the Plan.

SASED - THE SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE COUNTY
FLEXIBLE BENEFITS PLAN

PLAN DOCUMENT
Amended and Restated Effective 1/1/2024

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ARTICLE I
ESTABLISHMENT OF THE PLAN

1. Establishment of Plan.

SASED - The School Association for Special Education in Dupage County (the “Employer”) hereby establishes a cafeteria plan within the meaning of Section 125 of the Internal Revenue Code of 1986, as amended, for its eligible Employees effective 1/1/2024, to be known as the “SASED - The School Association for Special Education in Dupage County Flexible Benefits Plan (the “Plan”). The Plan was originally effective as of 1/1/2006. The Plan is amended and restated effective as of 1/1/2024.

The purpose of this Plan is to provide eligible Employees a method of obtaining a reimbursement of health coverage and other permissible benefits. Such benefits are provided in a manner which allows the Employee the discretion to choose those benefits which are best suited to the Employee’s needs and obtain them with advantageous tax treatment.

2. Applicability of Plan.

The provisions of this Plan are applicable only to the Employees of the Employer in current employment on or after the Effective Date.

An Employee who retired or separated from employment prior to the Effective Date shall not be entitled to benefits after the Effective Date under the provisions of this Plan unless the Employee is rehired and then becomes eligible for benefits.

The provisions of this Plan for the reimbursement of health coverages are intended to qualify as a medical reimbursement plan within the meaning of Code Section 105(b). The provisions of this Plan for the reimbursement of dependent care assistance (DCA) expenses are intended to qualify as a DCA plan within the meaning of Code Section 129.

The provisions of this Plan are also intended to comply with the Patient Protection and Affordable Care Act (“ACA”). As such, Participants are allowed to make pre-tax salary reduction contributions for health benefits (including a health flexible spending account) for children who have not attained age 27 as of the end of the taxable year, who pursuant to ACA, are properly enrolled in coverage for such benefits.

The above provisions do not, and are not intended in any way to, expand the definition of “child” contained in any applicable medical, dental and/or vision plans.

ARTICLE II
DEFINITIONS

1. Definitions.

The following terms shall have the respective meanings set forth below. When the defined meaning is intended, the term is capitalized.

- (a) The term “Child” means the son, daughter, stepson, or stepdaughter of the Participant, and a Child includes both a legally adopted individual of the Participant and an individual who is lawfully placed with the Participant for legal adoption by the Participant. A Child

also includes an “eligible foster child,” defined as an individual who is placed with the Participant by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction.

- (b) The term “Code” means the Internal Revenue Code of 1986, as amended.
- (c) The term “Employer” means SASSED - The School Association for Special Education in Dupage County and to the extent described in a supplemental agreement to this Plan, an affiliated organization which adopts this Plan pursuant to Article XII of this Plan.
- (d) The term “Effective Date” means 1/1/2006. The Plan is amended and restated effective as of 1/1/2024.
- (e) The term “Employee” means a common-law employee of the Employer.
- (f) The term “Flexible Benefits Plan Enrollment Form” means the agreement, which permits the Employer to reduce the Participant’s current salary and contribute the amount of the reduction to purchase benefits on behalf of the Participant.
- (g) The term “Grace Period” means the two and one-half ($2^{1/2}$) month period of time from the last day of the Plan Year in which a Participant can apply any unused amounts in his or her FSA, LPFSA or DCA expenses account from the previous Plan Year to pay for covered expenses incurred during the two and one-half ($2^{1/2}$) month grace period.
- (h) The term “Highly Compensated Employee” means any Employee who (1) was at any time during the current or preceding Plan Year a 5-percent owner of the Employer; or (2) for the preceding Plan Year, received compensation from the Employer in excess of the amount established by the Internal Revenue Service and was in a group consisting of the top 20 percent of the Employees when ranked on the basis of compensation paid during such year; or (3) any other individual who falls within the provisions of Section 125(e) of the Code or Section 414(q) of the Code (as amended).
- (i) The term “Key Employee” means any Employee who at any time during the Plan year is (1) an officer of the Employer receiving compensation from the Employer in excess of the amount established by the Internal Revenue Service, or (2) a 5-percent owner of the Employer; or (3) a 1-percent owner of the Employer having an annual compensation from the Employer of more than the amount established by the Internal Revenue Service; or (4) any other individual who falls within the provisions of Section 416(i)(1) of the Code (as amended).
- (j) The term “Participant” means an Employee who meets the conditions of Article III.
- (k) The term “Plan” means the “SASSED - The School Association for Special Education in Dupage County Flexible Benefits Plan” which is intended to qualify as a cafeteria plan within the meaning of Code Section 125. This plan also serves as the written plan document for the Employer’s program of DCA reimbursement which is intended to qualify as a DCA plan within the meaning of Code Section 129.
- (l) The term “Plan Administrator” means the person or entity responsible for the day-to-day functions and management of the Plan. The plan administrator may employ persons or firms to perform certain Plan connected services. The plan administrator is the Employer.

- (m) The term “Plan Fiduciary” means the person or entity who has the authority to control and manage the operation and administration of the Plan. The Plan Fiduciary is the Employer.
- (n) The term “Plan Sponsor” means SASSED - The School Association for Special Education in Dupage County and to the extent described in a supplemental agreement to this Plan.
- (o) The term “Plan Supervisor” means the entity providing consulting services to the Employer in connection with the operation of the Plan and performing other functions, including processing of claims. The Plan Supervisor is Allied Benefit Systems, LLC, P.O. Box 211651, Eagan, MN 55121.
- (p) The term “Plan Year” means the Plan is administered according to its designated benefit plan year and/or each Calendar year basis beginning each January 1 and ending each December 31.

2. Gender and Number.

Except when otherwise indicated by the context, any masculine terminology shall also include the feminine and the definition of any term in the singular shall also include the plural.

ARTICLE III
ELIGIBILITY AND PARTICIPATION

1. Date of Participation.

A person who is an Employee of the Employer, working at least twenty (20) hours per week, shall become a Participant in the Plan on the first pay period after meeting the eligibility requirements and upon completion of the necessary enrollment form.

Enrollment in the qualified insurance premiums portion of the Plan is automatic upon completion of the applicable enrollment form(s) provided by the Employer.

A person who is an Employee of the Employer, who is covered by a HSA-qualified high deductible health plan (HDHP), may enroll in a Health Savings Account (HSA) by completing the applicable enrollment form(s) provided by the Employer and cannot be covered by another health plan, including Medicare, and cannot be claimed as a dependent on another individual's tax return. For subsequent plan years, those who participate in the qualified insurance premiums and/or health savings account (HSA) contributions portion of the Plan will automatically renew each year at the new contribution amounts unless the Participant otherwise notifies the Employer in writing within thirty (30) days from becoming eligible in the new Plan Year.

A Flexible Benefits Plan Enrollment Form must be completed to enroll in the health flexible spending account (FSA) expenses, limited purpose flexible spending account (LPFSA) expenses and dependent care assistance (DCA) expenses portions of the Plan. If a Flexible Benefits Plan Enrollment Form is not completed, participation will not begin until a subsequent open enrollment period or a Change in Status event occurs. Failure to complete the necessary applicable enrollment form(s) for the qualified insurance premiums portion of the Plan will also result in the loss of the participation in the current Plan Year until the subsequent open enrollment period or a Change of Status event.

2. Duration.

A Participant shall cease to be a Participant when the conditions of section 1 are no longer satisfied.

ARTICLE IV
BENEFITS

1. Election.

The Plan offers the Participant a choice between certain taxable and nontaxable benefits. Accordingly, prior to the beginning of each designated benefit plan year, a Participant will choose benefits, pledge an amount to pay for the cost of those benefits and then decide whether the cost of that coverage will be paid on a pre-tax or an after-tax basis. Any pre-tax premium payments shall be made directly by the Employer on behalf of the Participant through the applicable enrollment form(s) provided by the Employer. The enrollment in the qualified insurance premiums and/or health savings account (HSA) contributions portion of the Plan will be automatically renewed each subsequent benefit plan year unless the Participant otherwise notifies the Employer in writing within (30) days from the start of a new benefit plan year if they wish to not pay for benefits on a pre-tax basis.

The maximum contribution levels are as follows:

- qualified insurance premiums: specified by the Employer.
- health savings account (HSA) maximum contributions are follows for **2024**:
 - \$4,150* (self-only coverage under a qualified High Deductible Health Plan)
 - \$8,300* (family coverage under a qualified High Deductible Health Plan)

* If you are age 55 or older, you can contribute \$1,000 in addition to the **2024** HSA maximum amount.

Note: Subsequent years- HSA maximum contribution amounts are indexed annually. Please consult with your Human Resources Department.

- health flexible spending account (FSA) expenses: \$3,200 maximum
- limited purpose flexible spending account (LPFSA) expenses: \$3,200 maximum
- dependent care assistance (DCA) expenses: \$5,000 maximum (\$2,500 maximum for married couples filing separate tax returns.)

The amount stated above shall be determined at the discretion of the Employer prior to the commencement of each Plan Year or designated subsequent benefit plan year and shall be uniformly applicable to all Participants. That amount shall be subject to review and final approval by the Employer. A Participant's rate of salary shall not include any bonus payments, fringe benefits or other special compensation. The Employer reserves the right to reduce the amount of the Participant's Flexible Benefits Plan Enrollment Form in order to assure compliance with the requirements of the Code for favorable tax treatment.

2. Nondiscrimination.

It shall be the responsibility of the Employer to ensure compliance with any applicable nondiscrimination requirements. The Plan will not discriminate in favor of Highly Compensated Employees as to benefits or contributions for the Plan Year.

The benefits provided to Key Employees shall not exceed 25% of the aggregate of such benefits provided for all Participant's under the Plan.

Not more than 25% of the amounts paid by the Employer for DCA during the Plan Year may be provided to individuals owning more than 5% of the Employer. In addition, the average benefit provided to non-highly compensated Employees will be at least 55% of the average benefit to Highly Compensated Employees.

Any reduction required of a Participant's salary shall be done on a reasonable and nondiscriminatory basis and will be done on a common dollar value basis rather than a pro-rata basis.

3. New Participants.

If an Employee becomes a Participant in the Plan after the beginning of a Plan Year, the amount pledged will be pro-rated based upon the Participant's eligibility date for the FSA expenses, LPFSA expenses or DCA expenses portions of the Plan only.

4. Terminating Participants.

If a Participant terminates employment prior to the end of a Plan Year or designated benefit plan year, his or her participation in the Plan shall cease. However, in regards to FSA expenses or LPFSA expenses portion of the Plan, expenses incurred prior to termination date are reimbursable, and may be submitted for reimbursement up to 90 days after the end of the Plan Year. However, a Participant who terminates employment and is eligible for continuation coverage (COBRA) may be allowed to continue to contribute to the FSA expenses or LPFSA expenses portion of the Plan on an after-tax basis only. Also, those Participants who separate from service or otherwise cease to be eligible under the DCA expenses portion of the Plan, may continue to submit for reimbursement eligible claims incurred during the Plan Year. DCA expenses incurred after the Plan Year ends are not reimbursable. Except as indicated above, no additional contributions to the Plan are allowed.

5. Flexible Benefits Plan Enrollment Form.

The Flexible Benefits Plan Enrollment Form shall be in a form which permits the Employer to reduce the Participant's current salary and contribute the amount of the reduction to purchase benefits on behalf of the Participant. The Flexible Benefits Plan Enrollment Form shall apply only to amounts of the Participant's pay that have not been actually or constructively received as of the date of the Flexible Benefits Plan Enrollment Form. Any amounts so elected shall not become currently available to the Participant. Each Participant may complete a Flexible Benefits Plan Enrollment Form which will reduce his or her salary by an amount equal to that necessary to provide for the type of coverage elected under this Plan. The amount of the Flexible Benefits Plan Enrollment Form elected by the Participant shall be deemed to be Employer contribution for purposes of the Code.

Each Plan Year, the Participant will be required to complete a new Flexible Benefits Plan Enrollment Form for the FSA expenses, LPFSA expenses and DCA expenses portions of the Plan. Failure to submit a completed Flexible Benefits Plan Enrollment Form during a designated open enrollment period to elect to participate in the FSA expenses, LPFSA expenses and DCA expenses portions of the Plan, will not be able to participate in these portions of the Plan for that Plan Year (unless a Change of Status event occurred).

6. Revocation of Election.

Generally, once a Participant under the terms of the Plan has made a decision with respect to benefits, the Participant may not revoke that election during the Plan Year or the designated benefit plan year. A Participant may change his or her election during a Plan Year or during a designated benefit plan year in the following limited situations. Notification of a Change in Status must be made to Employer in writing within thirty (30) days of the event. Failure to notify the Employer in writing within thirty (30) days, the Participant must wait until the next annual open enrollment period to make an election change.

A. Changes in Status

1. Change in status events

A Participant may revoke an election during the Plan year or the designated benefit plan year and make a new election for the remaining period of coverage under the Plan if there is a change in status as described below and if the election change is on account of and corresponds with a change in status that affects eligibility for coverage under an employer's plan. The Plan Administrator shall determine whether a requested change is on account of and corresponds with a change in status.

- (a) Legal marital status. Events that change a Participant's legal marital status, including the following: marriage; death of spouse; divorce; legal separation; and annulment.
- (b) Number of dependents. Events that change a Participant's number of dependents, including the following: birth; death; adoption; and placement for adoption, as well as a Child becoming newly eligible for coverage or eligible for coverage beyond the date on which the Child otherwise would have lost coverage.
- (c) Employment status. Events that change the employment status of a Participant, a Participant's spouse, or a Participant's dependent, including the following: a termination or commencement of employment; a strike or lockout; a commencement of or return from an unpaid leave of absence; a change in worksite, and the switching from part-time to full-time employment status or from full-time to part-time status by a Participant or a Participant's spouse or dependent.
- (d) Dependent satisfies or ceases to satisfy eligibility requirements. Events that cause a Participant's dependent to satisfy or cease to satisfy eligibility requirements for coverage on account of attainment of age, student status, or any similar circumstances.
- (e) Residence. A change in the place of residence of a Participant, spouse or dependent.
Note: The change in residence must result in the Participant, Participant's spouse or dependent gaining or losing eligibility under a plan.

If the change in status is (a) a Participant's divorce, annulment or legal separation from a spouse, the death of a spouse or dependent or (b) a dependent ceasing to satisfy the eligibility requirements for coverage, then a Participant may only elect to cancel coverage for the affected spouse or dependent. Canceling coverage for any other individual under these circumstances would fail to correspond with that change in status and therefore is not a permitted election change.

If a Participant, spouse or dependent gains eligibility for coverage under a plan sponsored by the employer of the Participant's spouse or dependent as a result of a change in Legal marital status or change in Employment Status, a Participant may change an election to cease or decrease coverage for that individual under the Plan only if coverage for that individual becomes applicable (i.e. effective) or is increased under the other employer's plan.

Applicability to DCA expenses portion of the Plan: An election change relating to the DCA expenses portion of the Plan is permitted only if (a) the election change is on account of and corresponds with a change in status that affects eligibility for coverage under an employer's plan or (b) the election change is on account of and corresponds with a change in status that affects DCA expenses available under Section 129 of the Internal Revenue Code. (For example: A DCA expenses election may be canceled where a dependent child turns age 13 in the middle of the Plan Year).

B. Cost or Coverage Changes

1. Automatic increase or decrease for cost changes.

If the cost of a qualified benefits plan increases or decreases during a period of coverage, the Plan may, on a reasonable and consistent basis, automatically make a prospective increase or decrease in the affected Participants' elective contributions to reflect such cost changes.

2. Significant cost increases.

If the cost of a benefit package option (such as a PPO option or HMO option under a health plan) significantly increases during a period of coverage as determined by the Plan Administrator, a Participant may elect to make a corresponding prospective increase in his or her payments, or to revoke his or her election and, in lieu thereof, to receive on a prospective basis coverage under another benefit package option providing similar coverage.

Applicability to the DCA expenses portion of the Plan: A Participant in the DCA expenses portion of the Plan may change an election based upon a significant increase in cost of the dependent care provider only if the cost change is imposed by a dependent care provider who is not a relative of the Participant (For example, the Participant's parent(s), child(ren), brother(s), sister(s), etc.)

3. Coverage changes.

If the coverage under a plan is significantly curtailed or ceases during a period of coverage, an affected Participant may revoke his or her election and make a new election on a prospective basis for coverage under another benefit package option providing similar coverage. Coverage is considered significantly curtailed only if there is an overall reduction in coverage provided to participants under a plan so as to constitute reduced coverage to participants generally.

If a plan adds a new benefit package option or other coverage option (or eliminates an existing benefits package option or other coverage option), an affected Participant may elect the newly-added option (or elect another option if an option has been eliminated) prospectively on a pre-tax basis and make a corresponding election change with respect

to other benefit package options providing similar coverage.

Applicability to DCA expenses portion of the Plan: The availability of dependent care services from a new child care provider during the Plan Year does constitute a significant change in coverage similar to a benefit package option becoming available. Accordingly, a Participant is permitted to revoke his or her previous election under the DCA expenses portion of the Plan and make a corresponding new election to reflect the cost of the new child care provider. In addition, a change in the number of hours of work performed by a child care provider constitutes a change in coverage enabling a Participant to make a corresponding new election to reflect the new cost of the child care provider.

Applicability to the FSA or LPFSA expenses portion of the Plan: Election changes related to the FSA or LPFSA expenses portion of the plan are not permitted under this section B (Cost or Coverage Changes).

C. Other Permitted Mid-year Election Changes

1. Special Enrollment Rights under HIPAA

A Participant may revoke an election for coverage under a group health plan during a period of coverage and make a new election that corresponds with the special enrollment rights provided under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

2. Judgment, Decree or Order.

The Plan may change a Participant's election to provide coverage for the Participant's child if a judgment, decree, or order resulting from a divorce, legal separation, annulment or change in legal custody requires health coverage for the child. If a judgment, decree or order requires a Participant's spouse, former spouse, or other individual to cover the child, the Participant may change his/her election to revoke coverage for the child.

3. Entitlement to Medicare or Medicaid

A Participant may change an election on a prospective basis to cancel or reduce coverage of the Participant or Participant's spouse or dependent under a plan if the Participant, Participant's spouse or dependent who is enrolled in a plan subsequently becomes enrolled under Part A or Part B of Medicare or entitled to Medicaid. Conversely, a Participant may change an election on a prospective basis to commence or increase coverage of the Participant or Participant's spouse or dependent if the Participant or Participant's spouse or dependent who had been entitled to Medicare or Medicaid subsequently loses eligibility for coverage under Medicare or Medicaid.

4. The Family and Medical Leave Act

A Participant taking leave under the Family and Medical Leave Act (FMLA) may revoke an existing election of group health plan coverage and make such other election for the remaining portion of the period of coverage as may be provided for under the FMLA.

5. Change in Coverage of Spouse or Dependent under other Employer's plan

A Participant may change an election on a prospective basis that is on account of and corresponds with a change made under the plan of a spouse's or dependent's employer

if (a) the plan of the spouse's or dependent's employer permits participants to make election changes that would be permitted under IRS regulations under Section 125 of the Code or (b) the Plan permits participants to make an election for a period of coverage that is different from the period of coverage under the plan of the spouse's or dependent's employer.

6. Changes Allowed Under Current Regulations

A Participant may change an election on a prospective basis that is on account of and corresponds with any other permitted change under the current IRS regulations under Section 125 of the Code.

7. Reduction of Hours

A Participant may prospectively revoke an election for coverage (that is not a health FSA, but provides a minimum essential coverage) if they experience a change in employment status, such that 1) they are no longer expected to work an average of at least 30 hours of service per week, but 2) the reduction in hours does not result in the ceasing of the Participant to be eligible for coverage. The revocation of the election of coverage must correspond to the Participant's intent to enroll and any eligible dependents (who cease coverage due to the revocation) in another plan that provides minimum essential coverage, with the new coverage effective no later than the first day of the second month following the month that includes the date the original coverage is revoked.

8. Enrollment in a Qualified Health Plan through the Marketplace

A Participant may prospectively revoke an election for coverage (that is not a health FSA, but provides minimum essential coverage) if they are eligible for a special or annual enrollment period to enroll in a Qualified Health Plan through the Health Insurance Marketplace ("Marketplace") established under section 1311 if the Affordable Care Act. The revocation of the election of coverage must correspond to their intent to enroll and any eligible dependents (who cease coverage due to the revocation) in the Qualified Health Plan, the effective date for which is no later than the day immediately following the last day of coverage through their group health plan.

A Participant may prospectively revoke an election for family coverage (that is not a health FSA, but provides minimum essential coverage) if one or more already-covered related individuals are eligible for a special enrollment period to enroll in a Qualified Health Plan through the Marketplace, or one or more already-covered related individuals seek to enroll in a Qualified Health Plan during the Marketplace's annual open enrollment period. The revocation of coverage must correspond to the intended enrollment of the related individual(s) in the Qualified Health Plan for new coverage, the effective date for which is no later than the day immediately following the last day of the revoked coverage.

If a Participant revokes an election during the Plan Year or during a designated benefit plan year for any reason other than those specifically allowed by the Internal Revenue Code and the regulations thereunder, the amount of the Participant's contribution during that designated benefit plan year may be included in the Participant's gross income.

7. Choice of Benefits.

A Participant may make an election under the terms of the Plan with respect to any of the

following benefits:

(a) Qualified Insurance Premiums

A Participant may allow the Employer to reduce his or her current salary pursuant to the applicable enrollment form(s) provided by the Employer and make premium payments for coverage under the Employer's qualified insurance plans. Premium payments shall be made directly by the Employer, and benefits shall be paid pursuant to the terms of the applicable plans. The benefit descriptions and all other provisions in such plans and any applicable contracts, as in effect from time to time, are hereby incorporated by reference into this Plan.

Such qualified insurance premiums apply to the Participant, the Participant's spouse or Participant's dependents (as defined in Section 152 of the Code), as well as the Participant's Children who have not attained age 27 as of the end of the taxable year.

(b) Health savings account (HSA) contributions

A Participant covered by a HSA-qualified high deductible health plan (HDHP), may allow the Employer to reduce its current salary pursuant to the applicable enrollment form provided by the Employer for contributions to a Health Savings Account (HSA). The Participant cannot be covered by another health plan, including Medicare, and the Participant cannot be claimed as a dependent on another individual's tax return.

- Medicare Enrollment: All HSA contributions must cease for the current Plan Year maximum contribution amount once a participant is enrolled in any type of Medicare.
- Full Plan Year's Contribution:
 - A full Plan Year's contribution may be made to an HSA if you become eligible under a qualified High Deductible Health Plan at anytime during the Plan Year.
 - If a Participant contributes a full Plan Year's contribution but is eligible for only part of the Plan Year, they will be subject to taxes and penalties if they don't remain a Participant in the Plan for 12 months after the Plan Year in which they first became eligible.
- Excess contributions:
 - Contributions to the HSA in excess of the contribution limits must be withdrawn by the participant or be subject to an excise tax.
 - A pro-rata portion of earnings must be withdrawn, also
 - Pay income tax on the withdrawn amount, but no 20% penalty
 - If the HSA maximum contribution limit was not reached for the Plan Year, any other withdrawal for the Plan Year (that is not for qualified medical expenses) will not be considered "excess HSA contributions" and this withdrawal will be subject to both income tax and the 20% penalty.
- Contributions are pre-tax:
 - All HSA contributions through this Plan are "pre-tax" and are not subject to individual or employment taxes.

(c) Health Flexible Spending Account (FSA) Expenses

Participants in a Health Savings Account may not enroll in this portion of the Plan.

A Participant may allow the Employer to reduce his or her current salary pursuant to a Flexible Benefits Plan Enrollment Form and make payments on behalf of the Participant for the subsequent reimbursement of certain FSA expenses. The following health expenses may be submitted for reimbursement under the FSA expenses portion of the Plan:

- (1) Expenses for medical care as allowed by Section 213 of the Code.
- (2) Expenses incurred for medicines and drugs purchased without a prescription to alleviate or treat personal injuries or sickness if substantiated by a receipt showing, at a minimum, 1) the date purchased, 2) the amount of the purchase, and 3) the specific item(s) purchased.
- (3) Any other expense allowed by the IRS as reimbursable under a flexible spending account.

There are certain expenses that do not qualify. For example, you cannot obtain reimbursement for health club dues, non-prescription eyeglasses or sunglasses, programs or prescriptions to control weight (unless a medical necessity exists) and cosmetic procedures (including teeth bleaching, electrolysis, hair transplants and prescriptions or OTC drugs taken for cosmetic reasons) unless necessary because of injuries you receive or related to a congenital disfigurement.

Such expenses may be incurred by the Participant, the Participant's spouse or the Participant's dependents (as defined in Section 152 of the Code), as well as the Participant's Children who have not attained age 27 as of the end of the taxable year. The expense will only be reimbursed to the extent that the Participant or other person is not reimbursed for the expense through any other insurance or other source. Any reimbursement to a Participant under this Plan may not otherwise be claimed as a credit or deduction under the Code.

The rules governing eligibility for the Plan are explained in Article III, the maximum amount of reimbursement is set forth in Article IV and the procedure for filing claims is stated in Article VII. All other provisions of the Plan apply to the medical expense reimbursement program as well.

(d) Limited purpose Flexible Spending Account (LPFSA) Expenses

This option is available to Employees enrolled in a Health Savings Account.

A Participant may allow the Employer to reduce their current salary pursuant to a Flexible Benefits Plan Enrollment Form to make payments on their behalf for the subsequent reimbursement of certain health expenses. **Only vision, dental and preventive care expenses as specified by Sections 213 and 223 of the Code may be submitted for reimbursement through this portion of the Plan.**

Such expenses may be incurred by you, your spouse or your dependent. The expense will only be reimbursed to the extent that you or other person is not reimbursed for the

expense through any other insurance or other source. Any reimbursement to you under this Plan may not otherwise be claimed as a credit or deduction under the Code.

The following medical expenses may be submitted for reimbursement under the LPFSA expenses portion of the Plan:

- (1) Expenses for vision care as allowed by Sections 213 and 223.
- (2) Expenses for dental care as allowed by Sections 213 and 223.
- (3) Expenses for preventive care.

Expenses for preventive care do not generally include any service or benefit intended to treat an existing illness, injury or condition. Preventive care includes, but is not limited to, the following:

- Periodic health evaluations, including tests and diagnostic procedures ordered in connection with routine examinations, such as annual physicals.
- Routine prenatal and well-child care.
- Child and adult immunizations.
- Tobacco cessation programs.
- Obesity weight-loss programs.
- Screening services, including:
 - Cancer Screening
 - Heart and Vascular Diseases Screening
 - Infectious Diseases Screening
 - Mental Health Conditions and Substance Abuse Screening
 - Metabolic, Nutritional, and Endocrine Conditions Screening
 - Musculoskeletal Disorders Screening
 - Obstetric and Gynecologic Conditions Screening
 - Pediatric Conditions Screening
 - Vision and Hearing Disorders Screening

(e) Dependent Care Assistance (DCA) Expenses

A Participant may allow the Employer to reduce his or her current salary pursuant to a Flexible Benefits Plan Enrollment Form and make payments on behalf of the Participant for the subsequent reimbursement of certain DCA expenses in accordance with Section 129 of the Code.

A Participant may request reimbursement for those dependent care expenses incurred in connection with the following qualifying individuals:

- i. A dependent of the Participant who is under age 13 and with respect to whom the

Participant is entitled to a deduction under Section 151(c) of the Code.

- ii. A dependent of the Participant who is physically or mentally incapable of caring for himself or herself.
- iii. The spouse of the Participant, if he or she is physically or mentally incapable of caring for himself or herself.
- iv. Any other individual defined under Section 21(b) of the Code.

Expenses will only be reimbursed to the extent they allow the Participant and spouse, if any, to be gainfully employed. Such expenses include costs for the care of a qualifying individual described above and related household services.

Also, a Participant may request reimbursement for those expenses incurred outside the Participant's home for the care of a qualifying individual described in (1) above or for the care of those qualifying individuals described in (2) and (3) above if those individuals regularly spend at least eight (8) hours each day in the Participant's household.

Expenses incurred outside the Participant's home at a dependent care center are reimbursable only if such center complies with all applicable laws and regulations of the appropriate State or unit of local government or any other requirement under the Code.

Expenses paid to the spouse or other dependent of the Participant for the care of any qualifying individual are not reimbursable. Any reimbursement under this Plan may not otherwise be claimed as a credit or deduction under the Code. Notwithstanding the above, only expenses specifically allowed by Sections 21, 129 or any other related section of the Code will be reimbursed.

The rules governing eligibility for the Plan are explained in Article III, the maximum amount of reimbursement is set forth in Article IV and the procedure for filing claims is stated in Article VII. All other provisions of the Plan apply to the DCA program as well.

8. Uniform Coverage.

Under the FSA and LPFSA portions of the Plan only, the total amount of a Participant's elective annual contribution will be available for reimbursement at any time during the Plan Year or Grace Period.

9. Loss of Benefits.

If the Participant does not use all of the amounts contributed to the FSA, LPFSA or DCA portions of the Plan during the Plan Year or Grace Period, they will lose these amounts and they will be returned to the Employer. Participants cannot commingle their salary reduction amounts among the various portions of the Plan. Therefore, Participants should be conservative in estimating their expenses.

The Heroes Earnings Assistance and Relief Tax Act of 2008 ("HEART Act"), allows military reservists called to active duty for a period of at least 180 days (or for an indefinite period of time) who are a Participant in the Plan to obtain distributions of their unused balances from their FSA or LPFSA. These distributions will be made during the period beginning on the date of the call to active duty, and end on the last date reimbursements could be made under the FSA or LPFSA for that Plan Year. The Participant must notify the Human Resources Department by the

last date reimbursements end for that Plan Year to receive the distribution. The distribution is taxable to the Participant.

10. Notification.

The Employer shall communicate in writing to all Participants a summary of the terms and conditions of the Plan. The summary shall be interpreted in a manner consistent with this document. The summary plan description for this Plan is meant to be the summary plan description for the DCA plan as well.

11. Rights Against the Employer.

The Plan shall not be deemed to constitute a contract between the Employer and any Employee or to be a consideration for, or an inducement or condition of, the employment of any Employee. Nothing in the Plan shall be deemed to give any Employee the right to be retained in the service of the Employer or to interfere with the right of the Employer to discharge any Employee at any time.

The establishment of the Plan, including any modifications thereto or distributions thereunder, shall not be construed as giving to any Participant or other person any legal or equitable right against the Employer, its shareholders, directors or officers.

12. Non-Alienation of Benefits.

No benefit payable under the provisions of any plan incorporated by reference into this Plan shall be subject in any manner to anticipation, alienation, sale, transfer, assignment, pledge, encumbrance or charge, and any attempt so to anticipate, alienate, sell, transfer, assign, pledge, encumber or charge shall be void; nor shall such benefits be in any manner liable for or subject to the debts, contracts, liabilities, engagements, or torts of, or claims against, any Participant, dependent or beneficiary, including claims of creditors, claims of alimony or support, and any like or unlike claims.

13. Rights of Recovery, Reimbursement and Subrogation.

To the fullest extent permitted by law, the Employer reserves its rights of recovery, reimbursement and subrogation as may be stated in any health or welfare plan incorporated by reference into this Plan. Accordingly, such provisions are by reference made a part of this Plan.

14. Taxation.

It is the Employer's intent that the benefits provided herein be deductible by the Employer under Section 162 of the Code and excludable from taxation by the Participant under Sections 105, 106 and 125 of the Code, as amended or supplemented, and all provisions herein shall be interpreted consistently with this intent. It is also the Employer's intent that the applicable amount be excludable from taxation under Section 79 of the Code.

It is the Employer's intent that the Plan be in compliance with Section 125 of the Code. This Plan, however, has not been and may not be submitted to the Internal Revenue Service for approval, and thus there can be and is no assurance that the intended tax benefits will be available. Any Employee, by accepting a benefit under this Plan, agrees to be liable for any tax that may be imposed with respect to those benefits, plus interest, if any, as may be imposed by the Internal Revenue Service.

ARTICLE V
ACCOUNTS AND RECORDS

The Employer shall establish and maintain accounts and records in the name of each Participant. Such records will show the Participant's choices under the Plan, salary reduction amounts and premium payments. The salary reduction of a Participant shall be made pursuant to a signed Flexible Benefits Plan Enrollment Form and in accordance with normal payroll practices.

ARTICLE VI
CONTRIBUTIONS AND FINANCING

All premium payments for coverage under the Plan shall be made directly by the Employer in accordance with the provisions of Article IV. Such premium payments shall be deemed to be a Employer contribution for purposes of the Code. No contributions shall be required of the Participant, except as otherwise specifically provided. The entire cost of this Plan shall be borne by the Employer.

ARTICLE VII
ADMINISTRATION

1. Fiduciaries.

The Employer shall be the administrator of the Plan. The fiduciary shall be responsible for the management, control, operation and administration of the Plan and shall act solely in the interests of the Participants and their beneficiaries and in accordance with governing plan documents.

In exercising its fiduciary and other responsibilities, the Employer, as Plan Administrator and Plan Fiduciary, shall have the discretionary authority to determine eligibility for benefits, review any denied claims for benefits and construe disputed plan terms. The Employer shall be deemed to have properly exercised such authority, unless it has abused its discretion by acting arbitrarily and capriciously.

2. Administration.

The Employer shall administer the Plan and shall have the authority to exercise the powers and discretion conferred on it by the Plan and shall have such other powers and authorities necessary or proper for the administration of the Plan as shall be determined from time to time.

The Employer shall keep complete records and accounts necessary or proper to administer the Plan.

The Employer may adopt such rules and regulations for the administration of the Plan as it shall consider advisable and shall have full power and authority to enforce, construe, interpret and administer the Plan. All interpretations under this Plan and all determinations of fact made in good faith by the Employer shall be binding on the Participants, their beneficiaries and all other persons interested.

3. Claims Procedure.

Claims for benefits under any qualified insurance plans should be submitted in accordance

with the procedures established by the applicable plans.

Participants may receive distributions from their Health Savings Account (HSA) at any time. Participants may withdraw funds by either using their debit card provided by the HSA custodian or trustee or by issuing a check from their HSA account.

Reimbursement claims for the FSA expenses or LPFSA expenses (non-Allied Flex Debit Card) and DCA expenses must be submitted in writing on the form provided. DCA expenses may only be reimbursed if the Participant provides a written statement stating that the expense has been incurred during the Plan Year or Grace Period, the amount of such expense and that the expense has not been reimbursed or is not reimbursable under any other plan. FSA expenses or LPFSA expenses may only be reimbursed if the Participant provides a written statement stating that the expense has been incurred during the Plan Year, the amount of such expense and that the expense has not been reimbursed or is not reimbursable under any other plan. A Participant is required to keep all receipts since they may be asked for the receipts in order to substantiate the claim. All such claims must be submitted within 90 days following the end of the Plan Year. Your failure to do so will result in the denial of the charges.

After a FSA, LPFSA or DCA claim is processed, an electronic notification will be provided by the Plan Administrator showing the calculation of the total amount payable for the claim, charges not payable, and the reason. If the claim is denied or reduced in whole or in part, it is considered an "Adverse Benefit Determination" and is subject to the provisions detailed below.

The Plan will notify the claimant of an Adverse Benefit Determination within 30 days after receipt of the claim. However, in certain cases an extension of up to 15 days may be utilized if the Plan determines that the extension is necessary due to matters beyond the control of the Plan and the claimant is notified prior to the expiration of the initial 30 day period, of the circumstances requiring the extension of time and the date by which the Plan expects to render a decision. If such an extension is necessary due to a failure of claimant to submit the information necessary to decide the claim, the notice of extension shall specifically describe the required information, and the claimant shall be given at least 45 days within which to provide the specified information.

A notice of Adverse Benefit Determination will include the following:

- ◆ The specific reason or reasons for the adverse determination.
- ◆ Reference to specific plan provisions on which the adverse determination is based.
- ◆ A description of any additional material or information necessary for the claimant to perfect the claim and an explanation of why such material or information is necessary.
- ◆ If an internal rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination, either the specific rule, guideline, protocol, or other similar criterion will be set forth in the notice of Adverse Benefit Determination; or the notice will contain a statement that such a rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination and that a copy of such rule, guideline, protocol, or other criterion will be provided free of charge to the claimant upon request.
- ◆ If the Adverse Benefit Determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical

judgment for the determination, applying the terms of the Plan to the claimant's medical circumstances, will be set forth in the notice of Adverse Benefit Determination, or the notice will contain a statement that such explanation will be provided free of charge upon request.

4. Appeals.

A Participant or his or her authorized representative may appeal an Adverse Benefit Determination by filing a written application with the Plan. In appealing an Adverse Benefit Determination, the Plan will provide the Participant or his or her authorized representative:

- ◆ The opportunity to submit written comments, documents, records, and other information relating to the claim for benefits.
- ◆ Upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim.
- ◆ A full and fair review that takes into account all comments, documents, records, and other information submitted by the claimant relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination.
- ◆ A full and fair review that does not afford deference to the initial benefit determination and is conducted by an appropriate named fiduciary of the Plan who is neither the individual who made the initial Adverse Benefit Determination that is the subject of the appeal, nor the subordinate of such individual.
- ◆ In deciding an appeal of an Adverse Benefit Determination that is based in whole or in part on a medical judgment, including determinations with regard to whether a particular treatment, drug, or other item is experimental, investigational, or not medically necessary or appropriate, that the appropriate named fiduciary shall consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment and that the health care professional consulted shall neither be an individual who was consulted in connection with the initial Adverse Benefit Determination that is the subject of the appeal, nor the subordinate of any such individual.
- ◆ Upon request, the identification of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with a claimant's Adverse Benefit Determination, without regard to whether the advice was relied upon in making the benefit determination.

An appeal must be filed within 180 days after the Adverse Benefit Determination is received. The Plan will notify the Participant or his or her authorized representative of the Plan's determination within 60 days after receipt of an appeal.

The Plan's determination:

- ◆ will be in writing setting forth specific reasons for the decision and reference to the specific plan provisions upon which the determination is based.
- ◆ will contain a statement that the Participant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other

information relevant to the claim for benefits.

- ◆ if an internal rule, guideline, protocol, or other similar criterion was relied upon in making the Adverse Benefit Determination, either the specific rule, guideline, protocol, or other similar criterion will be set forth in the determination; or the determination will contain a statement that such rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination and that a copy of the rule, guideline, protocol, or other similar criterion will be provided free of charge to the Participant upon request.
- ◆ if the Adverse Benefit Determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to the claimant's medical circumstances, will be set forth in the determination or the determination will contain a statement that such explanation will be provided free of charge upon request.

5. Indemnification.

To the extent permitted by law, Employees of the Employer and all agents and representatives of the Employer, shall be indemnified by the Employer and saved harmless against any claims, and the expenses of defending against such claims, resulting from any action or conduct relating to the administration of the Plan except claims arising from gross negligence, willful neglect or willful misconduct. The Employer reserves the right to select and approve counsel and also the right to take the lead in any action in which it may be liable as an indemnitor.

6. Expenses of Administration.

Any expense incurred by the Employer relative to the administration of the Plan shall be paid by the Employer.

7. Rights of the Employer to Inspect the Records of the Plan.

The Employer may at its own expense at any time cause an examination of the books and records of the Plan to be made by such attorneys, accountants, auditors or other agents as it shall select for that purpose and may cause a report of such examination to be made.

ARTICLE VIII

STANDARDS FOR PRIVACY AND SECURITY OF INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION ISSUED PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996, AS AMENDED ("HIPAA")

A. Privacy Standards.

1. Disclosure of Protected Health Information ("PHI") to the Plan Sponsor for Plan Administration Purposes.

In order that the Plan Sponsor may receive and use PHI for Plan Administration purposes, the Plan Sponsor agrees to:

- a. Not use or further disclose PHI other than as permitted or required by the Plan Documents or as required by law (as defined in the Privacy Standards);
- b. Ensure that any agents, including a subcontractor, to whom the Plan Sponsor provides

PHI received from the Plan agree to the same restrictions and conditions that apply to the Plan Sponsor with respect to such PHI;

- c. Not use or disclose PHI for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the Plan Sponsor, except pursuant to an authorization which meets the requirements of the Privacy Standards;
- d. Report to the Plan any PHI use or disclosure that is inconsistent with the uses or disclosures provided for of which the Plan Sponsor becomes aware;
- e. Make available PHI in accordance with Section 164.524 of the Privacy Standards (45 CFR 164.524);
- f. Make available PHI for amendment and incorporate any amendments to PHI in accordance with Section 164.526 of the Privacy Standards (45 CFR 164.526);
- g. Make available the information required to provide an accounting of disclosures in accordance with Section 164.528 of the Privacy Standards (45 CFR 164.528);
- h. Make its internal practices, books and records relating to the use and disclosure of PHI received from the Plan available to the Secretary of the U.S. Department of Health and Human Services (“HHS”), or any other officer or employee of HHS to whom the authority involved has been delegated, for purposes of determining compliance by the Plan with Part 164, Subpart E, of the Privacy Standards (45 CFR 164.500 et seq);
- i. If feasible, return or destroy all PHI received from the Plan that the Plan Sponsor still maintains in any form and retain no copies of such PHI when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the PHI infeasible; and
- j. Ensure that adequate separation between the Plan and the Plan Sponsor, as required in Section 164.504(f)(2)(iii) of the Privacy Standards (45 CFR 164.504(f)(2)(iii)), is established as follows:
 - i. The following employees, or classes of employees, or other persons under control of the Plan Sponsor, shall be given access to the PHI to be disclosed:
The Human Resources Manager, Staff designated by Human Resources Manager, Chief Financial Officer and Staff designated by Chief Financial Officer.
 - ii. The access to and use of PHI by the individuals described in subsection (i) above shall be restricted to the Plan Administration functions that the Plan Sponsor performs for the Plan.
 - iii. In the event any of the individuals described in subsection (i) above do not comply with the provisions of the Plan Documents relating to use and disclosure of PHI, the Plan Administrator shall impose reasonable sanctions as necessary, in its discretion, to ensure that no further non-compliance occurs. Such sanctions shall be imposed progressively (for example, an oral warning, a written warning, time off without pay and termination), if appropriate, and shall be imposed so that they are commensurate with the severity of the violation.

“Plan Administration” functions are activities that would meet the definitions of treatment, payment and health care operations. “Plan Administration” functions include, but are not limited to quality assurance, claims processing, auditing, monitoring, management and eligibility information requests. It does not include any employment-related functions or functions in connection with any other benefit or benefit plans.

The Plan shall disclose PHI to the Plan Sponsor only upon receipt of a certification by the Plan Sponsor that (a) the Plan Documents have been amended to incorporate the above provisions and (b) the Plan Sponsor agrees to comply with such provisions.

2. Disclosure of Certain Enrollment Information to the Plan Sponsor.

Pursuant to Section 164.504(f)(1)(iii) of the Privacy Standards (45 CFR 164.504(f)(1)(iii)), the Plan may disclose to the Plan Sponsor information on whether an individual is participating in the Plan or is enrolled in or has disenrolled from a health insurance issuer or health maintenance organization offered by the Plan to the Plan Sponsor.

3. Other Disclosures and Uses of PHI.

With respect to all other uses and disclosures of PHI, the Plan shall comply with the Privacy Standards.

B. Security Standards.

1. Definitions.

- a. The term “Electronic Protected Health Information” (“EPHI”) has the meaning set forth in Section 160.103 of the Security Standards (45 C.F.R. 160.103) and generally means individually identifiable health information that is transmitted or maintained in any electronic media.
- b. The term “Security Incidents” has the meaning set forth in Section 164.304 of the Security Standards (45 C.F.R. 164.304) and generally means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with systems operations in an information system.

2. Plan Sponsor Obligations.

Where EPHI will be created, received, maintained, or transmitted to or by the Plan Sponsor on behalf of the Plan, the Plan Sponsor shall reasonably safeguard the EPHI as follows:

- a. Plan Sponsor shall implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of EPHI that Plan Sponsor creates, receives, maintains, or transmits on behalf of the Plan;
- b. Plan Sponsor shall ensure that the adequate separation that is required by Section 164.504 (f) (2) (iii) of the Security Standards (45 C.F.R. 164.504 (f) (2) (iii)) is supported by reasonable and appropriate security measures;
- c. Plan Sponsor shall ensure that any agents, including a subcontractor, to whom it provides EPHI agrees to implement reasonable and appropriate security measures to protect such EPHI; and
- d. Plan Sponsor shall report to the Plan any Security Incidents of which it becomes

aware as described below:

- i.) Plan Sponsor shall report to the Plan within a reasonable time after the Plan Sponsor becomes aware of any Security Incident that results in unauthorized access, use, disclosure, modification, or destruction of the Plan's EPHI; and
 - ii.) Plan Sponsor shall report to the Plan any other Security Incident on an aggregate basis every quarter, or more frequently upon the Plan's request.
- e. Plan Sponsor shall make its internal practices, books, and records relating to its compliance with the Security Standards to the Secretary of the U.S. Department of Health and Human Services ("HHS"), or any other officer or employee of HHS to whom the authority involved has been delegated, for purposes of determining compliance by the Plan with the Security Standards.

ARTICLE IX
AMENDMENT AND TERMINATION

The Employer expects the Plan to be permanent, but since future conditions affecting the Employer cannot be anticipated or foreseen, the Employer must necessarily and does hereby reserve the right to amend, modify, revoke or terminate the Plan, in whole or in part, at any time. The authority to make any such changes to the Plan rests with an authorized representative of the Employer. Any such amendment, modification, revocation or termination of the Plan shall be made by a written plan amendment signed by an authorized representative. The Employer may make modifications or amendments to the Plan that are necessary or appropriate to qualify or maintain the Plan as a plan meeting the requirements of the applicable sections of the Code. The Plan shall not at any time be used for or diverted to purposes other than for the exclusive benefit of Participants or their beneficiaries, and no amendment shall divest any person of his or her interest therein, except as may be required by the Internal Revenue Service or other governmental authority, or give any person any assignable or exchangeable interest or any right or thing of exchangeable value, in advance of the time distribution is to be made to such person. Notice of termination of, or material modifications to, the Plan shall be made in accordance with any applicable provisions of the Code. The termination of this Plan does not necessarily terminate any health or welfare plan incorporated by reference.

ARTICLE X
ILLEGALITY OF PARTICULAR PROVISION

The illegality or invalidity of any particular provision, or any portion of any provision, of this Plan shall not affect the other provisions, and the Plan shall be construed in all respects as if such invalid provision were omitted.

ARTICLE XI
EFFECT OF MISTAKE

In the event of a mistake as to the eligibility or participation of an Employee, the contributions made for or on behalf of any Participant or the amount of distributions made or to be made to a Participant or other person, the Employer shall, to the extent it deems possible, cause to be allocated or cause to be withheld or accelerated, or otherwise make adjustment of, such amounts as will in its judgment accord to such Participant or other person the contributions

or distributions to which he or she is properly entitled under the Plan.

ARTICLE XII
OTHER PARTICIPATING EMPLOYERS

Upon the approval of the Employer, this Plan may be adopted by any affiliated organization (as defined in the Code). The adopting organization shall execute and deliver to the Employer a supplemental agreement providing for the adoption of this Plan and such other documents the Employer shall deem necessary or desirable. The provisions of this Plan shall be applicable to such organization to the extent provided in the supplemental agreement.

ARTICLE XIII
APPLICABLE LAWS

To the extent not preempted by federal law, the Plan shall be interpreted under the laws of the State of IL.

IN WITNESS WHEREOF, SASSED - The School Association for Special Education in Dupage County has caused this instrument to be executed, effective as of 1/1/2024.

By:  _____
E64427E321EC401

Title: Executive Director



AIA Document A101 - 2007

Standard Form of Agreement Between Owner and Contractor where the basis of payment is a Stipulated Sum

AGREEMENT made as of the Third day of June in the year of Two Thousand and Twenty Four.

(In words, indicate dat, month and year.)

BETWEEN the Owner:

(Name, legal status, address and other information)

School Association for Special Education
in DuPage County (SASED)
2900 Ogden Avenue
Lisle, Illinois 60532

and the Contractor:

(Name, legal status, address and other information)

F.E. Moran, Inc.
2265 Carlson Drive
Northbrook, Illinois 60062

for the following Project:

(Name, location and detailed description)

Mechanical Improvements @
Southeast Alternative School
Project No. 23166

The Architect:

(Name, legal status, address and other information)

ARCON Associates, Inc.
2050 S. Finley Road, Suite 40
Lombard, Illinois 60148

The Owner and Contractor agree as set forth below.

ADDITIONS AND DELETIONS:

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TABLE OF ARTICLES

1	THE CONTRACT DOCUMENTS
2	THE WORK OF THIS CONTRACT
3	DATE OF COMMENCEMENT AND SUBSTANTIAL COMPLETION
4	CONTRACT SUM
5	PAYMENTS
6	DISPUTE RESOLUTION
7	TERMINATION OR SUSPENSION
8	MISCELLANEOUS PROVISIONS
9	ENUMERATION OF CONTRACT DOCUMENTS
10	INSURANCE AND BONDS

ARTICLE 1 THE CONTRACT DOCUMENTS

The Contract Documents consist of this Agreement, Conditions of the Contract (General, Supplementary and other Conditions), Drawings, Specifications, Addenda issued prior to execution of this Agreement, other documents listed in this Agreement and Modifications issued after execution of this Agreement, all of which form the Contract, and are as fully a part of the Contract as if attached to this Agreement or repeated herein. The Contract represents the entire and integrated agreement between the parties hereto and supersedes prior negotiations, representations or agreements, either written or oral. An enumeration of the Contract Documents, other than a Modification, appears in Article 9.

ARTICLE 2 THE WORK OF THIS CONTRACT

The Contractor shall fully execute the Work described in the Contract Documents, except as specifically indicated in the Contract Documents to be the responsibility of others.

ARTICLE 3 DATE OF COMMENCEMENT AND SUBSTANTIAL COMPLETION

§ 3.1 The date of commencement of the Work shall be the date of this Agreement unless a different date is stated below or provision is made for the date to be fixed in a notice to proceed issued by the Owner.

(Insert the date of commencement if it differs from the date of this Agreement or, if applicable, state that the date will be fixed in a notice to proceed.)

Construction Start Date: **June 4, 2025**

If, prior to the commencement of the Work, the Owner requires time to file mortgages and other security interests, the Owner's time requirement shall be as follows:

§ 3.2 The Contract Time shall be measured from the date of commencement.

§ 3.3 The Contractor shall achieve Substantial Completion: **August 4, 2025 @ 4:00 P.M.**

, subject to adjustments of this Contract Time as provided in the Contract Documents.

(Insert provisions, if any, for liquidated damages relating to failure to achieve Substantial Completion on time or for bonus payments for early completion of the Work.)

Final Completion and Closeout: **October 6, 2025 @ 4:00 P.M.**

(This means that all punch list items shall be completed and all closeout documents and final pay application shall be submitted no later than this date.)

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ARTICLE 4 CONTRACT SUM

§ 4.1 The Owner shall pay the Contractor the Contract Sum in current funds for the Contractor's performance of the Contract. The Contract Sum shall be ONE MILLION SEVEN HUNDRED FIFTY NINE THOUSAND DOLLARS (\$ 1,759,000.00), subject to additions and deductions as provided in the Contract Documents.

§ 4.2 The Contract Sum is based upon the following alternates, if any, which are described in the Contract Documents and are hereby accepted by the Owner:
(State the numbers or other identification of accepted alternates. If the bidding or proposal documents permit the Owner to accept other alternates subsequent to the execution of this Agreement, attach a schedule of such other alternates showing the amount for each and the date when that amount expires.)

Base Bid	\$ 1,642,000.00
Alternate No. M1	\$ <u>117,000.00</u>
 Total	 \$ 1,759,000.00

§ 4.3 Unit prices, if any:
(Identify and state the unit price; state quantity limitations, if any, to which the unit price will be applicable.)

Item	Units and Limitations	Price Per Unit
-------------	------------------------------	-----------------------

§ 4.4 Allowances included in the Contract Sum, if any:
(Identify allowance and state exclusions, if any, from the allowance price.)

Item	Price
Allowance No. 1: Include a \$100,000 cash allowance for unforeseen and/or additional work as may be determined by the Owner and/or Architect in the Base Bid.	

§ 4.5 Alternates included in the Contract Sum, if any:
(Identify alternate and state exclusions, if any, from the allowance price.)

Item	Price
A. Alternate No. M1 - Gymnasium AHU:	
1. Description:	
a. Work includes but is not necessarily limited to the additive costs for the replacement of the Gymnasium AHU as described in the documents.	

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ARTICLE 5 PAYMENTS

§ 5.1 PROGRESS PAYMENTS

§ 5.1.1 Based upon Applications for Payment submitted to the Architect by the Contractor and Certificates for Payment issued by the Architect, the Owner shall make progress payments on account of the Contract Sum to the Contractor as provided below and elsewhere in the Contract Documents.

§ 5.1.2 The period covered by each Application for Payment shall be one calendar month ending on the last day of the month, or as follows:

§ 5.1.3 Provided that an Application for Payment is received by the Architect not later than the "last " day of a month, the Owner shall make payment of the certified amount to the Contractor not later than the " " day of the " " month sixty (60) days after receiving the Application for Payment. If an Application for Payment is received by the Architect after the application date fixed above, payment shall be made by the Owner not later than " sixty " (" 60 ") days after the Architect receives the Application for Payment.
(Federal, state or local laws may require payment within a certain period of time.)

§ 5.1.4 Each Application for Payment shall be based on the most recent schedule of values submitted by the Contractor in accordance with the Contract Documents. The schedule of values shall allocate the entire Contract Sum among the various portions of the Work. The schedule of values shall be

prepared in such form and supported by such data to substantiate its accuracy as the Architect may require. This schedule, unless objected to by the Architect, shall be used as a basis for reviewing the Contractor's Applications for Payment.

§ 5.1.5 Applications for Payment shall show the percentage of completion of each portion of the Work as of the end of the period covered by the Application for Payment.

§ 5.1.6 Subject to other provisions of the Contract Documents, the amount of each progress payment shall be computed as follows:

- .1 Take that portion of the Contract Sum properly allocable to completed Work as determined by multiplying the percentage completion of each portion of the Work by the share of the Contract Sum allocated to that portion of the Work in the schedule of values, less retainage of "ten " percent ("10 " %). Pending final determination of cost to the Owner of changes in the Work, amounts not in dispute shall be included as provided in Section 7.3.9 of AIA Document A201™-2007, General Conditions of the Contract for Construction;
- .2 Add that portion of the Contract Sum properly allocable to materials and equipment delivered and suitably stored at the site for subsequent incorporation in the completed construction (or, if approved in advance by the Owner, suitably stored off the site at a location agreed upon in writing), less retainage of " twenty five " percent ("25 " %);
- .3 Subtract the aggregate of previous payments made by the Owner; and
- .4 Subtract amounts, if any, for which the Architect has withheld or nullified a Certificate for Payment as provided in Section 9.5 of AIA Document A201-2007.

§ 5.1.7 The progress payment amount determined in accordance with Section 5.1.6 shall be further modified under the following circumstances:

- .1 Add, upon Substantial Completion of the Work, a sum sufficient to increase the total payments to the full amount of the Contract Sum, less such amounts as the Architect shall determine for incomplete Work, retainage applicable to such work and unsettled claims; and (Section 9.8.5 of AIA Document A201-2007 requires release of applicable retainage upon Substantial Completion of Work with consent of surety, if any.)
- .2 Add, if final completion of the Work is thereafter materially delayed through no fault of the Contractor, any additional amounts payable in accordance with Section 9.10.3 of AIA Document A201-2007.

§ 5.1.8 Reduction or limitation of retainage, if any, shall be as follows:

(If it is intended, prior to Substantial Completion of the entire Work, to reduce or limit the retainage resulting from the percentages inserted in Sections 5.1.6.1 and 5.1.6.2 above, and this is not explained elsewhere in the Contract Documents, insert here provisions for such reduction or limitation.)

Retainage shall be reduced to 5% if acceptable to the Owner.

§ 5.1.9 Except with the Owner's prior approval, the Contractor shall not make advance payments to suppliers for materials or equipment which have not been delivered and stored at the site.

§ 5.2 FINAL PAYMENT

§ 5.2.1 Final payment, constituting the entire unpaid balance of the Contract Sum, shall be made by the Owner to the Contractor when

- .1 the Contractor has fully performed the Contract except for the Contractor's responsibility to correct Work as provided in Section 12.2.2 of AIA Document A201-2007, and to satisfy other requirements, if any, which extend beyond final payment; and
- .2 a final Certificate for Payment has been issued by the Architect.

§ 5.2.2 The Owner's final payment to the Contractor shall be made no later than 30 days after the issuance of the Architect's final Certificate for Payment, or as follows:

ARTICLE 6 DISPUTE RESOLUTION

§ 6.1 INITIAL DECISION MAKER

The Architect will serve as Initial Decision Maker pursuant to Section 15.2 of AIA Document A201-2007, unless the parties appoint below another individual, not a party to this Agreement,

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to serve as Initial Decision Maker.

(If the parties mutually agree, insert the name, address and other contact information of the Initial Decision Maker, if other than the Architect.)

§ 6.2 BINDING DISPUTE RESOLUTION

For any Claim subject to, but not resolved by, mediation pursuant to Section 15.3 of AIA Document A201-2007, the method of binding dispute resolution shall be as follows:

(Check the appropriate box. If the Owner and Contractor do not select a method of binding dispute resolution below, or do not subsequently agree in writing to a binding dispute resolution method other than litigation, Claims will be resolved by litigation in a court of competent jurisdiction.)

Arbitration pursuant to Section 15.4 of AIA Document A201-2007

Litigation in a court of competent jurisdiction

Other (Specify)

ARTICLE 7 TERMINATION OR SUSPENSION

§ 7.1 The Contract may be terminated by the Owner or the Contractor as provided in Article 14 of AIA Document A201-2007.

§ 7.2 The Work may be suspended by the Owner as provided in Article 14 of AIA Document A201-2007.

ARTICLE 8 MISCELLANEOUS PROVISIONS

§ 8.1 Where reference is made in this Agreement to a provision of AIA Document A201-2007 or another Contract Document, the reference refers to that provision as amended or supplemented by other provisions of the Contract Documents.

§ 8.2 Payments due and unpaid under the Contract shall bear interest from the date payment is due at the rate stated below, or in the absence thereof, at the legal rate prevailing from time to time at the place where the Project is located.

(Insert rate of interest agreed upon, if any.)

§ 8.3 The Owner's representative:
(Name, address and other information)

Ms. Rachel Wisniewski
School Association for Special Education in DuPage County (SASED)
2900 Ogden Avenue
Lisle, Illinois 60532

§ 8.4 The Contractor's representative:
(Name, address and other information)

Mrs. June Tucker
Sr. Vice President
F.E. Moran, Inc.
2265 Carlson Drive
Northbrook, Illinois 60062

§ 8.5 Neither the Owner's nor the Contractor's representative shall be changed without ten days written notice to the other party.

§ 8.6 Other provisions:

ARTICLE 9 ENUMERATION OF CONTRACT DOCUMENTS

§ 9.1 The Contract Documents, except for Modifications issued after execution of this Agreement, are enumerated in the sections below.

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§ 9.1.1 The Agreement is this executed AIA Document A101-2007, Standard Form of Agreement Between Owner and Contractor.

§ 9.1.2 The General Conditions are AIA Document A201-2007, General Conditions of the Contract for Construction.

§ 9.1.3 The Supplementary and other Conditions of the Contract:

Document	Title
00 72 00	General Conditions
00 73 00	Supplementary General Conditions

§ 9.1.4 The Specifications:
(Either list the Specifications here or refer to an exhibit attached to this Agreement.)

Project Manual

§ 9.1.5 The Drawings:
(Either list the Drawings here or refer to an exhibit attached to this Agreement.)

- G0.1 COVER SHEET

- R1.1 FIRST FLOOR REFERENCE PLAN
- R1.2 ROOF REFERENCE PLAN

- A6.1 PARTIAL REFLECTED CEILING PLAN

- M0.1 MECHANICAL GENERAL NOTES
- M1.0 FIRST FLOOR COMPOSITE MECHANICAL PLAN
- M1.1 PARTIAL FIRST FLOOR MECHANICAL PLAN
- M1.2 PARTIAL FIRST FLOOR MECHANICAL PLAN
- M2.0 COMPOSITE MECHANICAL ROOF PLAN
- M3.0 MECHANICAL SCHEDULES

- E1.0 COMPOSITE FIRST FLOOR ELECTRICAL PLAN
- E2.0 ELECTRICAL SCHEDULES, DETAILS, SYMBOL, AND NOTES
- ED2.0 COMPOSITE FIRST FLOOR ELECTRICAL DEMOLITION PLAN

§ 9.1.6 The Addenda, if any:

Number	Dated
Addendum No. 1	April 5, 2024

Portions of Addenda relating to bidding requirements are not part of the Contract Documents unless the bidding requirements are also enumerated in this Article 9.

§ 9.1.7 Additional documents, if any, forming part of the Contract Documents:

.1 AIA Document E201™-2007, Digital Data Protocol Exhibit, if completed by the parties, or the following:

.2 Other documents, if any, listed below:
(List here any additional documents that are intended to form part of the Contract Documents. AIA Document A201-2007 provides that bidding requirements such as advertisement or invitation to bid, Instructions to Bidders, sample forms and the Contractor's bid are not part of the Contract Documents unless enumerated in this Agreement. They should be listed here only if intended to be part of the Contract Documents.)

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Payment Bond
Performance Bond
Certificate of Insurance
Bid Form
Illinois Department of Labor Prevailing Wage

The Contractor shall defend and indemnify the Architect and their Consultants against any action of claims for construction worker injuries to the full extent permitted by law, but not for an amount of damages for which the Architect and/or their Consultants have been found guilty of negligence; and (2) that the Contractor shall purchase and maintain insurance covering liability for claims for construction worker injuries for the benefit of themselves and the Architect and their Consultants in settlement of, or as damages for, any such claims. Such insurance shall be for not less than the greatest amount of liability insurance specified in the Contract Documents. This shall not limit any other contractual obligations of the Contract, Subcontractors or the parties hereto to indemnify or provide insurance for the benefit of any other party. If any part of this paragraph be deemed invalid by any court, then that part shall be deleted and the remainder of this paragraph shall continue in full force.

"Project Safety" The safety of the project and all workers is the responsibility of
F.E. Moran, Inc.

ARTICLE 10 INSURANCE AND BONDS

The Contractor shall purchase and maintain insurance and provide bonds as set forth in Article 11 of AIA Document A201-2007.
(State bonding requirements, if any, and limits of liability for insurance required in Article 11 of AIA Document A201-2007.)

Type of insurance or bond Limit of liability or bond amount (\$0.00)

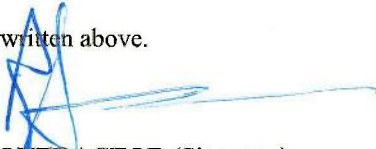
Provide Insurance and Bonds as set forth in Article 11 of the AIA Document A201-2007.

This Agreement entered into as of the day and year first written above.

OWNER (Signature)

(Printed name and title)

CONTRACTOR (Signature)



(Printed name and title)

Ryan Gribbens / President

(Printed name and title)

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CONTRACTOR'S CERTIFICATION
CONTRACT EXECUTION

F.E Moran, Inc. _____, having executed a contract for
(name of Contractor)

Mechanical Improvements @ Southeast Alternative School _____
(general description of item(s) contracted for)

with School Association for Special Education in DuPage _____, hereby certifies that
(name of governmental body)

said contractor is not barred from executing said contract as a result of a violation of either Section 33E-3 or 33E-4 of Article 33E of Chapter 38 of the Illinois Revised Statutes.

By:  _____
Authorized Agent of Contractor

Date 6/5/24 _____

SUBSCRIBED and SWORN TO before me
this 5th day of June, 2024


NOTARY PUBLIC





Proposal for Commissioning Services

Additional Commissioning Services

Mechanical Replacement



PRASINO
ENGINEERING

May 12, 2024

Date: May 12, 2024
Project: Mechanical Replacement
Owner: Southeast Alternative School
Service: Additional Commissioning Services
Attention: Vien-Phong (V.P.) Trinh, GGP, LEED AP
Arcon Associates, Inc.

Mr. V.P.:

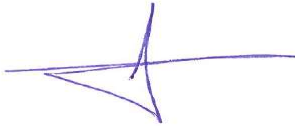
We appreciate the opportunity to provide you our team's proposal for additional commissioning services being sought as part of the subject project.

Enclosed is our proposal for additional commissioning services.

Please feel free to contact me at 708.307.5253 or at George.karras@prasinoeng.com at your convenience with any questions regarding this document.

Respectfully,

PRASINOENGINEERING



George Karras, P.E., LEED AP, HFCx, NICET Level 3
Principal | Managing Member

Table of Contents

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 Scope Assumptions..... 2

Section B – Additional Proposed Fee..... 2

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Section C – Signature & Acceptance..... 3

Project Description

Southeast Alternative School, herein referred to as “Owner”, is remodeling of the building located at 6S331 Cornwall Rd., Naperville, Illinois. Based upon information provided by Arcon Associates, Inc. we understand the project will entail the direct replacement of three (3) multizone HVAC units and associated BAS system.

This additional services proposal adds one (1) 5,000CFM air handling unit.

Section A – Scope of Work

The following additional Scope of Work has been developed based upon review of the documents dated March 1, 2024

Code Required Commissioning Services

In addition to the equipment identified within the original proposal (three multizone HVAC units), one (1) additional 5000 CFM air handling unit and associated controls shall be commissioned.

Equipment Type	Equipment Tags	Cx Sampling	Seasonal Testing	Plan Qty	Qty for Cx
Air Handling Unit	TBD	100%	Yes	1	1
Building Automation System	BAS	Verification as needed for above mechanical equipment.			

Scope Assumptions

All assumptions, terms and conditions, etc. shall remain as agreed to within original proposal dated January 9, 2024 and executed by the School Associate for Special Education in DuPage County on February 23, 2024.

Section B – Additional Proposed Fee

Compensation for services is based on a fixed lump sum fee based on services selected below.

Scope of Work		Fee
<input type="checkbox"/>	Additional Commissioning Services – 5000 CFM Air Handling Unit	\$1,600

Payments

Prasino Engineering, LLC will invoice monthly based on work completed. All invoices are to be paid to Prasino Engineering, LLC within **thirty (30) calendar days** of invoice.

Section C – Signature & Acceptance

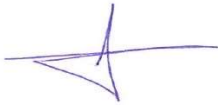
IN WITNESS WHEREOF, the parties hereto have executed this Agreement by signature of their respective duty authorized representatives as of the date set forth above.

CONSULTANT

CLIENT

Prasino Engineering, LLC

By:



By: _____

Name: George Karras, P.E.

Name: _____

Title: Principal | Managing Member

Title: _____

Date: May 12, 2024

Date: _____

Consultant Address

Client Address

Prasino Engineering, LLC

747 East Boughton Road
Suite 208
Bolingbrook, IL 60440

Attn: _____



SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE

**SASED Board of Directors Meeting
May 22, 2024 - 11:00 AM
SASED Administration Center
2900 Ogden Avenue, Lisle, IL 60532**

OPEN SESSION MINUTES

Mr. Mark Cross, Chairperson, called the SASED Board of Directors meeting to order at 11:02 am and welcomed those in attendance.

1. Roll call was taken with the following responding:

Present:	District	Representative
	Keeneyville School District 20	Dr. Omar Castillo
	West Chicago Elementary School District 33	Ms. Kristina Davis
	Winfield School District 34	Dr. Matt Rich
	Salt Creek School District 48	Dr. Amy Zaher
	Downers Grove School District 58	Dr. Kevin Russell
	Maercker School District 60	Dr. Sean Nugent (arrived at 11:04am)
	Cass School District 63	Mr. Mark Cross
	Center Cass School District 66	Dr. Andrew Wise
	Woodridge School District 68	Dr. Patrick Broncato
	DuPage High School District 88	Dr. Jean Barbanente (exited at 12:59pm)
	Community High School District 94	Mr. John Langton (exited at 12:41pm)
	Community High School District 99	Dr. Hank Thiele
	Community Consolidated School District 180	Dr. Charlie Kyle
	Lisle Community Unit School District 202	Dr. Keith Filipiak (exited at 12:57pm)
Absent:	Benjamin School District 25	
	DuPage County School District 45	
	Westmont Community Unit School District 201	
	Elmhurst Community Unit School District 205	

Present: 14 Districts **Absent:** 4 Districts

Also in attendance:

Dr. Jimmy Gunnell, Co-Executive Director, SASED
Mr. Jim Nelson, Co-Executive Director, SASED
Dr. Kim Dryier, Incoming Executive Director, SASED
Ms. Rachel Wisniewski, CSBO, SASED
Ms. Senga Lowe, Board Recording Secretary, SASED
3 additional guests: Hiedi France, Claire Smith, and Kerry Shanahan, all SASED Staff

2. Appointment of Secretary Pro-Tempore - Ms. Kristina Davis, West Chicago Elementary SD33, was nominated as Secretary Pro-Tem for this May 22, 2024 meeting by Mr. Mark Cross.

3. Pledge of Allegiance

4. Approval of the Agenda for the May 22, 2024 Board of Directors Meeting

A motion was made to approve the Agenda for the 5-22-24 Board of Directors Meeting. This motion was made by Member Rich and seconded by Member Kyle.

Upon voice vote of all ayes from all 14 districts present, motion carried.

5. Public Comment - One public comment was electronically submitted via SASSED's website and read aloud by Mr. Mark Cross, Chairperson. No other public comments were made.

6. Consent Agenda

Mr. Mark Cross, Chairperson, officially welcomed Dr. Amy Zaher, from Salt Creek SD48, who is a new member of the Board of Directors.

A motion was made to approve the following consent agenda items as presented. This motion was made by Member Rich and seconded by Member Kyle.

A. Personnel Recommendations

1. Accept/Approve the Resignations, Retirements, Employment, and Change of Employment Status of Educational Support Staff, Licensed Staff, Registered Staff and Contract Staff as presented.
2. Approve the Contract Buy-out for an Occupational Therapist from FoxHire/AHS Staffing

B. Financial

1. Gross Payrolls for April 2024 in the amount of \$1,763,563.34
2. Payroll Liabilities for April 2024 in the amount of \$581,259.09
3. Bill List for May 2024 in the amount of \$906,974.57
4. Interim Checks for April 2024 in the amount of \$625,722.18
5. Voids for April 2024 - None

C. SASSED Programs/Services

1. Approve the Agreement between Early CHOICES and Accountability Solutions for services in the amount of \$5,000
2. Approve the Independent Contractor Agreement between SASSED and Creative Exchange Music Therapy for the 2024-2025 school year.
3. Approve the Agreement for Services between Early CHOICES and Illinois State University for the Summer Inclusion Institute held on June 5-6, 2024.
4. Approve the Independent Contractor Agreement between Early CHOICES and Denise Perez Binder in the amount of \$3000 for presentation services
5. Approve the Independent Contractor Agreement between Early CHOICES and Accountability Solutions in the amount of \$20,000 for data auditing services

D. Governance

1. Accept the Adopted Resolution to Appoint a New SASSED Governing Board Representative for Community High School District 99
2. Approve the revised classroom lease with Salt Creek School District 48 for remainder of SY23-24
3. Accept the donation check from Delta Gamma Foundation in the amount of \$1925 for the Vision Program
4. Accept the donation check from Abt Electronics, Inc. in the amount of \$400 towards the Rich Laren Day of Outdoor Learning
5. Accept the donation check from Clarendon Hills Lions Club in the amount of \$1500 for the Vision Program.
6. Approve the amended (final) SASSED SY23-24 School Calendar.

Upon Roll Call Vote:

Ayes: Castillo SD20, Davis SD33, Rich SD34, Zaher SD48, Russell SD58, Nugent SD60, Cross SD63, Wise SD66, Broncato SD68, Barbanente SD88, Langton SD94, Thiele SD 99, Kyle SD180, Filipak SD202.

Nays: None

Ayes: 14 Districts **Nays:** None

Absent: 4 Districts

Upon roll call vote, motion carried.

7. Approval of Minutes

- a. Approved the open session minutes from the Board of Directors Meeting on 4-17-24.
A motion was made to approve the open session minutes from the Board of Directors Meeting on 4-17-24. This motion was made by Member Rich and seconded by Member Davis.

Upon voice vote of all ayes from all 14 districts present, motion carried.

8. Action Items

- a. Approve the FY25 Billing Model

Ms. Rachel Wisniewski provided an overview of the proposed FY25 Billing Model. She stated that there was an error in the previous model that was presented to the Board on April 17, 2024. There was an error found in the amount listed under *Revenue Other than Tuition* that included the sum of all grant revenue which duplicated and overstated the grant revenue. The Board's concern was addressed and correction was made. There were a few major changes in the FY25 billing model:

- The billing model includes programs/services, overhead costs, and capital projects
- The current non-member fee is \$10,000 per student. It will now be an additional 10% of the program cost plus overhead
- The member districts will receive all of their IDEA funds.
- The prior model was based on projected costs, not actual costs.

Ms. Wisniewski and Mr. Nelson gave a brief overview of the new program structures and staffing model and how these new changes affect the billing model. They asked the Board to please keep in mind that the billing model and the tentative FY25 budget should be looked at separately.

Mr. John Langton, SD 94 commented that the new model details how member districts costs are calculated and how the districts are billed. Dr. Kevin Russell, SD 58 commented that he reviewed the billing model and is having difficulty approving the billing model because SD 58's estimated costs for FY25 is a 24% increase. Dr. Russell stated that he cannot approve the new staffing pattern as presented in the FY25 draft budget. Dr. Matt Rich, SD 34 commented that he is very unhappy to hear that the draft budget adds 24 new staff positions and this is the first time he has heard of this increase in staff positions.

Dr. Hank Thiele, SD 99 stated that if we would have applied this model to last year's budget, SASED would have been in arrears. Dr. Russell, SD 58 stated that it was important for each district to know what their future bills would be, until he sees that he cannot vote on the budget. Mr. John Langton, SD94 commented that if a member district sees an increase in their fees, it is possibly because they were not being billed correctly in the past. Dr. Thiele, SD 99 stated that districts have already submitted their needs for SY24-25 without seeing the tuition costs. If costs are increasing, they need to be informed of that earlier in the spring so they can absorb the increase in their budget as well.

Ms. Wisniewski restated that the restructuring of SASED programs for SY24-25 also affects the billing.

Mr. Mark Cross, SD 63 b stated that normally we would approve the billing model and then approve the tentative budget, but he believes there will be a better understanding of the billing model if we review the budget first. He suggested that we table the billing model until after the budget discussion.

After a lengthy discussion of the billing model, Board members agreed to table the billing model at this time. The proposed billing model will be brought to the SASSED Finance Committee on June 5, 2024 for discussion. The billing model will be discussed by the Finance Committee and a recommendation will be brought forward to the Board of Directors for approval at the June 12, 2024 meeting.

b. Approve the Tentative FY25 Budget

Mr. Nelson, Dr. Gunnell, and Ms. Wisniewski addressed the questions from the Board. Mr. Cross, SD 63 clarified that the billing over the past few years has affected SASSED's fund balance because 2022 and 2023 were never trued-up. Member districts were never sent final bills and the shortage was covered by SASSED's fund balance. We have spent down 40% of the fund balance over the past few years and that is not a good business model. Had the districts been billed correctly in the past, these numbers would look alot different.

Dr. Russell, SD 58 agreed that the districts should pay their share of the program costs. He asked if SASSED is on the same budget timeline as member districts? The SASSED administration answered yes. A Board member commented that we should not be adding 23 new staff members when we are spending down the SASSED fund balance.

Mr. Cross, SD 63 asked Board members if there were any suggestions on how we can better understand the budget and proceed to the approval process for the Governing Board?

Dr. Andrew Wise, SD 66 suggested that SASSED provide a few budget options for the Board's consideration. Dr. Thiele, SD 58 commented that SASSED has provided a conservative budget as a worst case scenario. He asked if the increase in overhead costs will be rebated to member districts if the contract staffing usage falls below the proposed budget? The SASSED administration responded, typically cooperatives cost-out their programs at the end of the fiscal year and any overcharges are reimbursed proportionally to their member districts.

Dr. Gunnell stated that SASSED was hoping to see a reduction in 1:1 teacher assistants during this school year to support the restructuring of program and staffing allocations. The 1:1 teacher assistants is a decision that must be made on an individual basis at the student's IEP conference.

Dr. Sean Nugent, SD 60 asked if SASSED could take funds from the fund balance to offset the tuition increases for all of the member districts. These funds would have to be capped at maybe 5% to ensure the fund balance does not go below the recommended percentage. Dr. Thiele, SD 99 commented that this would be a possibility, but districts would have to be aware and ready for an increase next school year to ensure that the SASSED fund balance does not go into deficit level. Mr. Langton, SD 94 stated that under Board policy we cannot go under 20% fund balance. Dr. Filipiak, SD 202 commented that we may need to suspend the fund balance policy for a few years.

Dr. Russell, SD 58 asked if we could possibly phase in the new staffing model. Would this be an option to reduce the high increase in tuition all at once?

Dr. Thiele, SD 99 inquired how many contracted employees SASSED currently have working? The answer was over 100 teacher assistants are currently being contracted. He stated that if we cannot permanently fill these positions, we will have to work with the staff we currently have and put a hold on further contracting staff.

Dr. Filipiak, SD 202 asked Board members if they all could agree that the tuition bills for SY24-25 are going to increase. If not, we will have to find a way to cut \$3.6M from the budget to cap everyone's cost at a 5% increase. We do not have enough of a fund balance to make that happen.

Dr. Thiele, SD 99 asked if the final bills include IDEA funds? He would like to see Ms. Wisniewski provide the total projected cost increase for each district at the next meeting.

Dr. Rich, SD 34 asked if SASED is being realistic with the new staffing pattern. Dr. Barbanente, SD 88 stated that the new staffing pattern is allocated by program (licensed staff, related service, teaching assistants, and medical assistants). The economic reality is that we are serving students who require the most intensive services and therefore we have to understand that the cost of the intensive services is higher than general education students.

Mr. Cross, SD 63 stated that all of these concerns will be addressed by the Finance Committee on June 5th. The SASED administration will provide three budget options for the Finance Committee's review. Once the Finance Committee has a recommendation it will go back to the Board of Directors on June 12th for their approval. The SASED Governing Board will need to hold a special board meeting to approve the budget at least 30 days prior to August 7th.

Board members agreed to table the draft budget at this time. The Board of Directors requested the SASED administration to develop FY25 budget options for SASED Finance Committee's consideration at their June 5, 2024 meeting.

- c. Adopted the Resolution for Non-Renewal and Honorable Dismissal of Support Staff
A motion was made to adopt the resolution for non-renewal and Honorable Dismissal of support staff, as presented. This motion was made by Member Rich and seconded by Member Broncato.

Upon Roll Call Vote:

Ayes: Castillo SD20, Davis SD33, Rich SD34, Zaher SD48, Russell SD58, Nugent SD60, Cross SD63, Wise SD66, Broncato SD68, Barbanente SD88, Langton SD94, Thiele SD 99, Kyle SD180, Filipak SD202.

Nays: None

Ayes: 14 Districts **Nays:** None **Absent:** 4 Districts

Upon roll call vote, motion carried.

- d. Accepted the Bid and Extend a Contract to F.E. Moran, Inc. for the Mechanical Improvement Project at Southeast School
A motion was made to accept the bid and extend a contract to F.E. Moran, Inc. for the mechanical improvement project at Southeast School, as presented. This motion was made by Member Rich and seconded by Member Kyle.

Upon Roll Call Vote:

Ayes: Castillo SD20, Davis SD33, Rich SD34, Zaher SD48, Russell SD58, Nugent SD60, Cross SD63, Wise SD66, Broncato SD68, Barbanente SD88, Langton SD94, Thiele SD 99, Kyle SD180, Filipak SD202.

Nays: None

Ayes: 14 Districts **Nays:** None **Absent:** 4 Districts

Upon roll call vote, motion carried.

- e. Approved the Proposed SY24-25 Calendar
A motion was made to approve the proposed SY24-25 Calendar, as presented. This motion was made by Member Nugent and seconded by Member Wise.

Upon voice vote of all ayes from all 14 districts present, motion carried.

- f. Approve the Election of Officers/Designees for SY24-25 SASED Board of Directors
A motion was made to approve the election of officers for the SASED Board of Directors SY24-25 as follows:

Chairperson - Mr. Mark Cross, Cass School District 63

Vice-Chairperson - Dr. Jean Barbanente, DuPage High School District 88

Secretary - Ms. Kristina Davis, West Chicago Elementary School District 33

This motion was made by Member Rich and seconded by Member Thiele.

Upon voice vote of all ayes from all 14 districts present, motion carried.

9. Executive Director Updates

- a. SASED Program and Services Monthly Updates - Cooperative Corner Newsletter
Dr. Jimmy Gunnell highlighted this month's Cooperative Corner. Dr. Gunnell commented on the "Rich Laren Outdoor Learning Day", SASED's Educator Appreciation Week, student participation in extracurricular activities and other special events.
- b. SASED Employee Recognition - Mr. Nelson gave an overview of the staff members awarded Most Valuable Employee for the months of April/May, which focused on Marvelous Motivator and Innovation and Creativity.
- c. SASED Retiree Reception - Mr. Nelson reminded the Board that we will be hosting a retirement reception for our 12 retirees on May 29, 2024 at 6:00, just before the Governing Board meeting.
- d. SASED Monthly Enrollment Update - Mr. Nelson provided an overview of SASED's current enrollment of 389 students, as of May 15, 2024, which includes 29 non-member students (10 SASED and 19 DWC).

10. SASED Financial Updates

- a. FY 24 Budget Reports - Ms. Wisniewski provided a brief overview of the budget report. The total FY Revenue compared to budget is at 97.7%. The total FY Expenditures compared to budget is at 68%. Using last year as a benchmark, our revenues and expenditures are on track.
- b. Treasurers/Investments Reports - Ms. Wisniewski provided a brief overview of the treasurer/investment reports. SASED's Fund Balance is currently at 39% as of April 30, 2024.

Mr. John Langton exited the meeting at 12:41 pm.

11. Closed Session

A motion was made to recess into closed session at 12:44 pm for the purpose of discussing: appointment, employment, compensation, discipline, performance, or dismissal of specific employees, specific individuals who serve as independent contractors in a park, recreational, or educational

setting, or specific volunteers of the public body or legal counsel for the public body including hearing testimony on a complaint lodged against an employee, a specific individual who serves as an independent contractor in a park, recreational, or educational setting, or a volunteer of the public body or against legal counsel for the public body to determine its validity. 5 ILCS 120/2c1;

and minutes of meetings lawfully closed under this Act, whether for purposes of approval by the body of the minutes or semi-annual review of the minutes as mandated by Section 2.06. 5 ILCS 120/2(c)(21).

This motion was made by Member Broncato and seconded by Member Rich.

Upon Roll Call Vote:

Ayes: Castillo SD20, Davis SD33, Rich SD34, Zaher SD48, Russell SD58, Nugent SD60, Cross SD63, Wise SD66, Broncato SD68, Barbanente SD88, Thiele SD 99, Kyle SD180, Filipak SD202.

Nays: None

Ayes: 13 Districts **Nays:** None **Absent:** 5 Districts

Upon roll call vote, motion carried.

12. Reconvene to Open Session

A motion was made to reconvene back into open session at 12:57 pm. This motion was made by Member SD 34 and seconded by Member SD 180.

Upon Roll Call Vote:

Ayes: Castillo SD20, Davis SD33, Rich SD34, Zaher SD48, Russell SD58, Nugent SD60, Cross SD63, Wise SD66, Broncato SD68, Barbanente SD88, Thiele SD 99, Kyle SD180.

Nays: None

Ayes: 12 Districts **Nays:** None **Absent:** 6 Districts

Upon roll call vote, motion carried.

13. Action Items

- a. Approved the 3-year employment agreement for the Assistant Director of Business-CSBO
A motion was made to approve the 3-year employment agreement for the Assistant Director of Business-CSBO. This motion was made by Member Rich and seconded by Member Thiele.

Upon Roll Call Vote:

Ayes: Castillo SD20, Davis SD33, Rich SD34, Zaher SD48, Russell SD58, Nugent SD60, Cross SD63, Wise SD66, Broncato SD68, Barbanente SD88, Thiele SD 99, Kyle SD180.

Nays: None

Ayes: 12 Districts **Nays:** None **Absent:** 6 Districts

Upon roll call vote, motion carried.

- b. Approved the employment agreement for the Assistant Director of Programs and Services
A motion was made to approve the employment agreement for the Assistant Director of Programs and Services. This motion was made by Member Thiele and seconded by Member Rich.

Upon Roll Call Vote:

Ayes: Castillo SD20, Davis SD33, Rich SD34, Zaher SD48, Russell SD58, Nugent SD60, Cross SD63, Wise SD66, Broncato SD68, Barbanente SD88, Thiele SD 99, Kyle SD180.

Nays: None

Ayes: 12 Districts **Nays:** None **Absent:** 6 Districts

Upon roll call vote, motion carried.

Dr. Jean Barbanente exited the meeting at 12:59 pm.

- c. Approved the annual employment agreements for the Assistant Director of Human Resources and all other Program Administrators and Coordinators.

A motion was made to approve the annual employment agreements for the Assistant Director of Human Resources and all other Program Administrators and Coordinators. This motion was made by Member Thiele and seconded by Member Broncato.

Upon Roll Call Vote:

Ayes: Castillo SD20, Davis SD33, Rich SD34, Zaher SD48, Russell SD58, Nugent SD60, Cross SD63, Wise SD66, Broncato SD68, Thiele SD 99, Kyle SD180.

Nays: None

Ayes: 11 Districts **Nays:** None **Absent:** 7 Districts

Upon roll call vote, motion carried.

- d. Approved the salary increase for Business Office Assistant
A motion was made to approve the salary increase for Business Office Assistant. This motion was made by Member Rich and seconded by Member Kyle.

Upon Roll Call Vote:

Ayes: Castillo SD20, Davis SD33, Rich SD34, Zaher SD48, Russell SD58, Nugent SD60, Cross SD63, Wise SD66, Broncato SD68, Thiele SD 99, Kyle SD180.

Nays: None

Ayes: 11 Districts **Nays:** None **Absent:** 7 Districts

Upon roll call vote, motion carried.

- e. Approved the 5% wage increase for non-CBA staff
A motion was made to approve the 5% wage increase for non-CBA staff. This motion was made by Member Rich and seconded by Member Kyle.

Upon Roll Call Vote:

Ayes: Castillo SD20, Davis SD33, Rich SD34, Zaher SD48, Russell SD58, Nugent SD60, Cross SD63, Wise SD66, Broncato SD68, Thiele SD 99, Kyle SD180.

Nays: None

Ayes: 11 Districts **Nays:** None

Absent: 7 Districts

Upon roll call vote, motion carried.

- f. Approved the Closed Session Minutes from April 17, 2024 Board of Directors Meeting.
A motion was made to approve the Closed Session Minutes from the April 17, 2024 Board of Directors Meeting. This motion was made by Member Thiele and seconded by Member Rich.

Upon voice vote of all ayes from all 11 districts present, motion carried.

- g. Approved the destruction of closed session recording from October 26, 2022.
A motion was made to approve the destruction of the closed session recording from the October 26, 2022 Board of Control Meeting. This motion was made by Member Thiele and seconded by Member Russell.

Upon voice vote of all ayes from all 11 districts present, motion carried.

14. Adjournment

A motion was made to adjourn at 1:04 pm. This motion was made by Member Thiele and seconded by Member Nugent.

Upon voice vote of all ayes from 11 districts present, motion carried.

Minutes Approved by:

Mr. Mark Cross
Chairperson

Date

Ms. Kristina Davis
Secretary (Pro-Tem)

Date

EBC Rate Development: School Association for Special Education In DuPage County

Medical & Pharmacy

EBC Initial Plan Year: 1/1/2025 - 6/30/2026

Carrier(s): BCBSIL

EBC Internal Pooling: \$75,000

PPO and HSA (ASO)		EBC	
		2024	1/1/2025 through 6/30/2026
Coverage Tier	Enrollment	Current Premium Equivalent Rates	EBC Premium Equivalent
PPO - BCO \$300 (300471)			
Employee	55	\$1,088.13	\$1,179.82
Employee + Spouse	11	\$2,829.93	\$3,068.38
Employee + Children	3	\$2,829.93	\$3,068.38
Employee + Family	15	\$2,829.93	\$3,068.38
PPO - BCO \$500 (300472)			
Employee	33	\$1,088.13	\$1,179.82
Employee + Spouse	3	\$2,829.93	\$3,068.38
Employee + Children	3	\$2,829.93	\$3,068.38
Employee + Family	12	\$2,829.93	\$3,068.38
HSA (P40419)			
Employee	21	\$831.42	\$901.48
Employee + Spouse	1	\$2,078.59	\$2,253.73
Employee + Children	1	\$2,078.59	\$2,253.73
Employee + Family	11	\$2,078.59	\$2,253.73
<i>These rates are illustrative and should not be used for budgetary purposes</i>			
PPO Plan Cost Composite PEPM	169	\$1,616.83	\$1,753.06
18 Months of Premium		\$4,918,386	\$5,332,817
Change From Current (\$)			\$414,431
Change From Current (%)			8.4%

HMO (Cost Plus)		EBC	
		2024	1/1/2025 through 6/30/2026
Coverage Tier	Enrollment	Current Premium Equivalent Rates	EBC Premium Equivalent
HMO (H25799)			
Employee	22	\$830.95	\$900.97
Employee + Spouse	5	\$2,078.18	\$2,253.29
Employee + Children	4	\$2,078.18	\$2,253.29
Employee + Family	9	\$2,078.18	\$2,253.29
HMO (B00033)			
Employee	20	\$770.61	\$835.54
Employee + Spouse	3	\$1,884.74	\$2,043.55
Employee + Children	3	\$1,884.74	\$2,043.55
Employee + Family	9	\$1,884.74	\$2,043.55
<i>These rates are illustrative and should not be used for budgetary purposes</i>			
HMO Plan Cost Composite PEPM	75	\$1,324.95	\$1,436.59
18 Months of Premium		\$1,788,686	\$1,939,403
Change From Current (\$)			\$150,717
Change From Current (%)			8.4%

PPO & HMO TOTAL		EBC	
		2024	1/1/2025 through 6/30/2026
Coverage Tier	Enrollment	Current Premium Equivalent Rates	EBC Premium Equivalent
TOTAL PPO/HMO Plan Cost Composite PEPM	244	\$2,290.67	\$2,483.68
18 Months of Premium		\$6,707,071	\$7,272,220
Change From Current (\$)			\$565,148
Change From Current (%)			8.4%

*This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future healthcare costs including utilization patterns, catastrophic claims, changes in plan design, healthcare trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.

RESOLUTION NO. _____

**A RESOLUTION AUTHORIZING THE
ACCEPTANCE OF THE CONTRACT AND
BY-LAWS DOCUMENT OF THE
EDUCATIONAL BENEFIT COOPERATIVE AND AUTHORIZING
MEMBERSHIP IN THE EBC.**

WHEREAS, a number of Illinois school districts and educational cooperative have entered into an intergovernmental agreement and created the Educational Benefit Cooperative (“EBC”); and

WHEREAS, the EBC has existed for several decades, and has provided benefit coverages for the officers and employees of many Illinois educational governments; and

WHEREAS, this educational government wishes to become a Member of the EBC; and

WHEREAS, the obligation of membership requires the acceptance by the Corporate Authorities of the educational government of the Contract and By-Laws document of the EBC as an intergovernmental contractual obligation to which we will become bound;

NOW, THEREFORE, BE IT RESOLVED BY THE **Board of Directors for The School Association for Special Education in DuPage County**, in DuPage County, Illinois as follows:

SECTION 1: This educational government, as of the starting date at which admission to membership was or is granted by the EBC Board of Directors, shall become a Member of that intergovernmental cooperative.

SECTION 2: The terms and conditions of that membership shall be such terms and conditions as were imposed by the Board of Directors of the EBC in the acceptance motion, and the contractual obligations under the terms of the Contract and By-Laws of the EBC as such document currently exists and as it may be amended in accordance with its terms. This

educational government assumes such terms and conditions.

SECTION 3: The Board President, or such other officer, as shall be authorized, is directed to execute any documents necessary to indicate our membership in the EBC.

SECTION 4: This Resolution shall be in full force and effect upon its passage.

PASSED this 12th day of June, 2024

AYES: _____

NAYS: _____

ABSENT: _____

SASED, Board of Directors
Chairperson

ATTEST:

Secretary

June 5, 2024

Mr. James T Nelson
School Assn For Special Educ
2900 Ogden Ave
Lisle, IL, 60532

Agreement Number
19-022-8030-60

LETTER SENT VIA EMAIL ONLY

Dear Authorized Representative:

The documents regarding the results of your contract solicitation for food service management company or vended meal services received in this office have been reviewed and our office has determined you may now proceed with the contract award.

The contract solicitation, which is the same document previously submitted to the Illinois State Board of Education Nutrition Department (ISBE), must become the contract. Revisions cannot be made to the executed *Invitation for Bid and Contract or Request for Proposal* without first submitting proposed revisions to the ISBE for review and receiving notification the proposed revisions are allowable. Furthermore, additional documents and/or agreements including those developed by the contractor cannot become part of the executed contract, unless otherwise approved by ISBE.

All procurement transactions must be conducted in compliance with the Conflict-of-Interest standards and requirements included in [2 CFR 200.112](#) and [2 CFR 200.318](#). All procurement transactions must be conducted in a manner providing full and open competition consistent with the standards of [2 CFR 200.319](#). In order to ensure objective contractor performance and eliminate unfair competitive advantage, contractors that developed or drafted specifications requirements, statements of work, or invitations for bids or requests for proposals must be excluded from competing for this procurement.

Following the contract award, you must submit, via email to nutritionprocurement@isbe.net, the [Post-Contract Award Summary Sheet](#) along with all requested documentation noted on the form. Once submitted, the documents will be reviewed, you will receive written notification have concluded the solicitation process and may proceed with using Child Nutrition Program funds to pay for the awarded contract.

If you have questions, please contact our office at 800-545-7892.

Sincerely,



Mark Haller, S.N.S.
Director
Nutrition Programs

CC File
Rachel Wisniewski, School Assn For Special Educ



**GOURMET
GORILLA**

(SASED) School Association for Special Education in Dupage County

**Food Service Management Company (FSMC) Fixed Price
per Meal Contract in the School Nutrition Programs**

**Bid Submission: Friday, May 3rd, 2024 10:00 AM CST
Attention: Rachel Wisniewski, Director of Business Services**

**ORIGINAL
COPY**

Gourmet Gorilla Inc., 1074 West Taylor Street , Box 126 Chicago Illinois
60607 P 877 219 3663 | F 866 226 8460 | info@gourmetgorilla.com



4/28/2024

Dear Rachel Wisniewski,

I am writing to express Gourmet Gorilla's continued interest in serving as the Food Service Management Company (FSMC) for (SASED) School Association for Special Education in Dupage County. We are pleased to submit this Request for Proposal (RFP) for the National School Lunch Program (NSLP) for a Food Service Management Company (FSMC) for SASED. Gourmet Gorilla's dedicated team is committed in continuing our partnership and ensuring the delivery of nutritious, high quality meals to your students at a fair price. Gourmet Gorilla is pleased to submit this proposal for the FSMC services contract for your consideration.

At Gourmet Gorilla, our diverse backgrounds, experiences, and commitment to quality, sustainability and community make us the ideal choice to provide FSMC services for SASED. Our organization brings a wealth of experience and knowledge in the food industry, from sourcing locally sourced ingredients, creating delicious and sustainable menus, running fiscally responsible food service accounts and providing exceptional customer service.

We would be honored to retain the privilege of serving SASED and continue to bring our innovative culinary approaches, stringent adherence to nutritional standards, passion for food, community, and sustainability to foster an environment where nutritious food is the cornerstone of the educational experience for your students, parents, and staff.

Thank you for considering Gourmet Gorilla as your food service management provider. We are ready to dedicate our resources, creativity, and passion for food service to ensure the success of your food programs. Attached and below you should find all necessary documents for full submission of this proposal. Please do not hesitate to reach out with any questions regarding this proposal.

Sincerely,

Danielle Hrzic, CEO
Gourmet Gorilla

Gourmet Gorilla Inc., 1074 West Taylor Street , Box 126 Chicago Illinois 60607
P 877 219 3663 | F 866 226 8460 | info@gourmetgorilla.com



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Who We Are

Company History

Gourmet Gorilla was founded in 2009, in order to bring better food to children while supporting the local, sustainable and organic, urban and rural food and agricultural economy. Today, the company provides more than 40,000 meals per day to schools, after-school programs and summer feeding programs. Working with food hubs, rural farmers, urban agriculturalists, dietitians, and organic food manufacturers, the company provides quality ingredients as well as educational resources on the value of fresh, healthy, sustainable food.



Our Ingredients

Gourmet Gorilla prides itself as being on the leading edge of fresh and healthy school food programs. Gourmet Gorilla is currently listed and considered a food hub by the USDA for its participation in local sourcing and as an aggregator of local ingredients from surrounding Midwest states which include WI, IN, IL, MI, IA, MO, KY, and OH.

Proteins

100% of our proteins are sourced locally from Indiana, Michigan and Wisconsin. Our poultry is free range, vegetarian fed and antibiotic free. Our beef is hormone free, grass fed, and grass finished and often certified organic depending on availability. Our preference for beef is grass fed & grass finished over organic due to the negative effects of organic corn raised cattle on the internal organs of the animal, on e-coli counts and on the increase in the saturated fat content of the beef. We do not serve or process pork. We make all our protein entrees from scratch. For example, Gourmet Gorilla makes its own burgers, flavored chicken entrees and even its own meatballs.

Produce

60-70% of our produce is either locally sourced, sustainably grown or from organic farms, sustainable farms transitioning to organic, or farms that use IPM (integrated pest management). We make purchasing decisions on non-organic produce depending on how its grown and its use and susceptibility to pesticides and herbicides.

Grains

All our grains, quick breads and snacks that are baked in house use organic flour, sugar, molasses, fruit and grains. Many of our grains are locally sourced, for example our Lonesome Stone flour travels to us from Wisconsin.

Dairy

Being so close to the dairyland, all our cheeses and milk products are organic and or RBST free and mostly sourced from Wisconsin. One of our long-time milk vendors is Sassy Cow, located in Columbus, Wisconsin.



our philosophy

Gourmet Gorilla provides healthy local and sustainable food for kids, with an emphasis on foods that are familiar to children, while occasionally pushing the envelope of taste and food experience. Our menus are as much a learning and educational experience as they are a healthy eating option. Gourmet Gorilla recipes are designed to meet and exceed the USDA Final Rules of the Healthy & Hunger-Free Kids Act, Illinois Board of Education and City of Chicago Board of Education meal requirements. All our meals are kid tested!

the environment

Our kitchen is constantly working towards becoming a zero waste kitchen with a composting program, recycling program, and delivery via environmentally responsible vehicles. Schools that switch to us not only obtain better nutrition and safe food, but also help support the local Midwest economy, promote food security, and encourage environmental responsibility.

the future

As our company (and the world around us) evolves, we are committed to maintaining the nimbleness to quickly respond to changing environmental and health trends. We recognize we exist in an ever-evolving landscape of new growing practices, allergen concerns, nutrition updates, and health discoveries. To do this, we are continually in a phase of innovation, discovery, awareness, and empathy to keep bringing the best food possible to the children we serve each day so that they, and our environment, have the greatest potential for a healthy future.



Company Menu Development

Menus

Gourmet Gorilla operates with 3 month cycle menus, allowing us to include seasonably available items. Our menu development includes internal collaboration with our nutrition, culinary, purchasing, school relationship manager and customer service teams. Each menu cycle, we include up to 5 new recipes, based on client and student requests. We regularly collect survey feedback from parents, administrators and students about current menu options for improvement and future menu items they would like to see on the menu. Our school relationship managers work with the servers on site to gather information about which items the kids are really excited about and others that they are not interested in. They also regularly conduct round tables at schools to collect feedback directly from students.

Nutrition Education

Gourmet Gorilla aims to teach, model, encourage, and support healthy eating by students. Gourmet Gorilla supports schools in providing nutrition education and engage in nutrition promotion that:

- Is designed to provide students with the knowledge and skills necessary to promote and protect their health;
- Include enjoyable, developmentally-appropriate, culturally-relevant, and participatory activities;
- Promote fruits, vegetables, whole-grain products, low-fat and fat-free dairy products, and healthy food preparation methods;
- Emphasize caloric balance between food intake and energy expenditure (promotes physical activity/exercise);
- Include nutrition education training for teachers and other staff.



We have industry experience since 2008 - Gourmet Gorilla has provided millions of meals to early childhood and K-12 schools throughout Northern Illinois and Wisconsin. The services we provide go beyond the nutritious, delicious meals we prepare for students.

- Over 90% of menu items are made from scratch
- We offer a wide range of options, from classic comfort foods to dishes influenced by different cultures Seasonal menus, featuring what's currently ripe for the picking in the Midwest
- We offer customized meal solutions to fit dietary restrictions including vegan, vegetarian, dairy-free, egg-free & gluten-free
- Compostable and or biodegradable packaging used for grab n go meals
- Locally based and woman-owned company
- Committed to providing foods 100% free from: Hydrogenated or partially hydrogenated vegetable oils (trans fat), high fructose corn syrup, hormones and antibiotics, artificial sweeteners, artificial colors and flavors, artificial preservatives, and bleached flour.
- Meet or exceed current nutrition requirements established by local, state, and Federal statutes and regulations. (The SFA offers reimbursable school meals that meet USDA nutrition standards.)



“My son attends a school you serve and he is a VERY picky eater. But he came home on Tuesday raving about his lunch, and has asked me to make it!”

Parent, Local Preschool

“ I can tell you from an outside perspective that the reputation of GG is that they DO provide good, organic food for children. Their reputation is living up to the mission. With companies there often seems to be a disconnect from the mission and the actual in my experience and it's good to see organizations following through.”

School Administrator

“The most recent broccoli we’ve received has been beautiful. Thanks to everyone’s efforts to ensure quality for our kiddos!!”

Preschool Director





Attachment 1

Cost/Financial Proposal

- Annual Financial Report
- Section 21: Proposed Fixed Meal Rates Bid Summary Form
- Ensuring Quality Customer Service





Annual Financial Report

**SEE SEPERATE THREE YEARS OF FINANCIAL
STATEMENT ATTACHMENTS IN EMAIL**

SECTION 21:

Proposed Fixed Meal Rates

PER MEAL PRICES MUST BE A FIXED PRICE PER MEAL RATE AND
CALCULATED AS IF NO USDA COMMODITIES WILL BE RECEIVED

	Projected Annual Units	Rate Per Unit	Estimated Total**
<u>School Nutrition Programs (SNP) / Seamless Summer Option (SSO)</u>			
Reimbursable Breakfasts with Milk	14,095	\$2.70	\$38,056.50
Reimbursable Breakfasts without Milk			
Reimbursable Lunches with Milk*	13,760	\$4.80	\$66,048.00
Reimbursable Lunches without Milk			
Reimbursable After-School Snacks			
Special Milk Program (SMP)			
Fresh Fruit and Vegetable Program			
A la Carte Equivalents Fee*			
Management Fee per School Meal			
__(breakfast and lunch only)			
<u>Child and Adult Food Care Programs (CACFP)</u>			
CACFP Reimbursable Breakfast with Milk			
CACFP Reimbursable Breakfasts without Milk			
CACFP Reimbursable Lunches with Milk			
CACFP Reimbursable Lunches without Milk			
CACFP Reimbursable At Risk After-School Snacks			
CACFP Reimbursable Supper with Milk			
CACFP Reimbursable Supper without Milk			
CACFP Reimbursable AM/PM Snack			
<u>Summer Food Service Program (SFSP)</u>			
SFSP Reimbursable Breakfasts with Milk			
SFSP Reimbursable Breakfasts without Milk			
SFSP Reimbursable Lunches with Milk			
SFSP Reimbursable Lunches without Milk			
Total Estimated Amount of Proposal**			\$ 104,104.50

*Solicitation rates for SNP reimbursable Lunch and A la carte equivalency fee must be the same.

**All totals must be carried out to the second decimal place and must not be rounded.

Gourmet Gorilla

Name of Offeror

1200 W Cermak Road

Chicago

IL

60608

Street Address

City

State

Zip Code

By submission of this proposal, the Offeror certifies that, in the event the Offeror receives an award under this solicitation, the Offeror shall operate in accordance with all applicable current program regulations. This agreement shall be in effect for the period specified, not to exceed one year, and may be renewed by mutual agreement for four additional one-year Contract Terms.

4/26/2024



CEO

Date

Signature of Offeror

Title



**Commitment to Ensuring Quality Customer Service,
Delivering High Food Quality Items, and RFP
Specifications**



Quality Customer Service Overview

Gourmet Gorilla produces all meals fresh daily under a central commissary model, in order to maintain efficiencies, ensure quality and consistency across all programs, and conduct cost-effective meal programs for schools operating within the Summer Food Service Program, Child and Adult Care Food Program, School Breakfast Program, National School Lunch Program and the Gourmet Gorilla operation. Since 90% of our menus are made from scratch using in house recipes and delivered fresh each day to schools and programs, we can ensure superior quality and the ability to adapt and innovate based on participant meal preferences. Meals are prepared within 24 hours of delivery to the site.

Our goal is for our serving staff to be fully engaged in the meal experience of the students in a positive way. We allow time for them to gain a deeper understanding of our menus and nutrition so they are equipped to communicate and provide positive reinforcement during meal time each and every day.

The vended meals service will follow the indicated staffing model in section E – Staffing Provisions. Meal service will be supported onsite according to the following:

- Cafeteria Staff will receive deliveries of bulk food items, freshly prepared grab n go breakfast items, fresh lunch items, snack, back up meals and milk daily. The onsite staff is responsible for managing accurate receipt of items, quality assurance, and portioning accuracy prior to next day's service.
- Cafeteria Staff is responsible for light prep of salad bar items, sandwiches and the finishing of certain meal components.
- Cataloging meal counts for all meals served.
- Completing online production records to ensure compliance.
- Managing, recording and minimizing waste.
- Completing online daily menu feedback survey.
- Supporting GG in increasing meal participation rates by serving healthy, great tasting, appealing meals that meet regulatory standards by a well-trained, qualified staff.

See additional Customer Service related procedures and best practices attached.



Quality Customer Service Procedures and Best Practices



Customer Service Excellence Plan

Key Focus Area	School Relationship Manager	Notes
Leadership	Ensure food safety and food management standards in all operations. Engage and develop servers to their fullest potential.	Attend Weekly SRM/SM Call. Review and assess information gathered from observations to create action plans for continued process improvements.
Customer Support	Maintain effective client and customer support. Identify all client needs and communicate operational progress.	Connect with Admin based on their needs. This may be a weekly call or checking in via emails. Sending monthly menus and communicating any pertinent updates regarding menu or staffing
Nutrition	Compliant menus within budget, ensuring student acceptability, proper packaging within budget	Attend Weekly menu meeting. Bring any data or observations from school visits to support ideas for menu design
Server Management	Ensuring production records completed, proper portions being served, server staffing model within budget, training and onboarding being followed (NSLP Schools), Ensuring proper client support, sending out weekly emails with menus to parents, other marketing initiatives	Follow up with SMs to ensure production records are completed. Complete Weekly Budget. See Customer Support.
Staffing	Ensure proper staffing model and team being onboarded properly, terminations are handled properly, background checks 100% compliance	Review resumes. Conduct interviews. Submit background checks. Hire, complete paperwork, and onboard new staff.
Employee and Customer Engagement	Reward and recognize employees. Ensure individual and team performance meets objectives and client expectations. Create and gather surveys/survey results	Send quarterly surveys about menu/service. Assess data and create action plan.
Scheduling	Organize subs (vacation/appointments/early AM call-offs), Manage servers time/tasks and ensure labor cost are within budget, Review time cards. Close out payroll	SAM start time to manage early morning call-offs. Review timecards daily and correct any issues. Close out payroll every two weeks.
Team Performance	Manage Server Managers time/tasks. Coach and develop SM	
Financial Performance	Understand performance metrics, data, orders, meal participation and component trends. Educate servers on key levers to improve margins.	
Waste Management	Ensure is tracked and waste management practices are implemented and executed properly	
Invoicing	Ensure meal counts are correct each day to assist with month-end invoicing	Monitor daily consumption numbers and up date orders accordingly
Quarterly Check Ins	Lead quarterly client meetings with school administration	
Logistics	Assist with food delivery if required	Respond timely to requests for help, especially managed schools.
Inventory	Support monthly inventory process	Volunteer for time slot when Kevin send survey of needs.
Purchasing and Ordering	Manage ordering for NSLP schools and ensure all par levels are properly determined and orders are placed accurately, timely and cost effectively.	Use historical ordering data (formstack) to place accurate orders weekly by Wednesday EOD. Make sure servers have proper food handling and food safety equipment. Submit POs as needs arise.
Food Costs	Ensure food costs are within budget, Update website with Organizational changes/pricing information (plan for 27% to achieve 30%) 100% compliance of 10 day rotation.	Complete component reductions
Training	Support Server Manager in onsite training.	Complete Observations. Use Internal Audit Checklist.
Quality Assurance	Provide training and development support to servers to create a safety at all school locations. (Zero injuries or failed	Complete Observations. Use Internal Audit Checklist.
Compliance	Maintain a safe and healthy environment for clients, customers and employees. Develop and maintain Standard	Complete Observations. Use Internal Audit Checklist.

Days Reviewing:

Team Updates		Quality Issues In House	Rebthern Issues	Late Routes	Missing Items In the All
Inventory					
	M	M	M	M	M
	T	T	T	T	T
	W	W	W	W	W
	T	T	T	T	T
	F	F	F	F	F
Liquides					
Culinary					
	M	M	M	M	M
	T	T	T	T	T
	W	W	W	W	W
	T	T	T	T	T
	F	F	F	F	F
Customer Service					
nutrition					
HRing					
cash					
sales					

Quality Issues	Rebthern/Temp Issues at Schools	Late Deliveries	Missing Items at Schools
Description			

Upcoming Items/Tasks	Receiving Schedules	Client Feedback

Recognition	

Daily Scoreboard					
How Close Did we perform?	M	T	W	TH	F
Drivers have 100% of what they need in the All?					
Drivers leave on times as scheduled?					
Any deliveries?					
Temperature issues?					
Credits?					
Menu subs?					
Any items on the wrong route?					
Any food safety issues? (i.e. men in food mask)					
Did drivers delivery 100% of all items?					
Any positioning errors?					

Title: Communications Process: Operations - Customer Service		Issued on: 2.22.22
		Revised on:
Document:	Version: 1.0	Supersedes:



Revision Record				
Revision #	Date	Description of Revision	Revised	Approved
1.0				

1. Purpose

1.1 To define and clarify the communications process and procedures between the customer facing and operations teams.

2. Scope

2.1 Establish expectations for daily communication among teams to ensure best communication practices.

Frequency

2.2 Daily / Continuously

Responsibility

2.3 Cross-functional

Requirements

2.4 Each team follows the process and procedures established.

Definitions

2.5

Procedure: The below outlines the communication steps among the following teams

2.6 Customer Teams - Logistics

A. Points of Contact:

Dispatcher / Fleet Supervisor: all delivery issues such as, ETAs, delays, missing items, temp issues, as well as vehicle and driver issues

Title: Communications Process: Operations - Customer Service		Issued on: 2.22.22
		Revised on:
Document:	Version: 1.0	Supersedes:



Logistics Manager / Director: all process driven, departmental, HR, budget and routing related issues

B. Communication steps

1. Team addressing issue posts any delivery related issues on Logistics Notes Slack Channel and any redelivery/special delivery issues on Logistics Special Deliveries Slack channel
2. Receiving team of message acknowledges receipt on Slack and either provides immediate response or timeline for resolution within 15 minutes
3. If team posting does not receive response or acknowledgement from recipient within 5 minutes, they should then call the appropriate manager to discuss, review and potentially resolve issue directly
4. If there is no resolution by respective team within 15 minutes, requesting team will elevate issue in person and determine resolution
5. Final resolution will be posted on appropriate slack channel (Logistics Notes for any delivery, vehicle or departmental issues and Special Deliveries for any special or redelivery requests)
6. Any and all special delivery and redelivery requests should be posted on Logistics Special Deliveries Slack channel, followed by a specific post on Kanban. See separate process for Special/Re-deliveries here:
 - ☰ Special Deliveries and Redeliveries SOP

2.7 Customer Teams - Production

A. **Points of Contact:** Joana Vargas, Jovanny Zepeda, Azaet Trujillo

B. Communication steps

1. Team addressing issue posts any production related issues on Kitchen Notes Slack Channel
2. Receiving team of message acknowledges receipt on Slack and either provides immediate response or timeline for resolution within 15 minutes
3. If team posting does not receive response or acknowledgement from recipient within 5 minutes, they should then call the appropriate manager to discuss, review and potentially resolve issue directly
4. If there is no resolution by respective team within 15 minutes, requesting team will elevate issue in person and determine resolution

Title: Communications Process: Operations - Customer Service		Issued on: 2.22.22
		Revised on:
Document:	Version: 1.0	Supersedes:



5. Final resolution will be posted on Kitchen Notes slack channel

2.8 Customer Teams - Procurement / Inventory

A. Points of Contact:

B. Communication steps

1. Team addressing issue posts on the following channels accordingly
 - a. Inventory and Purchasing related issues: Inventory Slack Channel
 - b. Item/Product shortage related issues: Production Shortages Slack channel
 - c. Bulk delivery item related issues: Bulk Items Slack channel
 - d. Milk related issues: Milk Slack channel
2. Receiving team of message acknowledges receipt on Slack and either provides immediate response or timeline for resolution within 15 minutes
3. If team posting does not receive response or acknowledgement from recipient within 5 minutes, they should then call the appropriate manager to discuss, review and potentially resolve issue directly
4. If there is no resolution by respective team within 15 minutes, requesting team will elevate issue in person and determine resolution
5. Final resolution will be posted on appropriate slack channel

Verification

2.9 Confirmation on appropriate slack channel.

Corrective Actions

2.10

Documentation

- 2.11 All initial issues and final resolution should be posted on appropriate slack channel for entire team (regardless of separate conversations to resolve directly).
- 2.12 All special and redelivery requests must also be posted on Kanban.

Title: Communications Process: Operations - Customer Service		Issued on: 2.22.22
		Revised on:
Document:	Version: 1.0	Supersedes:



2.13 Customer discrepancies (ie missing items, food not temping properly, incorrectly portioned food, redeliveries due to inaccurate initial delivery) should also be documented on Gourmet Gorilla website under respective organization page by customer teams.

Attachment 2

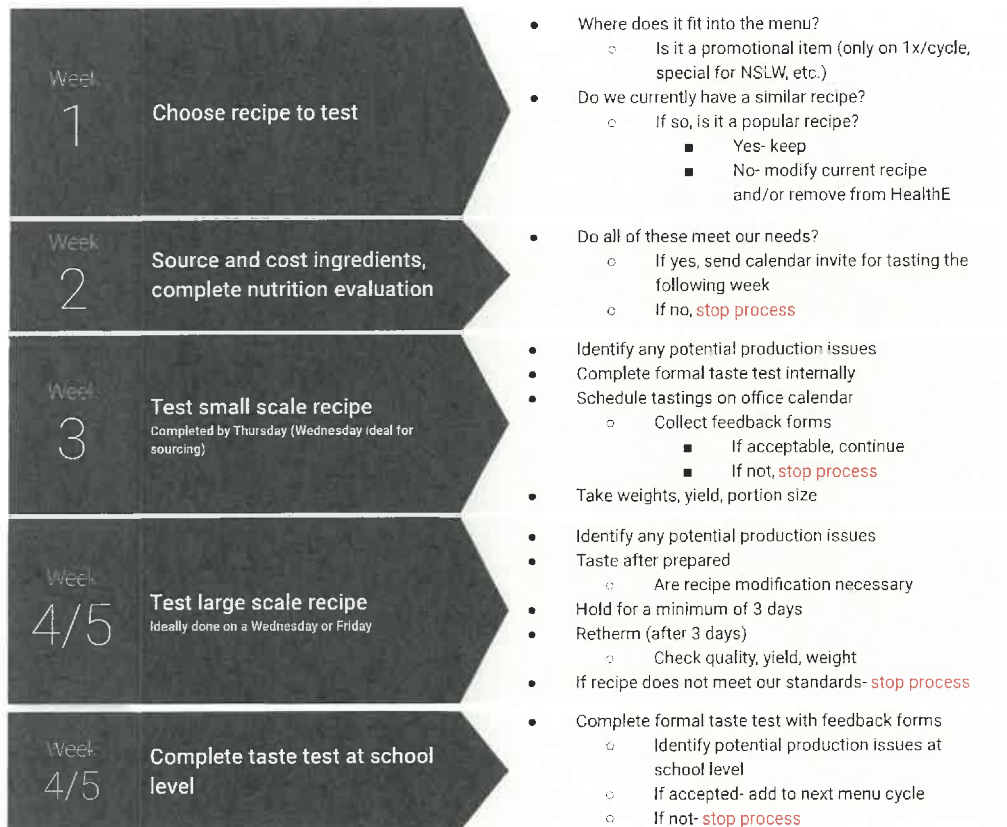
Promotion of Health and Well-being of Students

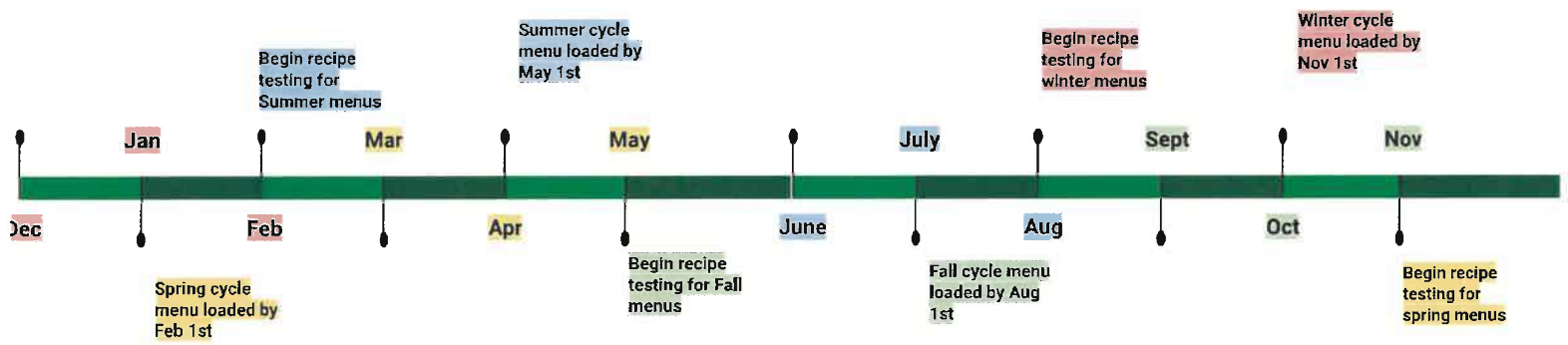




Plan for Menu Creation and Introducing New Menu Items







Recipe Testing & Taste Test at Schools

Middle Feb - April 1
Summer Menu

Middle May - July 1
Fall Menu

Mid Aug- Oct 1
Winter Menu

Mid Nov - Jan 1
Spring Menu



Marketing Techniques for the Promotion of Healthy Choices and Trying New Foods

We utilize the following marketing strategies and content to introduce and educate students to make healthier food choices, and encourage them to expand their palates and try new foods. These strategies are implemented during breakfast and lunch times, and when possible school and after school curriculum.

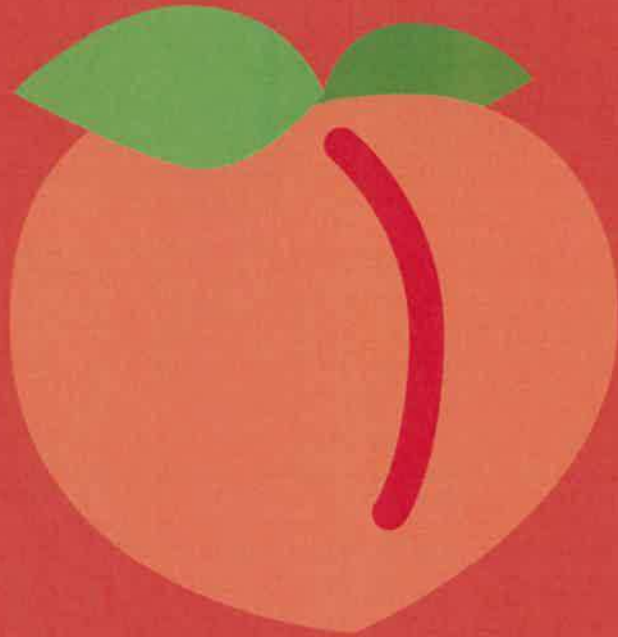
Harvest of the Month

Smart Snack Learning

National Nutrition Month promotion

Social Media: Instagram, Tik Tok, Facebook, Twitter

LEARN
SOMETHING NEW
TODAY



ABOUT PEACHES!

HARVEST OF THE MONTH



**GOURMET
GORILLA**

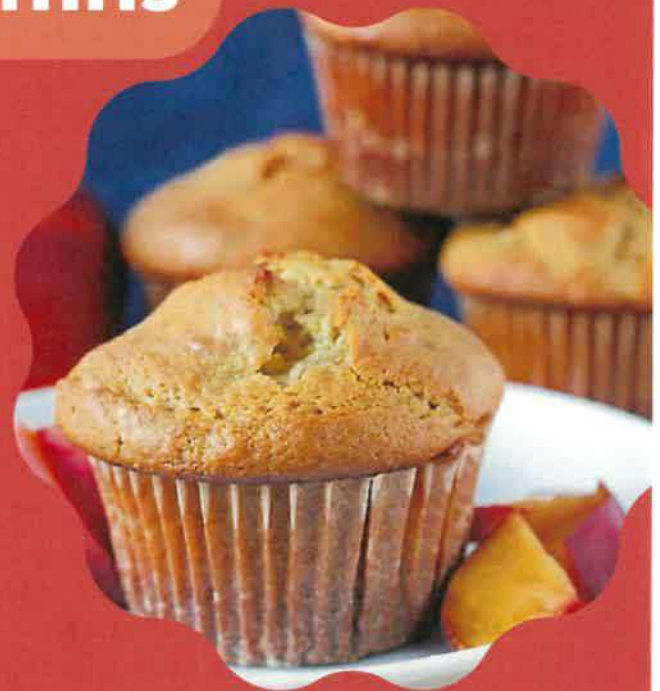
Fun Facts About Peaches

1. Georgia is known as the peach state
2. You can ripen peaches by putting them in a brown paper bag for 2-3 days, and you can prevent browning by putting lemon or lime juice on peach slices.
3. A nectarine is a type of peach, but it does not have the fuzzy skin that peaches have.
4. The World's Largest Peach is located in Gaffney, South Carolina and weighs over 10,000 pounds.
5. Peaches are a good source of vitamin C. Vitamin C is important in helping your body to heal, and it is also important for protecting your cells from damage.

Peach Oatmeal Muffins

Instructions:

- Preheat oven to 350 degrees.
- In a large mixing bowl, whisk together flours, oats, baking soda, baking powder, salt, cinnamon, and nutmeg. Stir in peaches.
- In a separate bowl combine milk, vanilla, honey, oil, and egg.
- Add wet ingredients to the dry ingredients.
- Spoon batter into a greased muffin tin.
- Bake for 18-20 minutes until cooked through and golden brown.



Ingredients:

- | | |
|-----------------------------|--------------------------|
| 1 1/4 cup whole wheat flour | 1/2 tsp cinnamon |
| 1/2 cup old fashioned oats | 1 1/2 cups diced peaches |
| 1/2 tsp baking soda | 1 tsp vanilla extract |
| 1 1/4 tsp baking powder | 1/3 cup milk |
| 1/4 tsp salt | 1/3 cup honey |
| 1/4 tsp nutmeg | 1/3 cup olive oil |
| 1 large egg | |



**GOURMET
GORILLA**

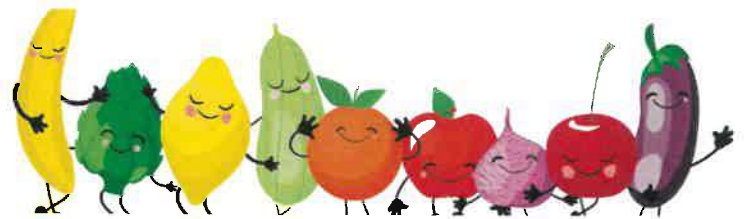
GOOD FOOD FOR KIDS

LEARN

SOMETHING NEW

TODAY

ABOUT PINEBERRIES!

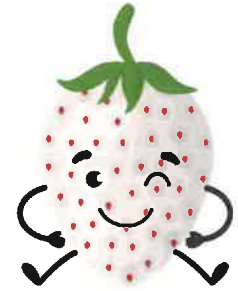


FRESH FRUIT & VEGETABLE PROGRAM

Did You Know?

Fun Facts!

- They are white and blush pink hues when ripe with dotted vibrant red seeds, and a creamy color on the inside
- They taste like a delicious mix of strawberries and pineapples!
- Just like regular strawberries, pineberries grow on plants close to the ground, and they start as tiny white flowers before turning into delicious fruits.
- They are a cross-breed between two types of strawberries, they are not genetically modified.



Berry Boost!

- Pineberries are an excellent source of Vitamin C. 1 cup of strawberries more than meets your daily goals for Vitamin C.
- Pineberries have antioxidants inside them! These include flavonoids and phenolic compounds, which are like shields that protect your body from bad stuff called oxidative stress and inflammation. By munching on pineberries, you're giving your body a boost and lowering the chances of getting sick!



Berry Delicious!

- Add pineberries to lemonade for a tart and sweet drink
- Pineberries are a great addition to smoothies and yogurt in the morning.
- They can be made into yummy jams and jellies to add to toast in the mornings.
- Add pineberries to your water to give it a sweeter taste.



SMART SNACKING RICE CAKE BUDDIES!

INGREDIENTS

- 1 to 3 rice cakes
- 1/2 cup nut butter, greek yogurt, or cottage cheese
- Toppings of choice! fruit, nuts, pretzels, cereal, veggies, etc!

GET CREATIVE



USE VEGGIES!

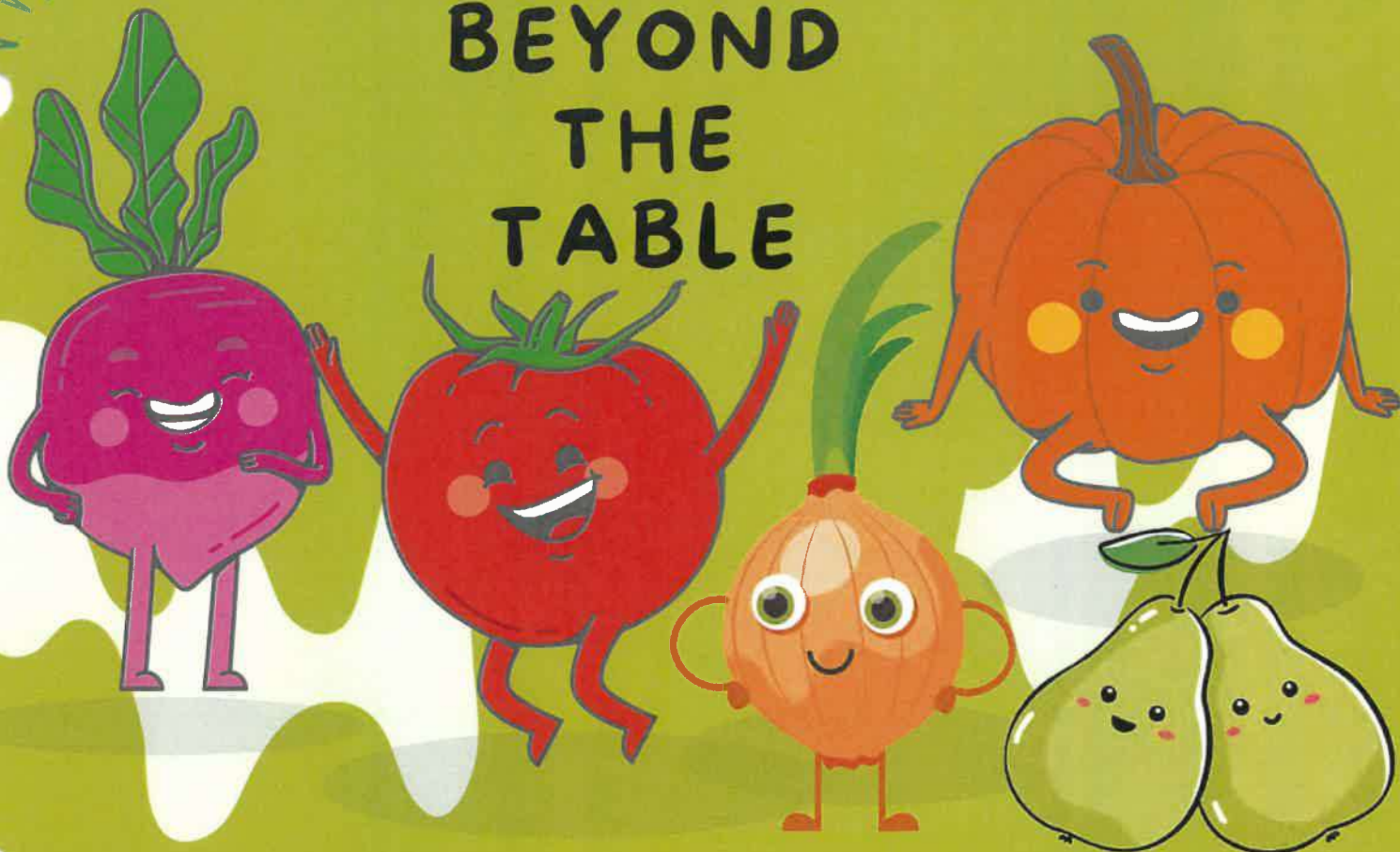
Rice cakes with fruits and vegetables are a fun and simple re-fuel after a day of play! Let your kiddo's get creative with decorating their nutrient dense snacks!

FOR MORE INSPIRATION
CHECK OUT
GOURMETGORILLA.COM



**GOURMET
GORILLA**

NATIONAL NUTRITION MONTH BEYOND THE TABLE



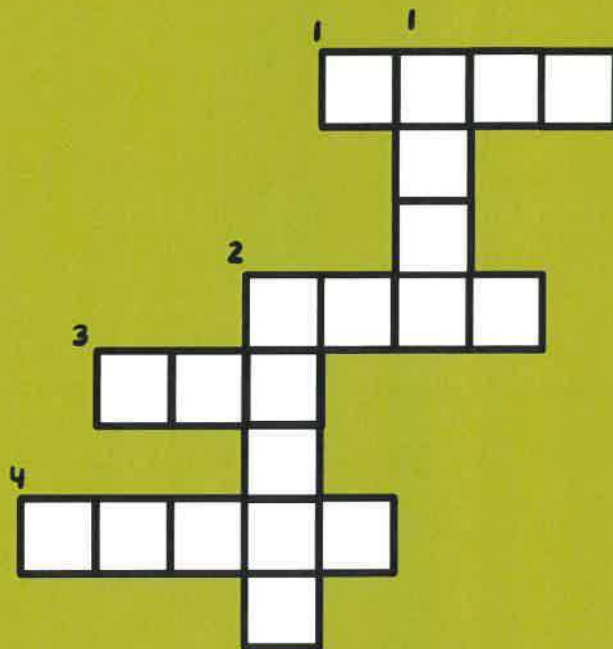
CROSS:

1. A NICKNAME OF THE POTATO
2. A COMMON INGREDIENT IN GUMBO!
LOOKS LIKE OR CAN BE CALLED GREEN
LADY FINGERS (EEK!)
3. A COAT TO A HAMBURGER OR HOT DOG
4. A YUMMY MEXICAN DISH THAT IS
MADE UP OF TORTILLAS, BEEF OR
BEANS, TOMATO AND SALSA. I LIKE
HAVING THEM ON TUESDAYS!

DOWN:

1. A COUSIN TO THE APPLE! IT IS TART
AND SWEET AND IT IS A GREEN FRUIT
THAT GROWS BEST IN SUMMER
2. THIS VEGGIE CAN BE RAW OR COOKED!
IT CAN BE WHITE, RED, YELLOW, OR
GREEN. THINK SHALLOTS, GARLIC,
CHIVES OR SCALLIONS!

*HINT: BOTH OF THESE ITEMS ARE ON THIS
THIS PAGE!* :)



HAPPY NATIONAL NUTRITION MONTH!



BUT WAIT... WHY DO WE EAT BREAKFAST?

MORE ENERGY!

KEEPS YOU HEALTHY



KEEPS YOUR  **HEALTHY**

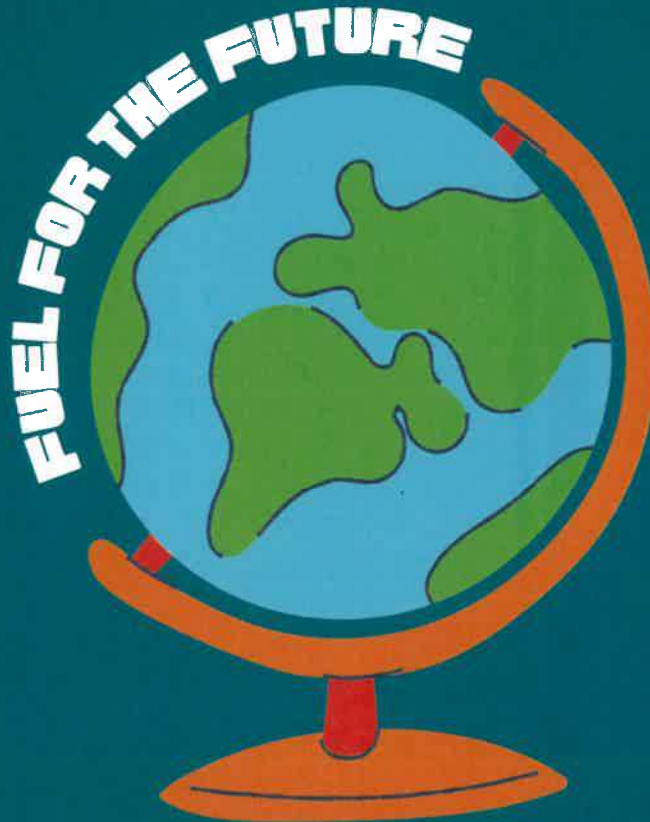
BRAIN POWER



BETTER MOOD



It's National Nutrition Month!



Wondering how to celebrate?

Week 1: Eat with the environment in mind

Week 2: Eat a variety of foods from all food groups

Week 3: Make tasty foods at home

Week 4: Purchase healthful foods and save money

Week 5: Chat with a Gourmet Gorilla Registered Dietitian at Lunch

#NATIONALNUTRITIONMONTH

FEBRUARY 2024



Monday	Tuesday	Wednesday	Thursday	Friday
			1 Calabaza Squash	2
5	6 Orange	7	8 Broccolini	9
12	13 Swiss Chard	14 HAPPY VALENTINE'S DAY	15 Baby Pears	16
19	20 Red Grapes	21	22 Green Tomatoes	23
26	27 Starfruit	28	29 Butternut Squash	

FRESH FRUIT AND VEGETABLE PROGRAM





WORD SEARCH

Words may be horizontal, vertical, diagonal, or backwards.

FUEL FOR THE FUTURE

Anchovy

Bulgur

Cheddar

Daikon Radish

Endive

Freekeh

Grapes

Honeydew

Jackfruit

Kefir

Lentils

Mung Beans

Nectarines

Oats

Pistachios

Raspberries

Soymilk

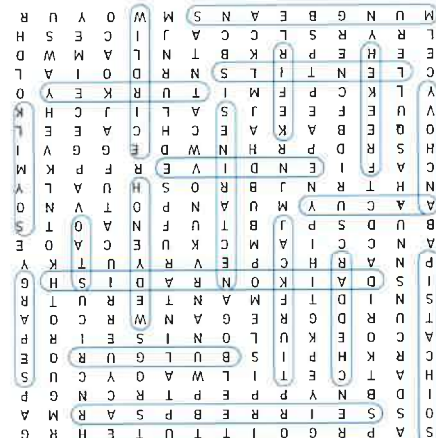
Turkey

Wild Rice

Yuca

S	A	P	R	G	O	I	T	T	U	T	E	H	R	G
O	S	S	E	I	R	R	E	B	P	S	A	R	M	A
I	D	B	N	Y	P	P	E	P	T	R	C	N	G	P
H	A	T	C	E	T	I	L	W	A	O	Y	C	U	S
C	R	K	H	P	I	S	B	U	L	G	U	R	O	E
A	C	O	E	K	U	L	O	N	I	S	E	I	R	P
T	U	R	D	G	R	E	G	A	N	W	R	C	O	A
S	N	I	D	T	F	M	A	N	T	E	R	U	T	R
I	S	D	A	I	K	O	N	R	A	D	I	S	H	G
P	N	A	R	H	C	P	E	V	R	Y	U	T	K	Y
A	N	C	C	I	A	M	C	K	U	E	C	A	O	E
B	U	D	S	P	J	B	T	U	F	N	A	O	T	S
A	A	C	U	Y	M	U	A	N	P	O	T	V	N	O
N	H	T	R	N	J	B	R	O	S	H	U	A	L	Y
C	A	F	I	E	N	D	I	V	E	R	F	P	K	M
H	S	R	D	P	R	H	N	W	D	E	G	G	V	I
O	Q	E	B	A	K	A	E	C	H	C	A	E	E	L
V	U	E	F	E	E	J	S	A	L	I	J	C	H	K
Y	L	K	C	P	F	M	I	T	U	R	K	E	Y	O
C	L	E	N	T	I	L	S	N	R	D	O	I	A	L
E	E	H	E	P	R	K	B	T	N	L	A	M	W	D
L	R	Y	R	S	L	C	C	A	J	I	C	E	S	H
M	U	N	G	B	E	A	N	S	M	W	O	Y	U	R

ANSWERS





Serving Presentation Plan to Help Promote Appealing and Enticing Food Items

We utilize the following marketing strategies and content to introduce and educate students to:

1. Colorful presentation and staging of menu items: Creating dishes in bright colors that will make the food items stand out. This can help entice students to try new foods.

2. Food lighting: Ensuring the proper lighting in a food service area can dramatically enhance the appeal of the food. Gourmet Gorilla has worked closely with a number of schools to upgrade lighting in lunch serving and dining areas.

3. Label food items: Use clear, descriptive labels to help students identify the different food items. This can also help promote healthy eating habits by encouraging students to read and learn about the foods they are eating.

4. Offer a variety of options: Provide a variety of food options, including vegetarian and vegan options, to accommodate different dietary needs and preferences.

5. Include fun and interactive elements: Incorporate fun and interactive elements into the serving presentation, such as a make-your-own salad or sandwich station. This can help promote engagement and enthusiasm for the school meal program.

6. Family-style dining: One of the most impactful ways in facilitating a successful dining experience has been family style dining where students are able to serve themselves at tables with their peers, overseen by an adult to ensure accurate portioning.

By following these tips, schools can create an appealing food serving presentation plan for family style service that promotes healthy eating habits and encourages student participation in the school meal program.



Menu Item Signage to Assist in Item Identification and Origin (Dual Language)



Today's Breakfast



Southwest Tofu Quinoa Scrambler:
tofu, quinoa, red bell pepper, onion, spinach,
cumin, chili powder, garlic

with Orange Slices & Fresh Watermelon



Tofu (Chicago, IL)

Breakfast now being served!

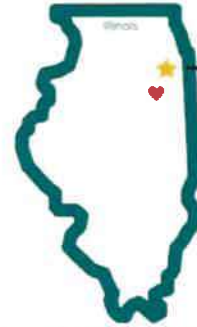


El Desayuno de Hoy



Tofu del Suoeste:
tofu, quinoa, pimiento rojo, cebolla,
espinaca, comino, cilantro, paprika

con Rodajas de Naranja & Sandía Fresca



Tofu (Chicago, IL)

Ahora se está sirviendo el desayuno!



Today's Lunch



Greek Tomato Lentils:
cooked lentils, diced tomatoes, onion, garlic,
parsley, oregano, tomato oil, sea salt

with Greek Cucumber Salad & Baby Carrots

Apple Slices & WG Elbow Noodles



Lentils (Kenosha, WI)



Tomatoes (Rochelle, IL)

Apple (Southern IL)

Lunch now being served!



EL Almuerzo de Hoy



Lentilles Tomate Griego:
lentilles, col daiz, tomates cortados en
cubitos, cebolla, ajo, perejil, oregano, aceite
de canola, sal marina

Ensalada Griega de Pepino & Zanahorias Baby al Vapor

Rebanadas de Manzana & Fideos de Codo de Grano Entero



Lentils (Kenosha, WI)



Tomates (Rochelle, IL)

Manzana (Southern IL)

Ahora se está sirviendo el almuerzo!





Menu Item Signage to Assist in Item Identification and Origin (Dual Language)



Tofu del Sudoeste
tofu, quinoa, pimiento rojo, cebolla, espinaca, comino, chile en polvo, ajo.

Alérgenos: Soja

con Rodajas de Naranja & Sandía Fresca

Desayuno



Parfait de Yogur:
yogur de fresa, crumble de granola

Alérgenos: Lácteos

con Melón y Rebanadas de Manzana

Desayuno



Estofado de Cosecha
garbanzos, batatas, frijoles grandes del norte, col rizada, zanahorias, apio, tomates, condados en cubitos

Alérgenos: ninguno

Almuerzo



Grano: Pan Integral

Alérgenos: Gluten

Almuerzo



Menu Item Signage to Assist in Item Identification and Origin (Dual Language)



 **Southwest Tofu Quinoa Scrambler:**
tofu, quinoa, red bell pepper, onion, spinach,
cumin, chili powder, garlic

Allergens: Soy

 with Orange Slices & Fresh Watermelon

Breakfast



 **Yogurt Parfait:**
strawberry yogurt, granola crumble

Allergens: Dairy

 with Cantaloupe & Apple Slices

Breakfast



 **Main Entrée: Harvest Stew**
chickpeas, sweet potatoes, great northern beans,
kale, carrots, celery, sliced tomatoes

Allergens: None

Lunch



 **Grain: Whole Grain Breadstick**

Allergens: Gluten

Lunch



Techniques for Evaluating Student Satisfaction and Participation (Metrics)

There are several techniques used for evaluating student satisfaction and participation metrics in school meal programs. Here are a few examples:

Surveys: Surveys are used to gather feedback from students about their satisfaction with the school meals. Surveys can be administered online through our **Formstack** application, on paper, or in-person, and cover topics such as food quality, variety, and presentation.

Taste tests: Taste tests allow students to try new menu items and provide feedback on their likes and dislikes. This can help schools determine which menu items are popular and which may need to be adjusted. Taste tests are often conducted monthly in conjunction with other events such as Harvest of the Month.

Focus groups: Focus groups are small, moderated discussions where students can share their thoughts and opinions on school meals. This can be a more in-depth way to gather feedback and can help schools identify trends and common concerns.

Plate serving and waste studies: Plate waste studies through our in house **Flow Waste** initiative involves measuring how much food is left on student's plates after meals as well as what is being selected at service. This provides insights into which menu items are being consumed and which may need to be adjusted or replaced.

Participation data: Gourmet Gorilla closely monitors participation data, such as the number of meals served or the percentage of students participating in the school meal program, to evaluate overall satisfaction and participation rates over time.

By using a combination of these techniques, we are able to gather a comprehensive understanding of student satisfaction and participation metrics, and make informed decisions about how to improve the meal programs.



KID'S SATISFACTION SURVEY

HELP US MAKE MEALS AWESOME

What are your favorite foods from each meal component?

- Fruit: _____ Protein (Ex: chicken, tofu): _____
 Vegetable: _____ Grain (Ex: pasta, rice): _____

What meals do you eat at home?

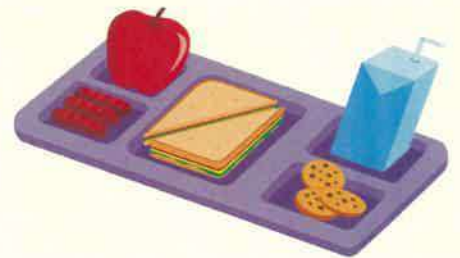
- _____ _____ _____

What is your favorite lunch at school?

- _____

What is your least favorite lunch at school?

- _____

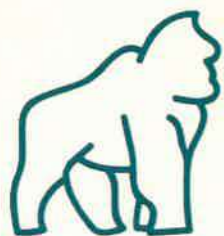


What do you want to eat at school?

- _____ _____ _____

What types of fruits and vegetables would you like to see more of in the school lunches?

- _____ _____ _____



**GOURMET
GORILLA**

KID'S SATISFACTION SURVEY

HELP US MAKE MEALS AWESOME





Do you like trying new foods?

- Yes, _____ Maybe, _____
 No, _____

What is your favorite type of cuisine?

- American Italian Meditterian
 Mexican Chinese Indian
 Other (please specify) _____

What is your favorite meal that we provide?

				
Breakfast				
AM Snack				
Lunch				
PM Snack				

Additional Comments _____

HELP US MAKE AWESOME FOOD!

Please Circle all items that you like from our breakfast menu:

Bagel

Breakfast Egg Casserole

Cinnamon Chex

Rice Chex

Corn Flakes

Toasted Oats Cereal

French Toast Sticks

Frittata Egg Muffin

Apple Bread

Darlington Bars (Chocolate/Apple/Strawberry)

Oatmeal

Pancakes

Banana Bread

Blueberry Bread

Yogurt Parfait

Strawberry Muffin

Cranberry Muffin

Waffles

Scrambled Eggs w/ Biscuit & Jam

Chocolate Chip Banana Bread

English Muffin w/ Jelly

Apple Slices

Blueberry Lemon Muffin

French Toast Sticks

Pear Slices

Orange Slices

French Toast Casserole

Zucchini Muffin

Cinnamon Muffin



**GOURMET
GORILLA**

HELP US MAKE AWESOME FOOD!

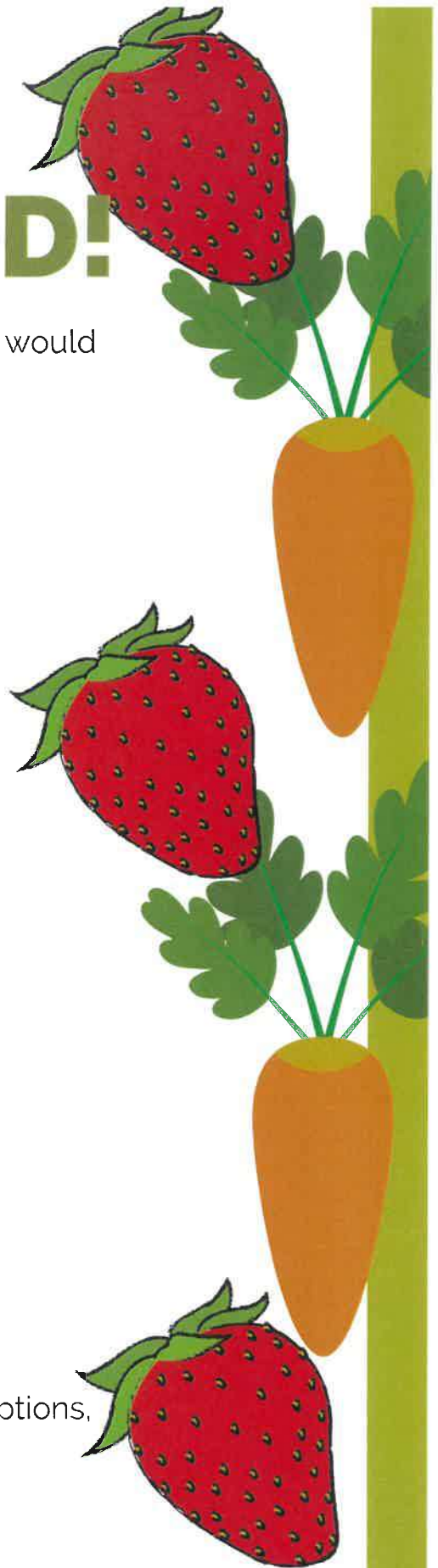
Under each of the titles list foods in those categories you would like you see in your breakfast.

Fruit (ex, apples, pears, oranges, etc.):

Grains (ex. cereal, french toast sticks, oatmeal, etc.)

Other Items (parfaits, egg dishes etc.)

If there is any other feedback you have about breakfast options, please share them below.





TRANSFORMING THE WAY PUBLIC INSTITUTIONS PURCHASE FOOD

by creating a transparent and equitable food system built on five core values: local economies, health, a valued workforce, animal welfare, and environmental sustainability.



ENVIRONMENTAL SUSTAINABILITY

Source from producers that employ sustainable production systems to reduce or eliminate synthetic pesticides and fertilizers; avoid the use of hormones, routine antibiotics and genetic engineering; conserve and regenerate soil and water; protect and enhance wildlife habitats and biodiversity; and reduce on-farm energy and water consumption, food waste and greenhouse gas emissions. Reduce menu items that have high carbon and water footprints, using strategies such as plant-forward menus that feature smaller portions of animal proteins in a supporting role.



LOCAL ECONOMIES

Support diverse, family and cooperatively owned, small and mid-sized agricultural and food processing operations within the local area or region.



NUTRITION

Promote health and well-being by offering generous portions of vegetables, fruit, whole grains, and minimally processed foods, while reducing salt, added sugars, saturated fats, and red meat consumption and eliminating artificial additives.

Improving equity, affordability, accessibility, and consumption of high quality, culturally relevant Good Food in all communities is central to advancing Good Food purchasing practices.



VALUED WORKFORCE

Source from producers and vendors that provide safe and healthy working conditions and fair compensation for all food chain workers and producers from production to consumption.



ANIMAL WELFARE

Source from producers that provide healthy and humane conditions for farm animals.

HOW IT WORKS



BASELINE STANDARD

Each of the five value categories has a baseline standard. To become a Good Food Provider, an institution must meet at least the baseline in each of the five values.

CERTIFICATION-BASED

Standards are based on third party certifications that have been identified as meaningful and ranked by national experts in each category.

FLEXIBLE, TIERED POINT SYSTEM

More points are awarded for achievement at higher levels in each category, allowing institutions to raise their score by emphasizing their high priority categories.

Sample Menus and Nutritional Analysis



NSLP Cold Breakfast - SPRING

21 - Day Cycle Menu

Day 1 - Cereal, String Cheese, & Fruit			Day 2: Blueberry Lemon Muffin & Fruit			Day 3: Bagel, Cream Cheese, & Fruit			Day 4: Yogurt, Granola, & Fruit			Day 5- Banana Bread & Fruit		
M/M/A	String Cheese	1 oz	M/M/A			M/M/A			M/M/A	Strawberry Grow Yo	1 oz	M/M/A		
G/B	Toasted Oats	1 oz	G/B	Blueberry Lemon Muffin	1.5 oz	G/B	W/S Bagel	2 oz	G/B	Granola Crumble	1 oz	G/S	Banana Bread	2 oz
F/V -1	Applesauce	1/2 cup	F/V -1	Orange Slices	1/2 cup	F/V -1	Apple Slices	1/2 cup	F/V -1	Pineapple	1/2 cup	F/V -1	Honeydew	1/2 cup
F/V - 2	Variety Whole Fruit	1/2 cup	F/V - 2	Variety Whole Fruit	1/2 cup	F/V - 2	Variety Whole Fruit	1/2 cup	F/V - 2	Variety Whole Fruit	1/2 cup	F/V - 2	Variety Whole Fruit	1/2 cup
Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup
Extra			Extra			Extra	Cream Cheese	1 tbsp	Extra			Extra		
Day 6 - Cereal, String Cheese, & Fruit			Day 7: Apple Bar & Fruit			Day 8: Yogurt, Granola, & Fruit			Day 9: Apple Bread, String Cheese & Fruit			Day 10: Blueberry Muffin & Fruit		
M/M/A	String Cheese	1 oz	M/M/A			M/M/A	Peach Grow Yo	1 oz	M/M/A	String Cheese	1 oz	M/M/A		
G/B	Com Flakes	1 oz	G/B	Apple Cinnamon Danington Bar	2 oz	G/B	Granola Crumble	1 oz	G/B	Apple Bread	2 oz	G/B	Blueberry Muffin	1.5 oz
F/V -1	Orange Slices	1/2 cup	F/V -1	Raisins Box	1 each	F/V -1	Orange Slices	1/2 cup	F/V -1	Cantaloupe	1/2 cup	F/V -1	Honeydew	1/2 cup
F/V - 2	Variety Whole Fruit	1/2 cup	F/V - 2	Variety Whole Fruit	1/2 cup	F/V - 2	Variety Whole Fruit	1/2 cup	F/V - 2	Variety Whole Fruit	1/2 cup	F/V - 2	Variety Whole Fruit	1/2 cup
Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup
Extra			Extra			Extra			Extra			Extra		
Day 11: Cereal, String Cheese, & Fruit			Day 12: Strawberry Muffin & Fruit			Day 13: Chocolate Oatmeal Bar & Fruit			Day 14: Bagel, Cream Cheese, & Fruit			Day 15: Triple Berry Crunch Bar & Fruit		
M/M/A	String Cheese	1 oz	M/M/A			M/M/A			M/M/A			M/M/A		
G/B	Toasted Oats	1 oz	G/B	Strawberry Muffin	1.5 oz	G/B	Chocolate Oatmeal Danington Bar	2 oz	G/B	W/S Bagel	2 oz	G/B	Triple Berry Crunch Bar	2 oz
F/V -1	Applesauce	1/2 cup	F/V -1	Apple Slices	1/2 cup	F/V -1	Pear Slices	1/2 cup	F/V -1	Honeydew	1/2 cup	F/V -1	Fruit Salad Q&P	1/2 cup
F/V - 2	Variety Whole Fruit	1/2 cup	F/V - 2	Variety Whole Fruit	1/2 cup	F/V - 2	Variety Whole Fruit	1/2 cup	F/V - 2	Variety Whole Fruit	1/2 cup	F/V - 2	Variety Whole Fruit	1/2 cup
Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup
Extra			Extra			Extra			Extra	Cream Cheese	1 tbsp	Extra		
Day 16: Cereal, String Cheese, & Fruit			Day 17: Strawberry Banana Bread & Fruit			Day 18: Yogurt Parfait w/ Granola & Fruit			Day 19: Cherry Apple Crunch Bar & Fruit			Day 20: Apple GrowBar & Fruit		
M/M/A	String Cheese	1 oz	M/M/A			M/M/A	Vanilla Grow Yo	1 oz	M/M/A			M/M/A		
G/B	Com Flakes	1 oz	G/B	Cranberry Apple Bread	2 oz	G/B	Granola Crumble	1 oz	G/B	Cherry Apple Crunch Bar	2 oz	G/B	CG Apple GrowBar	2 oz
F/V -1	Applesauce CUP	1/2 cup	F/V -1	Apple Slices	1/2 cup	F/V -1	Cherries	1 each	F/V -1	Honeydew	1/2 cup	F/V -1	Apple Slices	1/2 cup
F/V - 2	Variety Whole Fruit	1/2 cup	F/V - 2	Variety Whole Fruit	1/2 cup	F/V - 2	Variety Whole Fruit	1/2 cup	F/V - 2	Variety Whole Fruit	1/2 cup	F/V - 2	Variety Whole Fruit	1/2 cup
Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup
Extra			Extra			Extra			Extra			Extra		
Day 21 - Cereal, String Cheese, & Fruit														
M/M/A	String Cheese	1 oz												
G/B	Toasted Oats	1 oz												
F/V -1	Applesauce	1/2 cup												
F/V - 2	Variety Whole Fruit	1/2 cup												
Milk	Local 1% Milk	1 cup												
Extra														

*Variety of Whole Fruit Offered At Each Meal: Banana, Orange, Red Apple, Green Apple, Juices, Apples, Pears

NSL Hot Packaged Breakfast - SPRING

21 - Day Cycle Menu

Day 1 - Snack'n Waffle & Fruit		Day 2: WG Pancakes & Fruit		Day 3: Apple Bread & Fruit		Day 4: Strawberry French Toast Casserole & Fruit		Day 5- Blueberry Lemon Muffin & Fruit		
MMA		MMA		MMA		MMA	WG Strawberry French Toast Casserole	0.75 oz	MMA	
GB	Blueberry Snack Waffle	2 oz	GB	WG Pancakes	2 oz	GB	Apple Bread	2 oz	GB	WG Strawberry French Toast Casserole
F/V -1	Variety Whole Fruit	1 cup	F/V -1	Variety Whole Fruit	1 cup	F/V -1	Variety Whole Fruit	1 cup	F/V -1	Variety Whole Fruit
Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk
Extra		Extra	Breakfast Syrup Packet	1 each	Extra		Extra		Extra	
Day 6: Banana Bread & Fruit		Day 7: WG Waffles & Fruit		Day 8: Strawberry Muffin & Fruit		Day 9: French Toast Casserole & Fruit		Day 10: Cinnamon Oatmeal, Granola Crumble & Fruit		
MMA		MMA		MMA		MMA	WG French Toast Casserole	0.75 oz	MMA	
GB	Banana Bread	2 oz	GB	WG Waffles	2 oz	GB	Strawberry Muffin	1.5 oz	GB	WG French Toast Casserole
F/V -1	Variety Whole Fruit	1 cup	F/V -1	Variety Whole Fruit	1 cup	F/V -1	Variety Whole Fruit	1 cup	F/V -1	Variety Whole Fruit
Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk
Extra		Extra	Breakfast Syrup Packet	1 each	Extra		Extra		Extra	
Day 11: WG Pancakes & Fruit		Day 12: Snack'n Waffle & Fruit		Day 13: Chocolate Chip Banana Bread & Fruit		Day 14: Pumpkin Apple Bread & Fruit		Day 15: Frittata Egg & Fruit		
MMA		MMA		MMA		MMA		MMA		
GB	WG Pancakes	2 oz	GB	Snack'n Waffle	2 oz	GB	Chocolate Chip Banana Bread	2 oz	GB	Pumpkin Apple Bread
F/V -1	Variety Whole Fruit	1 cup	F/V -1	Variety Whole Fruit	1 cup	F/V -1	Variety Whole Fruit	1 cup	F/V -1	Variety Whole Fruit
Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk
Extra	Breakfast Syrup Packet	1 each	Extra		Extra		Extra		Extra	
Day 16: Blueberry Muffin & Fruit		Day 17: WG Waffles, Syrup & Fruit		Day 18: Cinnamon Muffin & Fruit		Day 19: French Toast Stick & Fruit		Day 20: Scrambled Eggs & Potato		
MMA		MMA		MMA		MMA		MMA		
GB	Blueberry Muffin	1.5 oz	GB	WG Waffles	2 oz	GB	Cinnamon Muffin	1.5 oz	GB	French Toast Sticks
F/V -1	Variety Whole Fruit	1 cup	F/V -1	Variety Whole Fruit	1 cup	F/V -1	Variety Whole Fruit	1 cup	F/V -1	Variety Whole Fruit
Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk
Extra		Extra	Breakfast Syrup Packet	1 each	Extra		Extra		Extra	Breakfast Potatoes
Day 21 - Waffles & Fruit										
MMA										
GB	Blueberry Snack Waffle	2 oz								
F/V -1	Variety Whole Fruit	1 cup								
Milk	Local 1% Milk	1 cup								
Extra										

*Variety of Whole Fruit Offered At Each Meal. Seasonal Change: Red Apples, Green Apples, Golden Apples, Pears

NSLP Hot Lunch K-8 - SPRING

21 - Day Cycle Menu

Day 1 - Cheeseburger		Day 2 - Orange Chicken		Day 3 - WG Mostaccioli		Day 4 - Jerk Chicken		Day 5 - Cheese Pizza						
MMA	Beef Burger w/ American Cheese	1.75 oz, 0.5 oz	MMA	WG Chicken Nuggets w/ Orange Sauce	1.5 oz	MMA	Shredded Mozzarella	1.5 oz	MMA	Jerk Chicken	2 oz	MMA	WG Cheese Pizza - Cheese	2 oz
GB	WG Hamburger Bun	2 oz	GB	(Hot-cup) Fried Rice	1 oz	GB	WG Penne Pasta	3/4 cup (1.5 oz)	GB	Arozo Verde	3/4 cup	GB	WG Cheese Pizza - Crust	2 oz
FAV-1	Sweet Potato Fries	1/2 cup	FV-1	Green Beans	1/2 cup	FV-1	Peas	1/2 cup	FV-1	Corn	1/2 cup	FV-1	Broccoli	1/2 cup
FAV-2	Orange Slices	1/2 cup	FV-2	Appleberry Sauce	1/2 cup	FV-2	Pears Slices	1/2 cup	FV-2	Cantaloupe	1/2 cup	FV-2	Fruit Salad CHD	1/2 cup
FAV-3	Three Bean Salad	1/4 cup	FV-3	Edamame	1/4 cup	FV-3	Henry Carrots	1/4 cup	FV-3	Pineapple A. Juana Pico de Gallo	1/4 cup	FV-3	Cucumber Slices	1/4 cup
Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup
Extra	Ketchup & Mustard Packet	1 each	Extra			Extra	Mannara Sauce	3/8 cup	Extra			Extra		
Day 6 - All-Beef Hot Dog		Day 7 - Zesty BBQ Drumstick		Day 8 - Turkey Taco		Day 9 - Pasta		Day 10 - Pasta w/ Tomato Cream Sauce						
MMA	Beef Hot Dog	2 oz	MMA	Zesty BBQ Drumsticks	3 oz	MMA	Turkey Taco Meat	2 oz	MMA	Green Chicken Pasta	2 oz	MMA	Shredded Mozzarella Cheese	2 oz
GB	WG Hot Dog Bun	2 oz	GB	Brown Rice	3/4 cup	GB	WG 8" Tortilla	1.5 oz	GB	WG Tostitos Chips	1 oz	GB	WG Ritas Pasta, WG Breadstick	3/4 cup, 1 oz
FAV-1	Sweet Potato Mash	1/2 cup	FV-1	Baby Carrots	1/2 cup	FV-1	Beans & Cucumber Salad	1/2 cup	FV-1	Green Cabbage	1/2 cup	FV-1	Lemon Ricotoni	1/2 cup
FAV-2	Orange Slices	1/2 cup	FV-2	Pear Slices	1/2 cup	FV-2	Appleauce	1/2 cup	FV-2	Honeydew	1/2 cup	FV-2	Fruit Salad CHD	1/2 cup
FAV-3	Cucumber Salad	1/4 cup	FV-3	Celery	1/4 cup	FV-3	Seasoned black Beans	1/4 cup	FV-3	Three Bean Salad	1/4 cup	FV-3	Red Pepper Strips	1/4 cup
Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup
Extra	Ketchup & Mustard Packet	1 each	Extra			Extra			Extra			Extra		
Day 11 - Carolina BBQ Crispy Chicken Sandwich		Day 13 - Patt Pan Chicken		Day 15 - Creamy Mac n Cheese		Day 14 - WG Tomato Basil Pesto Pizza		Day 16 - Breakfast for Lunch						
MMA	Carolina BBQ Chicken Patty	2 oz	MMA	Pen Pan Chicken Thigh	2 oz	MMA	Scratch-made Cheese Sauce	1.5 oz	MMA	WG Tomato Basil Pesto Pizza	2 oz	MMA	Scrambled Eggs w/ Red Peppers	2 oz
GB	WG Hamburger Bun	2 oz	GB	Savory Rice	3/4 cup	GB	WG Elbow Noodles	3/4 cup	GB	WG Tomato Basil Pesto Pizza	2 oz	GB	WG French Toast Sticks	2 oz
FAV-1	French Fries	1/2 cup	FV-1	Baby Carrots	1/2 cup	FV-1	Garlic Green Beans	1/2 cup	FV-1	Biscuits	1/2 cup	FV-1	Roasted Potatoes	1/2 cup
FAV-2	Orange Slices	1/2 cup	FV-2	Pear Slices	1/2 cup	FV-2	Appleauce	1/2 cup	FV-2	Pineapple	1/2 cup	FV-2	Cantaloupe	1/2 cup
FAV-3	Coleslaw	1/4 cup	FV-3	Black Bean & Corn Salad	1/4 cup	FV-3	Cherry Tomatoes	1/4 cup	FV-3	Italian Chickpea Salad	1/4 cup	FV-3	Green Pepper Strips	1/4 cup
Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup
Extra			Extra			Extra			Extra			Extra		
Day 18 - Fajita Chicken Sandwich		Day 17 - WG Chicken Nuggets		Day 19 - Turkey Tings Quesadilla		Day 19 - Teriyaki Chicken		Day 20 - Chili Cheese Mac						
MMA	Fajita Chicken Breast	2 oz	MMA	WG Chicken Nuggets	1.5 oz	MMA	Turkey Tings, Mozzarella Cheese	1 oz, 1 oz	MMA	Teriyaki Chicken	2 oz	MMA	Chili & Cheese	2 oz
GB	WG Hamburger Bun	2 oz	GB	WG Bread, WG Chicken Nuggets	1 oz, 0.75 oz	GB	WG Tortilla	1.5 oz	GB	Brown Rice	3/4 cup	GB	WG Elbow Noodles, WG Breadstick	3/4 cup, 1 oz
FAV-1	Fajita Vegetables	1/2 cup	FV-1	Sweet Corn	1/2 cup	FV-1	Corn Salad	1/2 cup	FV-1	Broccoli	1/2 cup	FV-1	Baby Carrots	1/2 cup
FAV-2	Orange Slices	1/2 cup	FV-2	Pear Slices	1/2 cup	FV-2	Apple Slices	1/2 cup	FV-2	Cantaloupe	1/2 cup	FV-2	Fruit salad CHD	1/2 cup
FAV-3	Baby Carrots	1/4 cup	FV-3	Lemony Chickpea salad	1/4 cup	FV-3	Seasoned Black Beans	1/4 cup	FV-3	Peas	1/4 cup	FV-3	Corn	1/4 cup
Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup
Extra			Extra	Ketchup Packet	1 each	Extra			Extra			Extra		
Day 21 - Cheeseburger														
MMA	Beef Burger w/ American Cheese	1.75 oz, 0.5 oz												
GB	WG Hamburger Bun	2 oz												
FAV-1	Sweet Potato Fries	1/2 cup												
FAV-2	Orange Slices	1/2 cup												
FAV-3	Three Bean Salad	1/4 cup												
Milk	Local 1% Milk	1 cup												
Extra	Ketchup & Mustard Packet	1 each												

NSLP Hot Lunch Gluten Free, Dairy Free, Egg Free - SPRING

21 - Day Cycle Menu

Day 1 - Hamburger		Day 2 - Orange Chicken		Day 3 - GF Pasta & Turkey Bolognese		Day 4 - Jerk Chicken		Day 5 - WG Bean & DF Cheese Tamale	
MMA Beef Burger	1.75 oz 0.5 oz	MMA GF/DF/Veggie Nuggets w/ Orange Sauce	1.5 oz	MMA Turkey Bolognese	2 oz	MMA Jerk Chicken	2 oz	MMA WG Bean & DF Cheese Tamale	2 oz
GB GF Hamburger Bun	2 oz	GB Wok-to-Fried Rice	1 cup	GB GF Flame Pasta	3/4 cup	GB Anas Verde	3/4 cup	GB WG Bean & DF Cheese Tamale	2 oz
FA1 Sweet Potato Fries	1/2 cup	FV-1 Green Beans	1/2 cup	FV-1 Peas	1/2 cup	FV-1 Corn	1/2 cup	FV-1 Broccoli	1/2 cup
FA2 Orange Slices	1/2 cup	FV-2 Apple/strawberry Sauce	1/2 cup	FV-2 Fennel	1/2 cup	FV-2 Cantaloupe	1/2 cup	FV-2 Fruit Salad GHP	1/4 cup
FA3 Three Bean Salad	1/4 cup	FV-3 Edamame	1/4 cup	FV-3 Honey Carrots	1/4 cup	FV-3 Parsnips & Yukon Potatoes	1/4 cup	FV-3 Cucumber Slices	1/4 cup
Milk Local 1% Milk	1 cup	Milk Local 1% Milk	1 cup	Milk Local 1% Milk	1 cup	Milk Local 1% Milk	1 cup	Milk Local 1% Milk	1 cup
Extra Ketchup & Mustard Packet	1 each	Extra	1 each	Extra	1 each	Extra	1 each	Extra	1 each
Day 6 - All-Beef Hot Dog		Day 7 - Zesty BBQ Drumstick		Day 8 - Turkey Taco		Day 9 - Pozole		Day 10 - Maitara, Pasta, Meatballs	
MMA Beef Hot Dog	2 oz	MMA Zesty BBQ Drumstick	3 oz	MMA Turkey Taco Meat	2 oz	MMA Green Chicken Fozzie	2 oz	MMA GF/DF/Veggie Meatballs	1.5 oz
GB GF Hot Dog Bun	2 oz	GB Brown Rice	3/4 cup	GB Corn Tortillas	2 oz	GB VEG Tortilla Chips	1 oz	GB GF Penne Pasta	3/4 cup
FV-1 Sweet Potato Mash (Dairy Free)	1/2 cup	FV-1 Baby Carrots	1/2 cup	FV-1 Zucchini & Cucumber Salad	1/2 cup	FV-1 Green Carrots	1/2 cup	FV-1 Lemon Broccoli	1/2 cup
FA2 Orange Slices	1/2 cup	FV-2 Pear Slices	1/2 cup	FV-2 Applesauce	1/2 cup	FV-2 Honeydew	1/2 cup	FV-2 Fruit Salad GHP	1/2 cup
FA3 Cucumber Salad	1/4 cup	FV-3 Celery	1/4 cup	FV-3 Seasoned Black Beans	1/4 cup	FV-3 Three Bean Salad	1/4 cup	FV-3 Red Pepper Strips	1/4 cup
Milk Local 1% Milk	1 cup	Milk Local 1% Milk	1 cup	Milk Local 1% Milk	1 cup	Milk Local 1% Milk	1 cup	Milk Local 1% Milk	1 cup
Extra Ketchup & Mustard Packet	1 each	Extra	1 each	Extra	1 each	Extra	1 each	Extra Marinara Sauce	3/3 cup
Day 11 - Grilled Chicken Sandwich		Day 12 - Peri Peri Chicken		Day 13 - DF Creamy Mac 'N Cheese		Day 14 - WG Bean & DF Cheese Tamale		Day 15 - Breakfast for Lunch	
MMA Grilled Chicken	2 oz	MMA Peri Peri Chicken Thigh	2 oz	MMA GF/DF Turkey Meatballs	1.5 oz	MMA WG Bean & DF Cheese Tamale	2 oz	MMA Turkey Sausage	2 oz
GB GF Hamburger Bun	2 oz	GB Spanish Rice	3/4 cup	GB GF Elbow Noodles	3/4 cup (1.3 oz)	GB WG Bean & DF Cheese Tamale	2 oz	GB GF/DF-Waffles	2 oz
FA-1 French Fries	1/2 cup	FV-1 Baby Carrots	1/2 cup	FV-1 Garlic Green Beans	1/2 cup	FV-1 Broccoli	1/2 cup	FV-1 Roasted Potatoes	1/2 cup
FA-2 Orange Slices	1/2 cup	FV-2 Pear Slices	1/2 cup	FV-2 Applesauce	1/2 cup	FV-2 Pineapple	1/2 cup	FV-2 Cantaloupe	1/2 cup
FA-3 Coleslaw	1/4 cup	FV-3 Black Bean & Corn Salad	1/4 cup	FV-3 Cherry Tomatoes	1/4 cup	FV-3 Baked Chicken Salad	1/4 cup	FV-3 Green Pepper Strips	1/4 cup
Milk Local 1% Milk	1 cup	Milk Local 1% Milk	1 cup	Milk Local 1% Milk	1 cup	Milk Local 1% Milk	1 cup	Milk Local 1% Milk	1 cup
Extra	1 each	Extra	1 each	Extra DF Cheese Sauce	3/8 cup	Extra	1 each	Extra Breakfast Syrup Packet	1 each
Day 16 - Fajita Chicken Sandwich		Day 17 - WG Chicken Nuggets		Day 18 - Turkey Tinge Quesadilla		Day 19 - Teriyaki Chicken		Day 20 - Chili Cheese Fries	
MMA Fajita Chicken Breast	2 oz	MMA WG Veggie Nuggets GF/DF	2 oz	MMA Turkey Tinge	1 oz 1 oz	MMA Teriyaki Chicken	2 oz	MMA GF/DF Turkey Meatballs	1.5 oz
GB GF Hamburger Bun	2 oz	GB GF/DF Bread	1 oz	GB Corn Tortillas	2 oz	GB Brown Rice	3/4 cup	GB GF Rotini Pasta	3/4 cup
FA-1 Fajita Vegetables	1/2 cup	FV-1 Sweet Corn	1/2 cup	FV-1 Corn Salad	1/2 cup	FV-1 Broccoli	1/2 cup	FV-1 Baby Carrots	1/2 cup
FA-2 Orange Slices	1/2 cup	FV-2 Pear Slices	1/2 cup	FV-2 Apple Slices	1/2 cup	FV-2 Cantaloupe	1/2 cup	FV-2 Fruit Salad GHP	1/2 cup
FA-3 Baby Carrots	1/4 cup	FV-3 Lemongrass Chilled Salad	1/4 cup	FV-3 Seasoned Black Beans	1/4 cup	FV-3 Peas	1/4 cup	FV-3 Corn	1/4 cup
Milk Local 1% Milk	1 cup	Milk Local 1% Milk	1 cup	Milk Local 1% Milk	1 cup	Milk Local 1% Milk	1 cup	Milk Local 1% Milk	1 cup
Extra	1 each	Extra Ketchup Packet	1 each	Extra	1 each	Extra	1 each	Extra Marinara Sauce	3/3 cup
Day 21 - Hamburger									
MMA Beef Burger	1.75 oz 0.5 oz								
GB GF Hamburger Bun	2 oz								
FA-1 Sweet Potato Fries	1/2 cup								
FA-2 Orange Slices	1/2 cup								
FA-3 Three Bean Salad	1/4 cup								
Milk Local 1% Milk	1 cup								
Extra Ketchup & Mustard Packet	1 each								

NLSL Hot Lunch Vegetarian - Spring

21 - Day Cycle Menu

Day 1 - Black Bean Burger		Day 2 - Orange "Chicken"		Day 3 - WG Mostaccioli		Day 4 - Jerk Tofu		Day 5 - Cheese Pizza			
MMA	Black Bean Burger	2 oz	MMA	GF Veggie Nugget w Orange Sau	1.5 oz	MMA	Jerk Tofu	2 oz	MMA	WG Cheese Pizza - Cheese	2 oz
G/B	WG Hamburger Bun	2 oz	G/B	(Not-So) Fried Rice	1 oz	G/B	Arroz Verde	3/4 cup	G/B	WG Cheese Pizza - Crust	2 oz
F/V-1	Sweet Potato Fries	1/2 cup	F/V-1	Green Beans	1/2 cup	F/V-1	Peas	1/2 cup	F/V-1	Broccoli	1/2 cup
F/V-2	Orange Slices	1/2 cup	F/V-2	Appleberry Sauce	1/2 cup	F/V-2	Pearsauce	1/2 cup	F/V-2	Fruit Salad CHP	1/2 cup
F/V-3	Three Bean Salad	1/4 cup	F/V-3	Edamame	1/4 cup	F/V-3	Honey Carrots	1/4 cup	F/V-3	Cucumber Slices	1/4 cup
Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup
Extra	Ketchup & Mustard Packet	1 each	Extra			Extra	Marinara Sauce	3/8 cup	Extra		
Day 6 - Veggie Hot Dog		Zesty BBQ Tofu		Day 8 - Veggie Taso		Day 9 - Pezole		Day 10 - Pasta w/ Tomato Cream Sauce			
MMA	Vegetarian Hot Dog	2 oz	MMA	Zesty BBQ Tofu	3 oz	MMA	Green Vegetarian Fazole	2 oz	MMA	Shredded Mozzarella Cheese	2 oz
G/B	WG Hot Dog Bun	2 oz	G/B	Brown Rice	3/4 cup	G/B	WG 8" Tortilla	1.5 oz	G/B	WG Tortilla Chips	1 oz
F/V-1	Sweet Potato Mash	1/2 cup	F/V-1	Baby Carrots	1/2 cup	F/V-1	Jicama & Cucumber Salad	1/2 cup	F/V-1	Green Cabbage	1/2 cup
F/V-2	Orange Slices	1/2 cup	F/V-2	Pear Slices	1/2 cup	F/V-2	Applesauce	1/2 cup	F/V-2	Honeydew	1/2 cup
F/V-3	Cucumber Salad	1/4 cup	F/V-3	Celery	1/4 cup	F/V-3	Seasoned Black Beans	1/4 cup	F/V-3	Three Bean Salad	1/4 cup
Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup
Extra	Ketchup & Mustard Packet	1 each	Extra			Extra			Extra		
Day 11 - Black Bean Burger		Day 12 - Peri Peri Tofu		Day 13 - Creamy Mac 'n Cheese		Day 14 - WG Tomato Basil Pesto Pizza		Day 15 - Breakfast for Lunch			
MMA	Black Bean Burger	2 oz	MMA	Peri Peri Chicken Tofu	2 oz	MMA	Scratch-made Cheese Sauce	1.5 oz	MMA	Scrambled Eggs w/ Red Peppers	2 oz
G/B	WG Hamburger Bun	2 oz	G/B	Spanish Rice	3/4 cup	G/B	WG Elbow Noodles	3/4 cup	G/B	WG French Toast Slices	2 oz
F/V-1	French Fries	1/2 cup	F/V-1	Baby Carrots	1/2 cup	F/V-1	Garlic Green Beans	1/2 cup	F/V-1	Broccoli	1/2 cup
F/V-2	Orange Slices	1/2 cup	F/V-2	Pear Slices	1/2 cup	F/V-2	Applesauce	1/2 cup	F/V-2	Pineapple	1/2 cup
F/V-3	Coleslaw	1/4 cup	F/V-3	Black Bean & Corn Salad	1/4 cup	F/V-3	Cherry Tomatoes	1/4 cup	F/V-3	Italian Chiselpea Salad	1/4 cup
Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup
Extra			Extra			Extra			Extra		
Day 16 - Fajita Sloppy Joe		Day 17 - GF Veggie Nuggets		Day 18 - WG Cheese Quesadilla		Day 19 - Teriyaki Tofu		Day 20 - Chili Cheese Mac			
MMA	Fajita Sloppy Joe	2 oz	MMA	GF Veggie Nuggets	1.5 oz	MMA	Mozzarella Cheese	2 oz	MMA	Chili & Cheese	2 oz
G/B	WG Hamburger Bun	2 oz	G/B	WG Bread	1 oz	G/B	WG Tortilla	1.5 oz	G/B	Brown Rice	3/4 cup
F/V-1	Fajita Vegetables	1/2 cup	F/V-1	Sweet Corn	1/2 cup	F/V-1	Corn Salad	1/2 cup	F/V-1	Broccoli	1/2 cup
F/V-2	Orange Slices	1/2 cup	F/V-2	Pear Slices	1/2 cup	F/V-2	Apple Slices	1/2 cup	F/V-2	Cantaloupe	1/2 cup
F/V-3	Baby Carrots	1/4 cup	F/V-3	Lemony Chickpea salad	1/4 cup	F/V-3	Seasoned Black Beans	1/4 cup	F/V-3	Peas	1/4 cup
Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup
Extra			Extra	Ketchup Packet	1 each	Extra			Extra		
Day 21 - Black Bean Burger											
MMA	Black Bean Burger	2 oz									
G/B	WG Hamburger Bun	2 oz									
F/V-1	Sweet Potato Fries	1/2 cup									
F/V-2	Orange Slices	1/2 cup									
F/V-3	Three Bean Salad	1/4 cup									
Milk	Local 1% Milk	1 cup									
Extra	Ketchup & Mustard Packet	1 each									

PM Snack - SPRING

21 - Day Cycle Menu

Day 1 - Strawberry Grahams & String Cheese			Day 2 - WG Graham Crackers & Sunbutter			Day 3 - Choc. Chip Banana bread & Fruit			Day 4 - WG Adobo Crips & Fruit			Day 5 - WG Goldfish & Veggies		
Item 1	String Cheese	1 oz	Item 1	WG Graham Cracker Sheets	2 each	Item 1	Choc Chip Banana Bread	1 oz	Item 1	WG Adobo Crips (*)	1 oz	Item 1	WG Cheddar Goldfish	1 oz
Item 2	Zee Zee's Strawberry Grahams	1 oz	Item 2	Sunbutter	1 oz	Item 2	Orange Slices	3/4 cup	Item 2	Fruit Salad CH	3/4 cup	Item 2	Cucumber Slices	3/4 cup
Extra			Extra			Extra			Extra			Extra	Hand Towel	1 each
Day 6 - Homemade Snack Mix (*)			Day 7 - Strawberry Bread & Fruit			Day 8 - WG Sunbutter & Jelly Sandwich			Day 9 - WG Cinnamon Crips & Fruit			Day 10 - Animal Crackers		
Item 1	Rice Chex, Mini Pretzel Twists	1 oz	Item 1	Strawberry Bread	1 oz	Item 1	WG Sunbutter & Jelly Sandwich (Sunbutter)	1 oz	Item 1	WG Cinnamon Crips	1 oz	Item 1	WG Animal Crackers	1 oz
Item 2		3/4 oz	Item 2	Orange Slices	3/4 cup	Item 2	WG Sunbutter & Jelly Sandwich (WG Bread)	2 oz	Item 2	Applesauce	3/4 cup	Item 2	Strawberry Yogurt	1 oz
Extra			Extra			Extra	Jelly	0.5 oz	Item 3			Extra		
Day 11 - Blueberry Bread & String Cheese			Day 12 - Pretzel Goldfish & Fruit			Day 13 - Veggies & Crackers			Day 14 - Cornot Bread & Fruit			Day 15 - Graham Crackers & Sunbutter		
Item 1	String Cheese	1 oz	Item 1	WG Pretzel Goldfish	1 oz	Item 1	Baby Carrots	3/4 cup	Item 1	Cornot Bread	1 oz	Item 1	Sunbutter	1 oz
Item 2	Blueberry Bread	1 oz	Item 2	Orange Slices	3/4 cup	Item 2	Zee Zee's Wheat Crackers	1 oz	Item 2	Carriacoupe	1 oz	Item 2	Zee Zee's Wheat Crackers	1 oz
Extra			Extra			Extra	Marsh Packet	1 each	Extra			Extra		
Day 16 - Apple Bar			Day 17 - Zucchini Bread & Fruit			Day 18 - Cheese & Crackers			Day 19 - Blueberry Lemon Crispy Bites & Fruit			Day 20 - Buffalo Hummus & Pita		
Item 1	Apple Oat Grow Bar	1 oz	Item 1	Zucchini Bread	1 oz	Item 1	WG Champ's Crackers	1 oz	Item 1	WG Blueberry Lemon Crispy Bites	1 oz	Item 1	Buffalo Hummus	1 oz
Item 2	Baby Carrots	3/4 cup	Item 2	Orange Slices	3/4 cup	Item 2	Mini Cheddar Cheese Slices	1 oz	Item 2	Apple Slices	3/4 cup	Item 2	WG Pita bread	1 oz
Extra			Extra			Extra			Extra			Extra		
Day 21 - Strawberry Grahams & String Cheese														
Item 1	String Cheese	1 oz												
Item 2	Zee Zee's Strawberry Grahams	1 oz												
Extra														

"Lunchables" / Grilla Grabs - SPRING

21 - Day Cycle Menu

Day 1 - Option #1			Day 2 - Option #2			Day 3 - Option #3			Day 4 - Option #4			Day 5 - Option #5		
M/M	Chicken Salad	2 oz	M/M	Cheddar Cheese Cubes, Deli Turkey	1 oz, 1 oz	M/M	Colby Cheese Cubes, Deli Turkey	1 oz, 1 oz	M/M	Sunbutter	2 oz	M/M	Mozzarella Cheese	2 oz
G/B	WG Crackers	1.5 oz	G/B	WG Crackers	1.5 oz	G/B	WG Roll	2 oz	G/B	Zee Zee Graham Crackers	1 oz	G/B	WG Flatbread	2 oz
F/V-1	Juice Box	1/2 cup	F/V-1	Juice Box	1/2 cup	F/V-1	Red Grapes	1/2 cup	F/V-1	Apple Slices	1/2 cup	F/V-1	Pear Slices	1/2 cup
F/V-2	Celest	1/2 cup	F/V-2	Bally Carrots	1/2 cup	F/V-2	Broccoli	1/2 cup	F/V-2	Cucumber Slices	1/2 cup	F/V-2	Manitoba Sauce	1/2 cup
F/V-3	Lemony Chickpea Salad	1/4 cup	F/V-3	Black Beans	1/4 cup	F/V-3	Jicama	1/4 cup	F/V-3	Corn	1/4 cup	F/V-3	Cherry Tomatoes	1/4 cup
Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup
Extra	Brownie	1 each	Extra	Chocolate Chip Cookie	1 each	Extra	Ranch Dressing Packet	1 each	Extra			Extra		
Day 6 - Option #1			Day 7 - Option #2			Day 8 - Option #3			Day 9 - Option #4			Day 10 - Option #5		
M/M	Chicken Salad	2 oz	M/M	Cheddar Cheese Cubes, Deli Turkey	1 oz, 1 oz	M/M	Colby Cheese Cubes, Deli Turkey	1 oz, 1 oz	M/M	Sunbutter	2 oz	M/M	Mozzarella Cheese	2 oz
G/B	WG Crackers	1.5 oz	G/B	WG Crackers	1.5 oz	G/B	WG Roll	2 oz	G/B	Zee Zee Graham Crackers	1 oz	G/B	WG Flatbread	2 oz
F/V-1	Juice Box	1/2 cup	F/V-1	Juice Box	1/2 cup	F/V-1	Red Grapes	1/2 cup	F/V-1	Apple Slices	1/2 cup	F/V-1	Pear Slices	1/2 cup
F/V-2	Celest	1/2 cup	F/V-2	Bally Carrots	1/2 cup	F/V-2	Broccoli	1/2 cup	F/V-2	Cucumber Slices	1/2 cup	F/V-2	Manitoba Sauce	1/2 cup
F/V-3	Lemony Chickpea Salad	1/4 cup	F/V-3	Black Beans	1/4 cup	F/V-3	Jicama	1/4 cup	F/V-3	Corn	1/4 cup	F/V-3	Cherry Tomatoes	1/4 cup
Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup
Extra	Brownie	1 each	Extra	Chocolate Chip Cookie	1 each	Extra	Ranch Dressing Packet	1 each	Extra			Extra		
Day 11 - Option #1			Day 12 - Option #2			Day 13 - Option #3			Day 14 - Option #4			Day 15 - Option #5		
M/M	Chicken Salad	2 oz	M/M	Cheddar Cheese Cubes, Deli Turkey	1 oz, 1 oz	M/M	Colby Cheese Cubes, Deli Turkey	1 oz, 1 oz	M/M	Sunbutter	2 oz	M/M	Mozzarella Cheese	2 oz
G/B	WG Crackers	1.5 oz	G/B	WG Crackers	1.5 oz	G/B	WG Roll	2 oz	G/B	Zee Zee Graham Crackers	1 oz	G/B	WG Flatbread	2 oz
F/V-1	Juice Box	1/2 cup	F/V-1	Juice Box	1/2 cup	F/V-1	Red Grapes	1/2 cup	F/V-1	Apple Slices	1/2 cup	F/V-1	Pear Slices	1/2 cup
F/V-2	Celest	1/2 cup	F/V-2	Bally Carrots	1/2 cup	F/V-2	Broccoli	1/2 cup	F/V-2	Cucumber Slices	1/2 cup	F/V-2	Manitoba Sauce	1/2 cup
F/V-3	Lemony Chickpea Salad	1/4 cup	F/V-3	Black Beans	1/4 cup	F/V-3	Jicama	1/4 cup	F/V-3	Corn	1/4 cup	F/V-3	Cherry Tomatoes	1/4 cup
Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup
Extra	Brownie	1 each	Extra	Chocolate Chip Cookie	1 each	Extra	Ranch Dressing Packet	1 each	Extra			Extra		
Day 16 - Option #1			Day 17 - Option #2			Day 18 - Option #3			Day 19 - Option #4			Day 20 - Option #5		
M/M	Chicken Salad	2 oz	M/M	Cheddar Cheese Cubes, Deli Turkey	1 oz, 1 oz	M/M	Colby Cheese Cubes, Deli Turkey	1 oz, 1 oz	M/M	Sunbutter	2 oz	M/M	Mozzarella Cheese	2 oz
G/B	WG Crackers	1.5 oz	G/B	WG Crackers	1.5 oz	G/B	WG Roll	2 oz	G/B	Zee Zee Graham Crackers	1 oz	G/B	WG Flatbread	2 oz
F/V-1	Juice Box	1/2 cup	F/V-1	Juice Box	1/2 cup	F/V-1	Red Grapes	1/2 cup	F/V-1	Apple Slices	1/2 cup	F/V-1	Pear Slices	1/2 cup
F/V-2	Celest	1/2 cup	F/V-2	Bally Carrots	1/2 cup	F/V-2	Broccoli	1/2 cup	F/V-2	Cucumber Slices	1/2 cup	F/V-2	Manitoba Sauce	1/2 cup
F/V-3	Lemony Chickpea Salad	1/4 cup	F/V-3	Black Beans	1/4 cup	F/V-3	Jicama	1/4 cup	F/V-3	Corn	1/4 cup	F/V-3	Cherry Tomatoes	1/4 cup
Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup	Milk	Local 1% Milk	1 cup
Extra	Brownie	1 each	Extra	Chocolate Chip Cookie	1 each	Extra	Ranch Dressing Packet	1 each	Extra			Extra		
Day 21 - Lunchable #1														
M/M	Chicken Salad	2 oz												
G/B	WG Crackers	1.5 oz												
F/V-1	Juice Box	1/2 cup												
F/V-2	Celest	1/2 cup												
F/V-3	Lemony Chickpea Salad	1/4 cup												
Milk	Local 1% Milk	1 cup												
Extra	Brownie	1 each												

Nutrient Detail Report

Organization: Gourmet Gorilla
Session: 2023-24 School Year
Menu: NSLP PM Snack 2023-2024
Number Source: Planned
Dates: 03-04-2024 to 03-29-2024

Nutrient Summary

Date(s): 03-04-2024 to 03-29-2024

Nutrient	Menu Average	% of Calories	Target	Pass / Fail	Shortfall / Overage	Notes / Errors
Calories (kcal)	259.350					
Protein (g)	6.052	9.334%				
Total Fat (g)	9.191	31.896%				
Saturated Fat (g)	2.181*	7.568%				
Trans Fat (g)	0.000*					
Carbohydrates (g)	36.018	55.551%				
Cholesterol (mg)	13.029					
Sodium (mg)	249.839					
Potassium (mg)	113.009*					
Fiber (g)	4.127					
Sugars (g)	16.197					
Iron (g)	1.844*					
Calcium (mg)	97.749*					
Vitamin A (IU)	2,269.583*					
Vitamin C (mg)	34.482*					
Vitamin D (mcg)	0.038*					

* Indicates missing Nutrient Information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY NOT FOR MONITORING PURPOSES

Menu Detail

Date: 03-04-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Grains							
Snack Mix, NSLP	1472721	4 fl oz	100	319.677	80.841	4.142	48.120
Total			100				
Weighted Daily Average				319.677	80.841	4.142	48.12
% of Calories					101.153%		

* Indicates missing Nutrient Information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY NOT FOR MONITORING PURPOSES

Menu Detail

Date: 03-05-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Orange Slices, 6 Slices	82345	6 Each	100	165.577	22.535	4.202	17.112
Grains							
Menu 144; Strawberry Banana Bread, Big	82352	1 EACH	100	174.388	24.643	2.185	11.749
Total			100				
Weighted Daily Average				334.964	46.233	6.386	28.415
% of Calories					55.21%		

* Indicates missing Nutrient Information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY NOT FOR MONITORING PURPOSES

Menu Detail

Date: 03-06-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Lunch Entree							
WG Sunbutter & Jelly Sandwich, 1 Each	82111	1 each	100	372.620	41.460	6.800	13.880
Total			100				
Weighted Daily Average				372.62	41.46	6.8	13.88
% of Calories					44.506%		

* Indicates missing Nutrient Information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY NOT FOR MONITORING PURPOSES

Menu Detail

Date: 03-07-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Menu 115; Fruit, Applesauce, 3/4 Cup	82293	3/4 Cup	100	75.012	21.003	1.500	18.003
Grains							
Cinnamon Crisps, 10 Each	82394	10 Each	100	150.00	16.000	2.000	1.000
Total			100				
Weighted Daily Average				175.526	36.318	3.5	18.318
% of Calories					82.764%		

* Indicates missing Nutrient Information.

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Menu Detail

Date: 03-08-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Grains							
WG Animal Crackers, 1 Each	82128	1 each	100	130.000	21.000	2.000	8.000
Misc.							
Menu 301; Yogurt, Strawberry, 1/2 cup	82407	1/2 cup	100	90.000	17.000	0.000	8.000
Total			100				
Weighted Daily Average				220	38	2	16
% of Calories					69.091%		

* Indicates missing Nutrient Information.

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Menu Detail

Date: 03-11-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Breakfast Entree							
Menu 148; Blueberry Bread, Big	82143	1 EACH	100	177.460	27.516	2.455	14.006
Misc.							
Menu 277; Cheese, String, 1 Each	82098	1 Each	100	80.000	1.000	0.000	0.000
Total			100				
Weighted Daily Average				257.46	28.516	2.455	14.006
% of Calories					44.303%		

* Indicates missing Nutrient Information.

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY. NOT FOR MONITORING PURPOSES.

Menu Detail

Date: 03-12-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Orange Slices, 6 Slices	82345	6 Each	100	165.577	22.535	4.202	17.112
Grains							
Pretzel Goldfish	1056765	1 each	100	90.000	16.000	1.000	0.000
Total			100				
Weighted Daily Average				255.577	38.535	5.202	17.112
% of Calories					60.311%		

* Indicates missing Nutrient Information.

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Menu Detail

Date: 03-13-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Vegetables							
Veg, Carrots, Baby, 3/4 Cup	1054889	3/4 cup	100	38.457	8.886	3.151	0.000
Grains							
Zee Zee's Wheat Crackers	336831	1 each	100	90.000	15.000	1.000	2.000
Total			100				
Weighted Daily Average				128.457	23.886	4.151	2
% of Calories					74.38%		

* Indicates missing Nutrient Information.

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Menu Detail

Date: 03-14-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Menu 120; Fruit, Cantaloupe, 3/4 Cup	82285	3/4 Cup	100	74.633	17.912	1.976	17.253

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Grains							
Bread, Carrot, 1 each (32 cut)	91733	1 each	100	290.258	33.205	2.197	18.950
Total			100				
Weighted Daily Average				364.89	51.116	4.173	36.203
% of Calories					56.035%		

* Indicates missing Nutrient Information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY NOT FOR MONITORING PURPOSES

Menu Detail

Date: 03-15-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Grains							
Zee Zee's Graham Crackers	336832	1 each	100	130.000	21.000	0.000	8.000
Misc.							
Sunbutter, 2 Tbsp	82191	2 Tbsp	100	200.000	7.000	4.000	3.000
Total			100				
Weighted Daily Average				330	28	4	11
% of Calories					33.939%		

* Indicates missing Nutrient Information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY NOT FOR MONITORING PURPOSES

Menu Detail

Date: 03-18-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Vegetables							
Veg, Carrots, Baby, 3/4 Cup	1054889	3/4 cup	100	38.457	8.886	3.151	0.000
Grains							
Grow Bar, Apple Orchard, 1 each 2019	82235	1 each	100	161.114	23.809	2.338	9.828
Total			100				
Weighted Daily Average				199.571	32.696	5.489	9.828
% of Calories					65.532%		

* Indicates missing Nutrient Information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY NOT FOR MONITORING PURPOSES

Menu Detail

Date: 03-19-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Orange Slices, 6 Slices	82345	6 Each	100	165.577	22.535	4.202	17.112
Grains							
Zucchini Bread, Big, 1 each	1350194	1 each	100	194.922	18.563	2.011	6.414
Total			100				
Weighted Daily Average				360.499	41.099	6.212	23.525
% of Calories					45.602%		

* Indicates missing Nutrient Information

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Menu Detail

Date: 03-20-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Grains							
WG Crackers, 10 each	1182672	10 each	100	110.000	16.000	2.000	1.000
Misc.							
Menu 262; Mini Cheddar Cheese Slices	88530	1.5 slice	100	128.864	0.000	0.000	0.000
Total			100				
Weighted Daily Average				238.864	16	2	1
% of Calories					26.794%		

* Indicates missing Nutrient Information

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Menu Detail

Date: 03-21-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Menu 317; Apple Slices, 3/4 Cup	339080	6 Slices	100	67.350	15.804	3.251	11.136
Grains							
Sna 002; Blueberry Lemon Crispy Bites	90378	1 each	100	120.000	21.000	2.000	8.000
Total			100				
Weighted Daily Average				187.35	36.804	5.251	19.136

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
% of Calories					78.578%		

* Indicates missing Nutrient information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY. NOT FOR MONITORING PURPOSES.

Menu Detail

Date: 03-22-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Grains							
Menu 156; Bread, Pita, WG, 1/2 Piece	82131	1/2 Piece	100	120.000	19.500	1.500	0.500
Misc.							
Buffalo Hummus, 1/4 cup	295488	1/4 cup	100	166.575	11.329	3.382	0.716
Total			100				
Weighted Daily Average				286.575	30.829	4.882	1.216
% of Calories					43.03%		

* Indicates missing Nutrient information

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Menu Detail

Date: 03-25-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Grains							
Zee Zee Strawberry Grahams, 1 each	1316827	1 each	100	120.000	21.000	0.000	7.000
Misc.							
Menu 277; Cheese, String, 1 Each	82098	1 Each	100	80.000	1.000	0.000	0.000
Total			100				
Weighted Daily Average				200	22	0	7
% of Calories					44%		

* Indicates missing Nutrient information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY. NOT FOR MONITORING PURPOSES.

Menu Detail

Date: 03-26-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Grains							
WG Graham Crackers, 2 Packs	82252	2 Each	100	120.000	22.000	N/A*	6.000
Misc.							
Sunbutter, 2 Tbsp	82191	2 Tbsp	100	200.000	7.000	4.000	3.000
Total			100				
Weighted Daily Average				320	29	4	9
% of Calories					36.25%		

* Indicates missing Nutrient information

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Menu Detail

Date: 03-27-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Orange Slices, 6 Slices	82345	6 Each	100	165.577	22.535	4.202	17.112
Grains							
Chocolate Chip Banana Bread, Big	1307148	1 EACH	100	175.268	24.538	2.269	11.976
Total			100				
Weighted Daily Average				340.846	47.074	6.47	29.088
% of Calories					55.243%		

* Indicates missing Nutrient information

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Menu Detail

Date: 03-28-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Menu 256; CH Fruit Salad, CC, 3/4 Cup	88258	3/4 Cup	100	73.209	18.041	1.778	16.712
Grains							
Ranch Crisps, 4 Each	82261	4 Each	100	101.556	15.222	2.000	0.222
Total			100				
Weighted Daily Average				174.765	33.263	3.778	16.935
% of Calories					76.133%		

* Indicates missing Nutrient information

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Menu Detail

Date: 03-29-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Vegetables							
Cucumber Slices, 3/4 Cup	1054896	3/4 Cup	100	19.357	4.684	0.645	2.155
Grains							
WG Goldfish, 1 Each	82253	1 each	100	100.000	14.000	1.000	0.000
Total			100				
Weighted Daily Average				119.357	18.684	1.645	2.155
% of Calories					62.617%		

* Indicates missing Nutrient Information

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Nutrient Detail Report

Organization: Gourmet Gorilla
 Session: 2023-24 School Year
 Menu: NSLP Hot Packaged Breakfast, SY
 23-24 Number Source: Planned
 Dates: 03-04-2024 to 03-29-2024

Nutrient Summary

Date(s): 03-04-2024 to 03-29-2024

Nutrient	Menu Average	% of Calories	Target	Pass / Fail	Shortfall / Overage	Notes / Errors
Calories (kcal)	367.954		450 min / 500 max			
Protein (g)	11.624	12.637%				
Total Fat (g)	6.956	17.015%				
Saturated Fat (g)	2.720	6.654%	< 10%	Pass		
Trans Fat (g)	0.000					
Carbohydrates (g)	62.301	67.727%				
Cholesterol (mg)	53.505*					
Sodium (mg)	332.692		≤ 540	Pass		
Potassium (mg)	181.795*					
Fiber (g)	6.268*					
Sugars (g)	38.372*					
Iron (g)	1.472*					
Calcium (mg)	358.506*					
Vitamin A (IU)	766.050*					
Vitamin C (mg)	34.191*					
Vitamin D (mcg)	0.825*					

* Indicates missing Nutrient Information

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Menu Detail

Date: 03-04-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Grains							
Menu 144; Banana Bread, Big	82352	1 EACH	100	169.387	23.698	2.185	11.304
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Total			100				
Weighted Daily Average				417.385	69.647	7.804	45.919
% of Calories					66.746%		

* Indicates missing Nutrient Information

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Menu Detail

Date: 03-05-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Grains							
Menu 103; WG Waffles (2)	82144	2 each	100	192.162	29.892	2.135	4.270
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Misc.							
Syrup, Breakfast, Smuckers, Packet, 1 Each	82099	1 each	100	80.000	21.000	0.000	21.000
Total			100				
Weighted Daily Average				520.16	96.841	7.754	59.886
% of Calories					74.47%		

* Indicates missing Nutrient Information

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Menu Detail

Date: 03-06-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Grains							
Big Strawberry Muffin	1003494	1 Each	100	197.301	30.895	3.351	12.541
Milk							
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	20	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	30	110.000	13.000	0.000	12.000
Total			100				
Weighted Daily Average				444.299	76.144	8.97	46.556
% of Calories					68.552%		

* Indicates missing Nutrient Information

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Menu Detail

Date: 03-07-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Lunch Entree							
Menu 095; French Toast, Casserole, 1 Slice, NSLP	82115	1 Each	100	174.753	27.693	1.559	14.562
Fruit							
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Total			100				
Weighted Daily Average				422.751	73.642	7.178	49.177
% of Calories					69.679%		

* Indicates missing Nutrient Information

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Menu Detail

Date: 03-08-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Breakfast Entree							
Menu 019; Cinnamon Oatmeal, 3/4 Cup	1346004	3/4 Cup	100	200.503	43.442	1.671	20.050
Fruit							
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Grains							
Granola Crumble, 1 oz	82137	1 oz	100	132.132	22.214	1.125	7.591
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Total			100				
Weighted Daily Average				580.633	111.605	8.415	62.256
% of Calories					76.885%		

* Indicates missing Nutrient Information

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Menu Detail

Date: 03-11-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Misc.							
Menu 098; WG Pancakes (2)	82057	2 Each	100	159.891	30.646	3.997	5.330
Syrup, Breakfast, Smuckers, Packet, 1 Each	82099	1 each	100	80.000	21.000	0.000	21.000
Total			100				
Weighted Daily Average				487.889	97.595	9.616	60.945
% of Calories					80.014%		

* Indicates missing Nutrient Information

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Menu Detail

Date: 03-12-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Grains							
Snack'n Waffles, Blueberry	1059686	1 Each	100	250.000	37.000	2.000	15.000
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Total			100				
Weighted Daily Average				497.998	82.949	7.619	49.615
% of Calories					66.626%		

* Indicates missing Nutrient Information.
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Menu Detail

Date: 03-13-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Grains							
Chocolate Chip Banana Bread, Big	1307148	1 EACH	100	175.268	24.538	2.269	11.976
Milk							
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	20	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	30	110.000	13.000	0.000	12.000
Total			100				
Weighted Daily Average				422.266	69.787	7.888	45.992
% of Calories					66.107%		

* Indicates missing Nutrient Information.
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Menu Detail

Date: 03-14-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Grains							
Pumpkin Apple Bread, Big, 2 Each	1431472	2 slice	100	320.783	42.185	5.642	16.884
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Total			100				
Weighted Daily Average				568.781	88.135	11.261	51.499
% of Calories					61.981%		

* Indicates missing Nutrient Information.
 WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY NOT FOR MONITORING PURPOSES

Menu Detail

Date: 03-15-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Grains							
WG Bread, 1 Slice	82064	1 Slice	100	71.310	13.230	1.400	1.440
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Misc.							
Frittata Egg Muffin, Original, 1 Each	1197530	1 each	100	112.894	0.759	0.260*	0.206*
Total			100				
Weighted Daily Average				432.202	59.938	7.279*	36.262*
% of Calories					55.472%		

* Indicates missing Nutrient Information.
 WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY NOT FOR MONITORING PURPOSES

Menu Detail

Date: 03-18-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Grains							
Grain 017; Blueberry Muffin, Big	82103	1 EACH	100	237.400	36.845	3.305	18.684
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Total			100				
Weighted Daily Average				485.398	82.794	8.925	53.299
% of Calories					68.228%		

* Indicates missing Nutrient Information.

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY. NOT FOR MONITORING PURPOSES.

Menu Detail

Date: 03-19-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Grains							
Menu 103; WG Waffles (2)	82144	2 each	100	192.162	29.892	2.135	4.270
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Misc.							
Syrup, Breakfast, Smuckers, Packet, 1 Each	82089	1 each	100	80.000	21.000	0.000	21.000
Total			100				
Weighted Daily Average				520.16	96.841	7.754	59.886
% of Calories					74.47%		

* Indicates missing Nutrient Information.

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Menu Detail

Date: 03-20-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Grains							
Cinnamon Muffin, Big	321859	1 each	100	337.491	35.914	3.924	11.983
Milk							
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	20	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	30	110.000	13.000	0.000	12.000
Total			100				
Weighted Daily Average				584.488	81.163	9.543	45.998
% of Calories					55.544%		

* Indicates missing Nutrient Information.

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Menu Detail

Date: 03-21-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Grains							
Rich's WG French Toast Sticks, 3	1305165	3 each	100	202.500	26.250	2.250	8.250
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Misc.							
Syrup, Breakfast, Smuckers, Packet, 1 Each	82099	1 each	100	80.000	21.000	0.000	21.000
Total			100				
Weighted Daily Average				530.498	93.199	7.869	63.865
% of Calories					70.273%		

* Indicates missing Nutrient Information.

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Menu Detail

Date: 03-22-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Breakfast Entree							

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Menu 243; Eggs, Scrambled, 1/4 Cup							
	1020186	1/4 Cup	100	96.202	0.000	0.000	0.000
Vegetables							
Roasted Potatoes, 1/4 Cup	85458	0.25 Cup	100	28.667	6.568	0.472	0.225
Fruit							
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Grains							
WG Bread, 1 Slice	82064	1 Slice	100	71.310	13.230	1.400	1.440
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Total			100				
Weighted Daily Average				444.177	65.747	7.491	36.28
% of Calories					59.208%		

* Indicates missing Nutrient Information.

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY NOT FOR MONITORING PURPOSES.

Menu Detail

Date: 03-25-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Breakfast Entree							
Snack'n Waffles, Maple, 1 Each	1034854	1 Each	100	250.000	37.000	2.000	15.000
Fruit							
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	50	110.000	13.000	0.000	12.000
Milk, Skim, Half Pint, Prime	82089	1 each	20	80.000	11.000	0.000	11.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Total			100				
Weighted Daily Average				506.998	83.549	7.619	49.915
% of Calories					65.917%		

* Indicates missing Nutrient Information.

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Menu Detail

Date: 03-26-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Half Pint, Prime	82089	1 each	30	80.000	11.000	0.000	11.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	50	120.000	20.000	0.000	18.000
Misc.							
Menu 098; WG Pancakes (2)	82057	2 Each	100	159.891	30.646	3.997	5.330
Syrup, Breakfast, Smuckers, Packet, 1 Each	82099	1 each	100	80.000	21.000	0.000	21.000
Total			100				
Weighted Daily Average				495.889	99.395	9.616	62.345
% of Calories					80.175%		

* Indicates missing Nutrient Information.

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Menu Detail

Date: 03-27-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Breakfast Entree							
Menu 140; Apple Bread,Big, 32 cut, 2 each	365171	2 each	100	241.609	35.798	3.251	17.025
Fruit							
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Milk							
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Total			100				
Weighted Daily Average				489.607	81.747	8.87	51.64
% of Calories					66.786%		

Menu Detail

Date: 03-28-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Breakfast Entree							
Strawberry French Toast, Casserole, 1 Slice, NSLP	1471996	1 Each	100	177.816	28.492	1.743	14.961
Fruit							
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Half Pint, Prime	82089	1 each	30	80.000	11.000	0.000	11.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	50	120.000	20.000	0.000	18.000
Total			100				
Weighted Daily Average				433.814	76.241	7.362	50.976
% of Calories					70.298%		

* Indicates missing Nutrient Information

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Menu Detail

Date: 03-29-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Grains							
Blueberry Lemon Muffin, Big, 1 Each	1171899	1 Each	100	233.002	30.338*	3.189*	12.352*
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	40	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	40	80.000	11.000	0.000	11.000
Total			100				
Weighted Daily Average				485	77.188*	8.808*	47.668*
% of Calories					63.66%		

* Indicates missing Nutrient Information

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Nutrient Detail Report

Organization: Gourmet Gorilla

Session: 2023-24 School Year

Menu: FSP Hot Lunch SY 2023-24

Number Source: Planned

Periods: 02-26-2024 to 03-22-2024

Date(s): 03-04-2024 to 03-29-2024

Nutrient Summary

Nutrient	Menu Average	% of Calories	Target	Pass / Fail	Shortfall / Overage	Notes / Errors
Calories (kcal)	606.882		600 min / 650 max	Pass		
Protein (g)	31.331*	20.65%				
Total Fat (g)	17.066*	25.309%				
Saturated Fat (g)	5.141*	7.624%	< 10%	Pass		
Trans Fat (g)	0.076*					
Carbohydrates (g)	80.190*	52.854%				
Cholesterol (mg)	58.959*					
Sodium (mg)	884.265		≤ 1110	Pass		
Potassium (mg)	231.742*					
Fiber (g)	9.154*					
Sugars (g)	32.398*					
Iron (g)	3.664*					
Calcium (mg)	520.058*					
Vitamin A (IU)	4,326.540*					
Vitamin C (mg)	73.531*					
Vitamin D (mcg)	0.363*					

* Indicates missing Nutrient information.

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Menu Detail

Date: 03-04-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Lunch Entree							
Menu 023; Beef, Hot Dog, 1 Each	82156	1 Each	100	180.000	1.000	0.000	1.000
Vegetables							
Pickle Chips, 1/4 cup	91935	1/4 cup	100	0.00	N/A	N/A	N/A
Mashed Sweet Potatoes	84220	1/2 Cup	100	134.021	23.416	3.313	5.812
Menu 114; Fruit, Applesauce, 1/2 Cup	82082	1/2 Cup	100	50.000	14.000	1.000	12.000
Grains							
WG Hot Dog Bun, 1 Each	82142	1 each	100	149.258	27.017	2.686	3.571
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	1	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	1	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	98	80.000	11.000	0.000	11.000
Total			100				
Weighted Daily Average				494.447	61.201	5.993	28.987
% of Calories					49.511%		

* Indicates missing Nutrient Information

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Menu Detail

Date: 03-05-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Lunch Entree							
Zesty BBQ Chicken Drumsticks, 2 Each	82490	2 Each	100	430.734	7.458	0.110	5.036
Vegetables							
Celery, 1/4 cup	1078402	0.25 cup	100	4.040	0.750	0.404	0.338
Veg, Carrots, Baby, 1/2 Cup	82199	0.5 Cup	100	25.597	5.915	2.097	0.000
Fruit							
Menu 316; Apple Slices, 1/2 Cup	82138	4 Slices	100	42.094	9.877	2.032	6.960
Grains							
Menu 036; Rice, Brown, 3/4 Cup	92019	3/4 Cup	100	162.544	34.421	0.956	0.000
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	1	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	1	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	98	80.000	11.000	0.000	11.000
Total			100				
Weighted Daily Average				778.566	77.009	4.465	23.873
% of Calories					39.565%		

* Indicates missing Nutrient Information

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Menu Detail

Date: 03-06-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Lunch Entree							
Turkey Tacos, 2 oz, NSLP	82327	2 oz	100	133.333	0.000	0.000	0.000
Vegetables							
Beans, Black, Seasoned, 1/4 cup	1365660	1/4 cup	100	107.067	8.852	2.212	0.357
Jicama and Cucumber Relish, 1/2 cup	1481447	1/2 cup	100	44.125	10.283	3.765	3.138
Fruit							
Pear Slices, 4 Each	1352678	4 Each	100	57.399	15.337	3.122	9.818
Grains							
WG Tortilla (8")	1365671	1 ea	100	130.000	22.000	2.000	0.000
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	1	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	1	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	98	80.000	11.000	0.000	11.000
Total			100				
Weighted Daily Average				552.624	67.581	11.098	24.392
% of Calories					48.916%		

* Indicates missing Nutrient Information

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Menu Detail

Date: 03-07-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Lunch Entree							
Chicken Pozole, 1 cup, Green NEW	1275068	1 cup	100	158.049	10.294	1.880	1.217
Vegetables							
Green Cabbage, 1/2 cup	1265928	1/2 cup	100	11.000	2.500	1.000	1.500
Veg, Salad, Three Bean, 1/4 Cup	82584	1/4 Cup	100	118.406	12.295	4.400	1.960
Fruit							

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Menu 132; Honeydew, CC, 1/2 Cup	82124	1/2 Cup	100	44.861	11.327	0.997	10.119
Grains							
WG Tortilla Chips, 11 Each	82158	11 each	100	150.000	21.000	2.000	0.000
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	1	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	1	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	98	80.000	11.000	0.000	11.000
			100				
Weighted Daily Average				563.016	68.526	10.277	25.875
% of Calories					48.685%		

* Indicates missing Nutrient Information

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Menu Detail

Date: 03-08-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Lunch Entree							
Menu 018; Sauce, Tomato Cream, Scratch, 3/8 Cup	82449	3/8 Cup	100	87.920	5.261	0.873	3.188
Vegetables							
Red Pepper Strips, 1/4 Cup	84940	1/4 Cup	100	18.027	3.507	1.221	2.442
Broccoli Lemon, 1/2 Cup	1481367	1/2 Cup	100	31.869	5.326	2.085	1.364
Fruit							
Menu 258; Fruit, Fruit Salad, CHP, 1/2 Cup	84783	1/2 Cup	100	60.461	15.331	1.577	12.934
Grains							
WG Rotini Pasta, 3/4 Cup	82269	3/4 CUP	100	145.455	29.818	4.364	1.455
WG Breadstick, Rich's, Garlic & Herb	1291269	1 each	100	60.000	12.000	1.000	0.000
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	1	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	1	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	98	80.000	11.000	0.000	11.000
Misc.							
Shredded Mozzarella Cheese, 2 oz	82294	2 Ounce	100	182.247	2.025	0.000	0.000
Total			100				
Weighted Daily Average				666.679	84.378	11.121	32.462
% of Calories					50.626%		

* Indicates missing Nutrient Information

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Menu Detail

Date: 03-11-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Lunch Entree							
WG Carolina BBQ Chicken Patty, 1 Each	1473449	1 each	100	262.160	21.152	3.000	6.824
Vegetables							
Veg, Coleslaw, GF/DF/EF 1/4 cup	91391	1/4 cup	100	16.417	4.260	0.679	3.308
French Fries, 1/2 Cup	1174074	0.5 Cup	100	114.40	19.360	1.760	0.000
Fruit							
Orange Slices, 4 Each	82042	4 Each	100	110.109	14.986	2.794	11.379
Grains							
Menu 013; Bread, Bun, Hamburger, WG, 1 each	82047	1 each	100	143.683	25.876	2.591	3.304
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Total			100				
Weighted Daily Average				688.823	93.767	10.026	38.574
% of Calories					54.451%		

* Indicates missing Nutrient Information

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Menu Detail

Date: 03-12-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Lunch Entree							
Peri Peri Chicken Thigh, 2 oz	1174853	2 oz	100	192.718	0.082	0.356	0.705
Vegetables							
Carrots, Baby, 1/2 Cup	82199	1/2 Cup	100	25.597	5.915	2.097	0.000
Black Bean & Corn Salad, 3/8 cup	1357893	3/8 cup	100	88.859	14.190	2.830	0.938
Fruit							
Pear Slices, 4 Each	1352678	4 Each	100	57.399	15.337	3.122	9.818
Grains							
Spanish Rice, 3/4 Cup	1362005	3/4 Cup	100	199.284	33.423	1.060	0.877
Milk							

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	50	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	20	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	30	80.000	11.000	0.000	11.000
Total			100				
Weighted Daily Average				666.858	82.747	9.466	25.239
% of Calories					49.634%		

*Indicates missing Nutrient information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY NOT FOR MONITORING PURPOSES

Menu Detail

Date: 03-13-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Lunch Entree							
Cheese Sauce, Scratch, 3/8 Cup	82240	3/8 Cup	100	170.019	4.648	0.038	3.102
Vegetables							
Veg, Tomato, Cherry, 1/4 cup (4 each)	82096	4 Each	100	6.705	1.449	0.447	0.980
Green Beans Garlic, 1/2 cup	1473451	1/2 cup	100	23.625	4.725	1.575	1.575
Fruit							
Menu 114; Fruit, Applesauce, 1/2 Cup	82082	1/2 Cup	100	50.000	14.000	1.000	12.000
Grains							
WG Elbow Pasta, 3/4 Cup	82218	3/4 CUP	100	135.460	29.350	4.515	1.505
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Total			100				
Weighted Daily Average				483.808	68.272	7.576	32.462
% of Calories					56.445%		

*Indicates missing Nutrient information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY NOT FOR MONITORING PURPOSES

Menu Detail

Date: 03-14-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Lunch Entree							
Veg, Tomato Basil Pesto, Garlic Herb Breadstick Base	1306540	1 pizza	100	278.171	28.040	2.521*	1.492*
Vegetables							
Menu 070; Veg, Broccoli, 1/2 Cup	82243	1/2 Cup	100	27.272	5.326	2.085	1.364
Italian Chickpea Salad, 1/4 cup	1481379	1/4 cup	100	152.479	8.364	2.602*	0.668*
Fruit							
Menu 109; Pineapple, CC, 1/2 Cup	82190	1/2 Cup	100	96.304	25.270	2.697	18.972
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Total			100				
Weighted Daily Average				652.227	81.1	9.905*	35.795*
% of Calories					49.737%		

*Indicates missing Nutrient information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY NOT FOR MONITORING PURPOSES

Menu Detail

Date: 03-15-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Vegetables							
Roasted Potatoes, 1/2 Cup	82236	0.5 Cup	100	58.454	13.393	0.962	0.459
Green Pepper Strips, 1/4 Cup	82241	1/4 Cup	100	14.175	3.289	1.205	1.701
Fruit							
Menu 119; Fruit, Cantaloupe, 1/2 Cup	82208	1/2 Cup	100	54.969	13.193	1.455	12.708
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Misc.							
Menu 242; Eggs, Scrambled w/ Red Pepper, 1/4 Cup	1481553	1/4 Cup	100	98.186	0.052	0.018	0.036
Menu 098; WG Pancakes (2)	82057	2 Each	100	159.891	30.646	3.997	5.330
Maple Syrup, Breakfast, Smuckers, Packet, 1 Each	82099	1 each	100	80.000	21.000	0.000	21.000
Total			100				
Weighted Daily Average				563.675	95.671	7.637	54.533
% of Calories					67.891%		

*Indicates missing Nutrient information

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Menu Detail

Date: 03-18-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Lunch Entree							
Fajita Seasoned Chicken B, 2 oz	1317181	2 oz	100	110.163	1.349*	0.457*	0.101*
Vegetables							
Veg, Carrots, Baby, 1/4 Cup	82244	1/4 Cup	100	12.799	2.957	1.049	0.000
Peppers & Onions, 1/2 Cup	82203	1/2 Cup	100	37.463	3.122	0.780	0.000
Fruit							
Orange Slices, 4 Each	82042	4 Each	100	110.109	14.986	2.794	11.379
Grains							
Menu 013; Bread, Bun, Hamburger, WG, 1 each	82047	1 each	100	143.683	25.876	2.591	3.304
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	1	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	98	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	1	80.000	11.000	0.000	11.000
Total			100				
Weighted Daily Average				533.717	68.13*	7.671*	32.654*
% of Calories					51.061%		

* Indicates missing Nutrient Information

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Menu Detail

Date: 03-19-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Lunch Entree							
Menu 050; Chicken, Nuggets, WG, 4 Each	82068	4 Each	100	198.261	13.217	2.478	0.826
Vegetables							
Lemony Chickpea Salad, 1/4 cup	1075166	1/4 Cup	100	89.228	8.204	2.526	0.553
Peas, 1/2 Cup	82237	1/2 Cup	100	48.783	8.363	4.181	1.394
Fruit							
Pear Slices, 4 Each	1352678	4 Each	100	57.399	15.337	3.122	9.818
Grains							
WG Bread, 1 Slice	82064	1 Slice	100	71.310	13.230	1.400	1.440
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	1	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	98	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	1	80.000	11.000	0.000	11.000
Misc.							
Chup Packet, 1 Each	82287	1 Each	100	10.000	2.000	0.000	2.000
Total			100				
Weighted Daily Average				594.481	80.191	13.707	33.901
% of Calories					53.957%		

* Indicates missing Nutrient Information

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Menu Detail

Date: 03-20-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Lunch Entree							
WG Turkey Tinga Quesadilla, 1 Each	1481344	1 each	100	292.649	23.812	2.149	0.410
Vegetables							
Beans, Black, Seasoned, 1/4 cup	1365660	1/4 cup	100	107.067	8.852	2.212	0.357
Veg, Corn Salad, 1/2 Cup	82321	1/2 Cup	100	97.483	14.819	0.914	0.318
Fruit							
Menu 316; Apple Slices, 1/2 Cup	82138	4 Slices	100	42.094	9.877	2.032	6.960
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	1	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	98	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	1	80.000	11.000	0.000	11.000
Total			100				
Weighted Daily Average				658.793	77.2	7.307	25.914
% of Calories					46.874%		

* Indicates missing Nutrient Information

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Menu Detail

Date: 03-21-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Lunch Entree							
MMA 017; Chicken, Thigh, Teriyaki, 2 oz	91985	2 ounce	100	178.169	1.337	0.010	1.014
Vegetables							
Menu 070; Veg, Broccoli, 1/2 Cup	82243	1/2 Cup	100	27.272	5.326	2.085	1.364
Red Pepper Strips, 1/4 Cup	84940	1/4 Cup	100	18.027	3.507	1.221	2.442
Fruit							

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Menu 119; Fruit, Cantaloupe, 1/2 Cup	82208	1/2 Cup	100	54.969	13.193	1.455	12.708
Grains							
Menu 036; Rice, Brown, 3/4 Cup	92019	3/4 Cup	100	162.544	34.421	0.956	0.000
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	1	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	98	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	1	80.000	11.000	0.000	11.000
			100				
Weighted Daily Average				560.482	77.623	5.728	35.398
% of Calories					55.397%		

* Indicates missing Nutrient Information

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Menu Detail

Date: 03-22-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Lunch Entree							
Sauce, Chili Mac, 1 Cup	1473472	1 cup	100	86.376	11.812	3.204	5.024
Vegetables							
Veg, Carrots, Baby, 1/2 Cup	82199	1/2 Cup	100	25.597	5.915	2.097	0.000
Veg, Celery, 1/4 Cup	1078402	1/4 Cup	100	4.040	0.750	0.404	0.338
Fruit							
Menu 258; Fruit, Fruit Salad, CHP, 1/2 Cup	84783	1/2 Cup	100	60.461	15.331	1.577	12.934
Grains							
WG Elbow Pasta, 1/2 Cup	1344601	1/2 CUP	100	90.307	19.566	3.010	1.003
WG Breadstick, Rich's, Garlic & Herb	1291269	1 each	100	60.000	12.000	1.000	0.000
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	1	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	98	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	1	80.000	11.000	0.000	11.000
Misc.							
Menu 261; Cheese, Cheddar, Shredded, 1/2 Oz	88225	1/2 Ounce	100	55.687	0.000	0.000	0.000
Total			100				
Weighted Daily Average				491.027	87.177	9.743	34.32
% of Calories					71.016%		

* Indicates missing Nutrient Information

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Menu Detail

Date: 03-25-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Lunch Entree							
Beef Burger & American Cheese, 1 Each	1168773	1 Each	100	245.000	0.500	0.000	0.500
Vegetables							
Veg, Sweet Potato, Fries, 1/2 Cup	82297	1/2 Cup	100	111.944	17.591	2.399	3.998
Vegetarian Baked Beans 1/4 Cup	1343217	1/4 Cup	100	72.097	12.875	3.755	5.311
Fruit							
Orange Slices, 4 Each	82042	4 Each	100	110.109	14.986	2.794	11.379
Grains							
Menu 013; Bread, Bun, Hamburger, WG, 1 each	82047	1 each	100	143.683	25.876	2.591	3.304
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	1	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	1	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	98	80.000	11.000	0.000	11.000
Misc.							
Ketchup Packet, 1 Each	82287	1 Each	100	10.000	2.000	0.000	2.000
Mustard Packet, 1 Each	82385	1 Each	100	0.000	0.000	0.000	0.000
Total			100				
Weighted Daily Average				819.842	84.358*	12.183*	34.221*
% of Calories					41.158%		

* Indicates missing Nutrient Information

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Menu Detail

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Lunch Entree							
Orange Breaded Chicken, Nugget, NSLP K-8	1472839	4 each	100	209.645	16.078	2.485*	3.356
Vegetables							
Green Beans, 1/2 Cup	82175	1/2 Cup	100	23.625	4.725	1.575	1.575
Veg, Edamame, 1/4 Cup	82141	1/4 Cup	100	43.013	3.519	1.955	0.782
Fruit							
Menu 008; Fruit, Appleberry Sauce, 1/2 Cup, Corn	1320355	1/2 Cup	100	49.403	12.849	2.065	8.671
Grains							
(not so) Fried Rice, 3/4 Cup	258424	3/4 cup	100	279.025	58.425	2.672	3.400
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	1	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	1	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	98	80.000	11.000	0.000	11.000
Total							
			100				
Weighted Daily Average				685.411	106.706	10.753*	28.864
% of Calories					62.273%		

* Indicates missing Nutrient Information

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Menu Detail

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Lunch Entree							
Mostaccioli, WG, 3/4 cup	1332511	3/4 cup	100	327.138	36.480	5.452	4.634
Vegetables							
Peas, 1/2 Cup	82237	1/2 Cup	100	48.783	8.363	4.181	1.394
Steamed Carrots, Honey, 1/4 Cup	1362370	1/4 Cup	100	29.865	7.704	1.189	4.096
Fruit							
Fruit, Pears Slices 4 each	1352678	14 each	100	57.399	15.337	3.122	9.818
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	1	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	1	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	98	80.000	11.000	0.000	11.000
Total							
			100				
Weighted Daily Average				585.873	90.205	15.504	39.474
% of Calories					61.587%		

* Indicates missing Nutrient Information

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Menu Detail

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Lunch Entree							
Jerk Glaze Chicken, 2 oz	1481332	2 oz	100	185.484	3.222	0.393*	2.096
Vegetables							
Veg, Corn, 1/2 Cup	82127	1/2 Cup	100	60.443	14.356	0.755	0.000
Pineapple & Jicama, Pico De Gallo, 1/4 cup	1453474	1/4 cup	100	46.089	11.558	2.516	6.729
Fruit							
Menu 119; Fruit, Cantaloupe, 1/2 Cup	82208	1/2 Cup	100	54.969	13.193	1.455	12.708
Grains							
Arroz Verde Rice, 3/4 cup	1481320	3/4 cup	100	164.791	34.814	1.067	0.032
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	1	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	1	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	98	80.000	11.000	0.000	11.000
Total							
			100				
Weighted Daily Average				592.475	88.254	6.186*	32.644
% of Calories					59.583%		

* Indicates missing Nutrient Information

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Menu Detail

Date: 03-29-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Lunch Entree							
Pizza, Cheese, Garlic Herb Breadstick Base	1305148	1 pizza	100	329.935	30.386	2.858	2.274
Vegetables							
Menu 070; Veg, Broccoli, 1/2 Cup	82243	1/2 Cup	100	27.272	5.326	2.085	1.364
Cucumber Slices, 1/4 Cup	82220	1/4 Cup	100	6.446	1.560	0.215	0.718
Fruit							
Menu 258; Fruit, Fruit Salad, CHR, 1/2 Cup	84783	1/2 Cup	100	60.461	15.331	1.577	12.934
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	1	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	1	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	98	80.000	11.000	0.000	11.000
Total			100				
Weighted Daily Average				504.815	63.713	6.736	28.369
% of Calories					50.485%		

* Indicates missing Nutrient Information

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Nutrient Detail Report

Organization: Gourmet Gorilla
Session: 2023-24 School Year
Menu: NSLP Cold Pack Breakfast, SY
23-24 Number Source: Planned
Dates: 03-04-2024 to 03-29-2024

Nutrient Summary

Date(s): 03-04-2024 to 03-29-2024

Nutrient	Menu Average	% of Calories	Target	Pass / Fail	Shortfall / Overage	Notes / Errors
Calories (kcal)	540.779		450 min / 500 max			
Protein (g)	16.243*	12.015%				
Total Fat (g)	8.893	14.801%				
Saturated Fat (g)	3.847	6.403%	< 10%	Pass		
Trans Fat (g)	0.000					
Carbohydrates (g)	94.651*	70.011%				
Cholesterol (mg)	33.049*					
Sodium (mg)	390.913		≤ 540	Pass		
Potassium (mg)	295.578*					
Fiber (g)	10.031*					
Sugars (g)	57.790*					
Iron (g)	3.476*					
Calcium (mg)	473.594*					
Vitamin A (IU)	1,133.510*					
Vitamin C (mg)	88.550*					
Vitamin D (mcg)	1.189*					

* Indicates missing Nutrient Information.

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Menu Detail

Date: 03-04-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Breakfast Entree							
Corn Flakes, 1 cup	1192391	1 cup	100	110.000	26.000	1.000	2.000
Fruit							
Menu 008; Fruit, Appleberry Sauce, 1/2 Cup	82211	1/2 cup	100	47.977	13.348	1.138	11.025
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Misc.							
Menu 277; Cheese, String, 1 Each	82098	1 Each	100	80.000	1.000	0.000	0.000
Total			100				
Weighted Daily Average				548.107	87.935	9.413	47.994
% of Calories					64.174%		

* Indicates missing Nutrient Information.

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Menu Detail

Date: 03-05-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Raisin, Box, 1.3 oz	1291828	1 each	100	42.094	9.877	2.032	6.960
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Grains							
Darlington Bar, Apple	1075176	1 each	100	280.000	46.000	2.000	18.000
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Total			100				
Weighted Daily Average				570.091	101.827	9.651	59.575
% of Calories					71.446%		

* Indicates missing Nutrient Information.

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Menu Detail

Date: 03-06-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Breakfast Entree							
Peach GrowYo, Bulk, 1/2 cup	288269	1/2 cup	100	90.000	17.000	0.000	8.000
Fruit							
Orange Slices, 4 Each	82042	4 Each	100	110.109	14.986	2.794	11.379
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Grains							
Granola Crumble, 1 oz	82137	1 oz	100	132.132	22.214	1.125	7.591
Milk							
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	20	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	30	110.000	13.000	0.000	12.000
Total			100				
Weighted Daily Average				579.239	99.449	9.538	60.985
% of Calories					68.675%		

* Indicates missing Nutrient Information

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Menu Detail

Date: 03-07-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Breakfast Entree							
Menu 140; Apple Bread,Big, 32 cut, 2 each	365171	2 each	100	241.609	35.798	3.251	17.025
Fruit							
Menu 119; Fruit, Cantaloupe, 1/2 Cup	82208	1/2 Cup	100	54.969	13.193	1.455	12.708
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Total			100				
Weighted Daily Average				544.576	94.94	10.325	64.348
% of Calories					69.735%		

* Indicates missing Nutrient Information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY NOT FOR MONITORING PURPOSES.

Menu Detail

Date: 03-08-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Menu 132; Honeydew, CC, 1/2 Cup	82124	1/2 Cup	100	44.861	11.327	0.997	10.119
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Grains							
Grain 017; Blueberry Muffin, Big	82103	1 EACH	100	237.400	36.845	3.305	18.684
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Total			100				
Weighted Daily Average				530.259	94.122	9.921	63.417
% of Calories					71%		

* Indicates missing Nutrient Information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY NOT FOR MONITORING PURPOSES.

Menu Detail

Date: 03-11-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Menu 114; Fruit, Applesauce, 1/2 Cup	82082	1/2 Cup	100	50.000	14.000	1.000	12.000
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Grains							
Cereal, Toasted Oats, Bulk, 1 cup	1207704	1 cup	100	120.000	22.400	3.200	0.800
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Misc.							
Menu 277; Cheese, String, 1 Each	82098	1 Each	100	80.000	1.000	0.000	0.000
Total			100				
Weighted Daily Average				497.998	83.349	9.819	47.415
% of Calories					66.947%		

* Indicates missing Nutrient Information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY NOT FOR MONITORING PURPOSES

Menu Detail

Date: 03-12-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Menu 316; Apple Slices, 1/2 Cup	82138	4 Slices	100	42.094	9.877	2.032	6.960
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Grains							
Big Strawberry Muffin	1003494	1 Each	100	197.301	30.895	3.351	12.541
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Total			100				
Weighted Daily Average				487.393	86.721	11.002	54.116
% of Calories					71.171%		

* Indicates missing Nutrient Information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY NOT FOR MONITORING PURPOSES

Menu Detail

Date: 03-13-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Breakfast Entree							
Darlington Bar, Chocolate	82101	1 each	100	280.000	46.000	2.000	19.000
Fruit							
Pear Slices, 4 Each	1352678	4 Each	100	57.399	15.337	3.122	9.818
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Milk							
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	20	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	30	110.000	13.000	0.000	12.000
Total			100				
Weighted Daily Average				584.397	106.586	10.741	62.834
% of Calories					72.954%		

* Indicates missing Nutrient Information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY NOT FOR MONITORING PURPOSES

Menu Detail

Date: 03-14-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Menu 132; Honeydew, CC, 1/2 Cup	82124	1/2 Cup	100	44.861	11.327	0.997	10.119
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Grains							
WG Bagel, IW, 1 Each	1034987	1 Each	100	140.000	28.000	4.000	5.000
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Misc.							
Menu 219; Cheese, Cream Cheese, 1 Tablespoon	82392	1 Tablespoon	100	44.444	0.988	0.000	0.494
Total			100				
Weighted Daily Average				477.303	86.264	10.616	50.228
% of Calories					72.293%		

* Indicates missing Nutrient Information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY NOT FOR MONITORING PURPOSES

Menu Detail

Date: 03-15-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Menu 258; Fruit, Fruit Salad, CHP, 1/2 Cup	84783	1/2 Cup	100	60.461	15.331	1.577	12.934
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Misc.							
Triple Berry Crunch Breakfast Bar, 1 each	1363194	1 serving	100	240.000	43.000	2.000	17.000
Total			100				

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Weighted Daily Average				548.459	104.28	9.196	64.549
% of Calories					76.053%		

* Indicates missing Nutrient Information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY. NOT FOR MONITORING PURPOSES.

Menu Detail

Date: 03-18-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Breakfast Entree							
Corn Flakes, 1 cup	1192391	1 cup	100	110.000	26.000	1.000	2.000
Fruit							
Menu 246; Fruit, Applesauce, Cup, 1 Each	82120	1 Each	100	50.000	14.000	1.000	12.000
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Misc.							
Menu 277; Cheese, String, 1 Each	82098	1 Each	100	80.000	1.000	0.000	0.000
Total			100				
Weighted Daily Average				487.998	86.949	7.619	48.615
% of Calories					71.27%		

* Indicates missing Nutrient Information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY. NOT FOR MONITORING PURPOSES.

Menu Detail

Date: 03-19-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Menu 008; Fruit, Appleberry Sauce, 1/2 Cup	82211	1/2 Cup	100	47.977	13.348	1.138	11.025
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Grains							
Strawberry Banana Bread, Big, 2 each	1417168	2 EACH	100	348.776	49.286	4.370	23.498
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Total			100				
Weighted Daily Average				634.748	106.693	11.127	68.248
% of Calories					67.235%		

* Indicates missing Nutrient Information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY. NOT FOR MONITORING PURPOSES.

Menu Detail

Date: 03-20-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Craisins, 1 each	344852	1 Each	100	110.00	27.000	2.000	24.000
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Grains							
Granola Crumble, 1 oz	82137	1 oz	100	132.132	22.214	1.125	7.591
Milk							
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	20	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	30	110.000	13.000	0.000	12.000
Misc.							
Menu 310; Yogurt, Vanilla, 1/2 Cup	82932	1/2 cup	100	90.000	17.000	0.000	8.000
Total			100				
Weighted Daily Average				579.239	99.449	9.538	60.985
% of Calories					68.675%		

* Indicates missing Nutrient Information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY. NOT FOR MONITORING PURPOSES.

Menu Detail

Date: 03-21-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Menu 132; Honeydew, CC, 1/2 Cup	82124	1/2 Cup	100	44.861	11.327	0.997	10.119
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Grains							
Cherry Apple Crunch Breakfast Bar, 1 each	1363184	1 serving	100	240.000	43.000	2.000	17.000

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Total			100				
Weighted Daily Average				532.859	100.276	8.616	61.734
% of Calories					75.274%		

* Indicates missing Nutrient Information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY NOT FOR MONITORING PURPOSES

Menu Detail

Date: 03-22-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Menu 316; Apple Slices, 1/2 Cup	82138	4 Slices	100	42.094	9.877	2.032	6.960
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Grains							
Grow Bar, Apple Orchard, 1 each 2019	82235	1 each	100	161.114	23.809	2.338	9.828
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Total			100				
Weighted Daily Average				451.205	79.636	9.989	51.403
% of Calories					70.598%		

* Indicates missing Nutrient Information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY NOT FOR MONITORING PURPOSES

Menu Detail

Date: 03-25-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Menu 114; Fruit, Applesauce, 1/2 Cup	82082	1/2 Cup	100	50.000	14.000	1.000	12.000
Grains							
Cereal, Toasted Oats, Bulk, 1 cup	1207704	1 cup	100	120.000	22.400	3.200	0.800
Milk							
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Misc.							
Menu 277; Cheese, String, 1 Each	82098	1 Each	100	80.000	1.000	0.000	0.000
Total			100				
Weighted Daily Average				497.998	83.349	9.819	47.415
% of Calories					66.947%		

* Indicates missing Nutrient Information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY NOT FOR MONITORING PURPOSES

Menu Detail

Date: 03-26-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Orange Slices, 4 Each	82042	4 Each	100	110.109	14.986	2.794	11.379
Grains							
Blueberry Lemon Muffin, Big, 1 Each	1171899	1 Each	100	233.002	30.338*	3.189*	12.352*
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Total			100				
Weighted Daily Average				591.109	91.274*	11.602*	58.347*
% of Calories					61.764%		

* Indicates missing Nutrient Information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY NOT FOR MONITORING PURPOSES

Menu Detail

Date: 03-27-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Menu 316; Apple Slices, 1/2 Cup	82138	4 Slices	100	42.094	9.877	2.032	6.960
Grains							
WG Bagel, IW, 1 Each	1034987	1 Each	100	140.000	28.000	4.000	5.000
Milk							
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Misc.							
Menu 219; Cheese, Cream Cheese, 1 Tablespoon	82392	1 Tablespoon	100	44.444	0.988	0.000	0.494
Total			100				
Weighted Daily Average				474.536	84.814	11.651	47.069
% of Calories					71.492%		

* Indicates missing Nutrient Information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY NOT FOR MONITORING PURPOSES.

Menu Detail

Date: 03-28-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Menu 109; Pineapple, CC, 1/2 Cup	82190	1/2 Cup	100	96.304	25.270	2.697	18.972
Grains							
Granola Crumble, 1 oz	82137	1 oz	100	132.132	22.214	1.125	7.591
Milk							
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Misc.							
Menu 301; Yogurt, Strawberry, 1/2 cup	82407	1/2 cup	100	90.000	17.000	0.000	8.000
Total			100				
Weighted Daily Average				566.434	110.433	9.441	69.178
% of Calories					77.985%		

* Indicates missing Nutrient Information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY NOT FOR MONITORING PURPOSES

Menu Detail

Date: 03-29-2024

Recipe Name	Recipe #	Portion Size	Plan Quantity	Calories (kcal)	Carbohydrates (g)	Fiber (g)	Sugars (g)
Fruit							
Whole Fruit, 1 Each	82050	1 Each	100	149.998	31.849	5.619	21.315
Menu 132; Honeydew, CC, 1/2 Cup	82124	1/2 Cup	100	44.861	11.327	0.997	10.119
Grains							
Banana Bread, Big, 2 each	365173	2 EACH	100	338.774	47.396	4.370	22.608
Milk							
Milk, Skim, Chocolate, Half Pint, Deans	82086	1 each	30	120.000	20.000	0.000	18.000
Milk, 1%, Sassy Cow, Half Pint	82074	1 Each	20	110.000	13.000	0.000	12.000
Milk, Skim, Half Pint, Prime	82089	1 each	50	80.000	11.000	0.000	11.000
Total			100				
Weighted Daily Average				631.632	104.672	10.986	67.342
% of Calories					66.287%		

* Indicates missing Nutrient Information

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY NOT FOR MONITORING PURPOSES

Attachment 3
Local Food Products





Commitment to Local Food Products, Purchase, Opportunity Buys, Relationships, and Reporting

Gourmet Gorilla is committed to providing nutritious and sustainable food services to the Intrinsic Schools. Our Good Food Purchasing Implementation Plan (GFPP) is designed to align with the Good Food Purchasing Program (GFPP) guidelines and focuses on local purchasing processes and local sourcing.

Our local purchasing process emphasizes supporting regional agriculture and fostering partnerships with local producers. The key elements of our local purchasing process will include:

Vendor Selection: We will prioritize vendors that are located within a 250-mile radius ensuring that we source the majority of our ingredients from local farmers, producers, and distributors.

Seasonal Menu Planning: Our menu planning process will take into account the seasonality of ingredients, ensuring that we use locally available produce at the peak of freshness and nutritional content.

Tracking and Reporting: We maintain detailed records of our local purchases, including the origin and volume of products, to ensure transparency and adherence to our local purchasing commitments using our custom developed procurement and inventory software.



Local Sourcing

Our local sourcing strategy encompasses the following key principles:

Supplier Relationships: We establish long-term relationships with local suppliers that share our commitment to sustainability, quality, and social responsibility.

Sustainable Practices: We prioritize suppliers that utilize sustainable farming practices, such as organic or regenerative agriculture, to minimize environmental impacts and ensure the long-term viability of our food system.

Fair Labor Practices: We work with suppliers that demonstrate a commitment to fair labor practices, including safe working conditions, fair wages, and equal opportunity employment.

Community Engagement: We participate in local food initiatives and collaborate with community organizations to increase awareness of the importance of local sourcing and its benefits to the local economy and environment. Including sitting on the board of Illinois Stewardship Council, founding members of the Great Lakes Food Hub Network, work with Fresh Taste Initiative, Founding members of the Artisan Grain Collaborative.

Gourmet Gorilla was selected as a HUFED grant awardee for its work with local food access. HUFED "Healthy Urban Food Enterprise Development" is a sub-grant program funded by the United States Department of Agriculture (USDA). The primary goal of the HUFED program was to enhance access to healthy, affordable, and locally produced food in underserved communities, particularly in urban areas.

The program achieves this by supporting the development of food enterprises that source, process, and distribute healthy and local food, thereby creating new market opportunities for local producers and improving food security in these communities.



Local Sourcing, cont

In addition Gourmet Gorilla was recently an awardee of a FLO grant. Food:Land:Opportunity or (FLO) is a collaborative initiative in the Chicago region that aims to create a resilient local food economy and a healthy, equitable, and sustainable food system. This initiative is led by the Kinship Foundation and the Chicago Community Trust, in partnership with Delta Institute, and is supported by the Searle Funds at The Chicago Community Trust.

FLO focuses on the connection between food, land, and opportunity by:

Supporting sustainable agricultural practices: FLO encourages and supports local farmers to adopt sustainable farming practices that protect the environment, conserve natural resources, and promote biodiversity.

Facilitating land access: FLO works to increase access to land for local food production by connecting farmers and landowners, providing resources, and assisting with land acquisition and leasing.

Strengthening the local food supply chain: FLO supports the development of infrastructure and networks to improve the distribution, processing, and marketing of local food products, reducing waste, and increasing food security.

Encouraging local food demand:

FLO collaborates with various stakeholders, including institutions, businesses, and consumers, to raise awareness about the benefits of local food and stimulate demand for locally produced, sustainable, and healthy food options.

Providing resources and technical assistance: FLO offers resources, technical assistance, and funding opportunities to help farmers, food entrepreneurs, and other stakeholders implement innovative solutions that contribute to a more resilient and sustainable local food system. Through these efforts, Food:Land:Opportunity aims to create a vibrant and resilient local food economy, protect and conserve critical land and water resources, and improve access to healthy, sustainably produced food in the Chicago region.

Gourmet Gorilla's work with this grant was to develop and design an online portal for SNAP / EBT home delivery after recognizing that its infrastructure that was used during the pandemic proved useful in providing food access while schools were closed down. Gourmet Gorilla's goal is to continue to provide food access within the communities it serves school meals through its initiative with this grant to get online certified for SNAP EBT. The program is called Gorilla to Go. and will sell online fresh local groceries and other minimally processed items that are sourced from in and around the midwest region.



Local Purchasing Agreements

Here are some examples of Gourmet Gorillas local and regional sourcing partners.

- **Producer of TOFU Products**
- **Phoenix Bean <https://www.phoenixbean.com/> HACCP/SQF**
- **Miller of regionally sourced grains**
- **Meadow Lark <https://www.meadowlarkmill.com/> GFSI**
- **Sassy Cow <https://sassycowcreamery.com/> GAP**
- **Broadline distributor focused on local farms and manufacturers**
- **Local Foods <https://localfoods.com/> GAP/HACCP**
- **Broaline distributor focused on local and national farms and manufacturers.**
- **Testa Produce <http://www.testaproduce.com/> GAP**



Plan for Obtaining and Menu Flexibility in Incorporating and Promoting Local Products During Service

Gourmet Gorilla is committed to incorporating local products, seasonal availability, and home-grown harvest into our menu offerings. Our plan aims to maximize the use of local and sustainable ingredients while maintaining flexibility in response to opportunity buys and changing seasonal availability. The following strategies will be employed to achieve this goal:

Establish strong relationships with local farmers and vendors: By building and maintaining close partnerships with local suppliers, we can stay informed about opportunity buys, seasonal products, and advance purchase reservations. Regular communication with our suppliers will enable us to adapt our menu offerings to incorporate available ingredients and support local agriculture.

Seasonal menu planning: Our culinary team will develop seasonal menus that highlight the availability of local produce and ingredients. By designing menus around the natural growing cycles of fruits and vegetables, we can offer fresh, nutrient-dense meals that celebrate the flavors of each season and comply with USDA requirements.

Advance purchase reservations: To secure access to seasonal ingredients and support local farmers, we will work with our suppliers and farmers to reserve products in advance. This approach allows us to plan our menus around the availability of local ingredients, ensuring a consistent supply of fresh, high-quality produce throughout the year. In addition it allows the farms to plan their crops accordingly. This becomes more relevant at scale. Gourmet Gorilla does not anticipate that sourcing will be an issue with respect to quantity. The main issue likely be the contrary. Sourcing enough ingredients to justify the logistics costs of bringing the ingredients to the school for value added processing. This can be solved by adding our existing volume requirements or using a distributor that has relationships and orders with specific regional farms.

Regular review and adaptation: Our team will regularly review and evaluate our sourcing and menu planning strategies to ensure they remain aligned with our commitment to local, sustainable ingredients. We will adapt our approach as needed to take advantage of new opportunities and address any challenges that arise.



Experience and Commitment to Sustainable Organic/Local Products

Established partnerships with local farms and producers: We have built strong relationships with local farms and producers that prioritize sustainable and organic practices. This allows us to source fresh, high-quality ingredients that align with our values and commitment to sustainability.

- **Producer of TOFU Products**
- **Phoenix Bean** <https://www.phoenixbean.com/> HACCP/SQF
- **Miller of regionally sourced grains**
- **Meadow Lark** <https://www.meadowlarkmill.com/> GFSI
- **Sassy Cow** <https://sassycowcreamery.com/> GAP
- **Broadline distributor focused on local farms and manufacturers**
- **Local Foods** <https://localfoods.com/> GAP/HACCP
- **Broaline distributor focused on local and national farms and manufacturers.**
- **Testa Produce** <http://www.testaproduce.com/> GAP

Seasonal menu planning: By focusing on seasonal ingredients, Gourmet Gorilla creates menus that highlight local produce when it's at its peak freshness and flavor. This approach not only supports local farmers but also reduces the environmental impact associated with transporting food over long distances.

Sourcing organic and sustainable ingredients: We carefully select our suppliers to ensure that they adhere to high standards of organic and sustainable production. By partnering with these suppliers, we can provide our clients with meals that are not only delicious but also contribute to a healthier planet.

Promoting local products and suppliers: We understand the importance of supporting our local community and economy. To this end, we actively promote local products and suppliers in our menus and marketing materials, helping to raise awareness of the benefits of choosing locally produced food.

Education and training: Our team is well-versed in sustainable and organic food practices, allowing us to make informed decisions when it comes to sourcing ingredients and planning menus. We also provide ongoing training to ensure that our staff remains up-to-date with the latest trends and best practices in sustainable and organic food production.

Attachment 4 & 5

Hormone/Pest Practices and Animal Welfare





Commitment to Stewardship

Sourcing from sustainable farms: We prioritize sourcing our ingredients from farms that practice sustainable agriculture, focusing on soil health, water conservation, biodiversity, and reduced chemical inputs. By partnering with these farms, we support environmentally responsible practices that protect the land and ensure the long-term availability of safe, nutritious food.

Organic and pesticide-free produce: Whenever possible, we strive to serve organic or pesticide-free produce to minimize exposure to harmful chemicals. Our procurement team actively seeks out suppliers that adhere to stringent organic certification standards or use alternative pest management strategies that prioritize child health and environmental safety.

Promoting regenerative agriculture: We recognize the importance of regenerative agriculture in restoring soil health, sequestering carbon, and supporting thriving ecosystems. As part of our commitment to good stewardship, we actively seek partnerships with farmers and suppliers who implement regenerative practices such as cover cropping, no-till farming, and agro-forestry.

Education and awareness: Gourmet Gorilla is dedicated to raising awareness about the importance of sustainable agriculture and safe food practices. We create and distribute educational materials for students, staff, and parents that highlight the benefits of sustainably grown produce and the potential health risks associated with chemical exposure.

Continuous improvement: We continually evaluate and improve our sourcing practices to ensure that we are upholding our commitment to good stewardship and child health. This includes regularly reviewing our supplier network, staying informed about the latest research on sustainable agriculture and food safety, and adapting our procurement strategies as needed.

Hormone-free procurement commitment: Gourmet Gorilla, as a Food Service Management Company (FSMC), prioritizes the procurement of hormone-free proteins and dairy products wherever feasible, reflecting its commitment to the health and well-being of the students it serves. By sourcing from suppliers who adhere to the highest standards of food safety and animal welfare, Gourmet Gorilla ensures that the meals provided are nutritious, delicious, and ethically responsible. This approach underscores Gourmet Gorilla's dedication to offering the cleanest and most wholesome ingredients, aligning with its commitment to excellence in school nutrition and the overall health of students. <https://dev-new.miturkey.com/products/golden-legacy-ready-to-eat/rwa-rte>



Certification and Documentation

Some of the certifications Gourmet Gorilla will look for in its supply partners products and services include.

USDA Organic: This certification, regulated by the United States Department of Agriculture, ensures that the food is produced without synthetic fertilizers, sewage sludge, irradiation, and genetic engineering, and emphasizes the use of renewable resources and conservation of soil and water.

Non-GMO Project Verified: This label indicates that a product has been tested and meets the Non-GMO Project's rigorous standard for GMO avoidance.

Fair Trade Certified: Fair Trade certification ensures that producers receive fair prices for their products, work in safe conditions, and follow environmentally responsible practices.

Marine Stewardship Council (MSC) Certified: The MSC label indicates that seafood products are sourced from sustainable and well-managed fisheries that minimize environmental impact.

Aquaculture Stewardship Council (ASC) Certified: The ASC certification promotes responsible aquaculture practices, ensuring that fish farms operate with minimal environmental impact and high standards for animal welfare.

Rainforest Alliance Certified: This certification ensures that agricultural products are grown on farms that protect wildlife, conserve natural resources, and support the well-being of workers and local communities.

Certified Humane Raised & Handled: This label indicates that the animals were raised in humane conditions, with access to clean water, a healthy diet, and space to engage in natural behaviors.

Global Animal Partnership (GAP) Certified: GAP is a comprehensive animal welfare certification program that evaluates farms on a tiered rating system based on the animals' living conditions and treatment.

B Corporation Certification: B Corp certification is awarded to companies that meet high standards of social and environmental performance, accountability, and transparency.

Demeter Biodynamic Certification: This certification ensures that food products are produced using biodynamic agricultural practices, which emphasize soil health, biodiversity, and self-sustaining farming systems.

Attachment 6

Contracting with Small and Minority Businesses, Women's Business Enterprises, and Labor Surplus Area Firms

**Gourmet Gorilla does not have direct contracts
with the following firms, but has agreements to
purchase with these vendors.**

- Common Market
- Phoenix Bean
- Midwest Foods
- Gourmet Gorilla
- New SBL
- Sabinas Foods
- Diamond Waste
- Stoneward





State of Illinois Commission on Equity and Inclusion
Business Enterprise Program
100 W. Randolph St., Suite 4-100, Chicago, IL 60601
www.cei.illinois.gov

May 4, 2023

Danielle Hrzic
Gourmet Gorilla, Inc
1074 W. Taylor St.
PO Box 126
Chicago, IL 60607

Dear Business Owner:

Re: **NCA Certification Approval** Women Business Enterprise (WBE)
Certification Term Expires: June 4, 2024

Congratulations! After reviewing the No-Change Affidavit (NCA) information you supplied, we are pleased to inform you that your firm has been granted continued certification under the Business Enterprise Program (BEP) for Minorities, Females and Persons with Disabilities.

This certification is in effect with the State of Illinois until the date specified above as long as you continue to submit annual No-change Affidavits and are found to still meet the requirements of the Program.

Your firm's name will appear in the State's Directory as a certified vendor with the BEP in the specialty area(s) of:

NIGP 95284: SUPPLEMENTAL FOOD SERVICES
NIGP 96115: CONCESSIONS, CATERING, VENDING: MOBILE AND STATIONARY (SEE CLASS 905 FOR AIRPORT CONCESSIONS)
NIGP 96138: FOOD PREPARATION SERVICES, INCLUDING FOOD CANNING SERVICES
NIGP 96219: CAFETERIA AND RESTAURANT SERVICES

Also, please be advised that this certification does not guarantee that you will receive a State contract. Please visit the Vendor Registration page on www.opportunities.illinois.gov and be sure to register with each of the Procurement Bulletins listed so that you are notified of upcoming solicitations in your NIGP codes. Certification with the Business Enterprise Program does not ensure you receive notifications; you must also register with the Procurement Bulletins.

Thank you for your participation in the BEP. We welcome your participation and wish you continued success.

Sincerely,

A handwritten signature in black ink, appearing to read "Carlos Gutiérrez".

Carlos Gutiérrez
Certification Manager
Business Enterprise Program

Attachment 7

Corporate Capability and Experience



Documentation of Experience

Number of Meals Served Daily

	Year	Meals/Day
1	2009	300
2	2010	750
3	2011	1500
4	2012	3500
5	2013	6500
6	2014	9000
7	2015	16000
8	2016	20000
9	2017	25000
10	2018	30000
11	2019	40000
12	2020	1,000,000 (pandemic relief)
13	2021	40,000
14	2022	43,000
15	2023	46,000



Gourmet Gorilla serves over 300 sites, including early childcare facilities, elementary schools, high schools, community centers and after school programs. Gourmet Gorilla has experience in producing meals from scratch, delivering them and managing onsite cooking.





Documentation of experience as outlined in company history

As previously documented throughout this proposal, Gourmet Gorilla has been an active stakeholder in the local school food service area for over 14 years, serving millions of meals to students throughout Northern Illinois. Overall, Gourmet Gorilla's experience is a testament to the power of innovation, commitment to quality, and dedication to customer service in building a successful food service management company that is making a positive impact in our community.

A few additional examples of the deep roots and many local organizations that Gourmet Gorilla has collaborated with over the years, highlighting their commitment to sustainability, food justice, and supporting the local community are:

- **Chicago Schools:** Gourmet Gorilla has served and partnered with over 300 Chicago area schools to provide healthy and locally sourced meals to students. It has also worked with Chicago Public Schools in providing teen summer job experience, as well as culinary and nutrition education.
- **Chicago Food Depository:** For over six years, Gourmet Gorilla has collaborated with the Chicago Food Depository to provide summer meals for their community partners, as well as being a key partner during the pandemic in ensuring food access for those in need.
- **Growing Home:** Gourmet Gorilla partners with Growing Home, a nonprofit organization that provides job training and urban farming opportunities to individuals with barriers to employment, to provide catering services for their events.
- **Artisan Grain Collaborative:** Gourmet Gorilla has worked closely with the Artisan Grain Collaborative to source high-quality, locally grown grains for its meals. The Artisan Grain Collaborative is a group of farmers, millers, and food artisans in the Midwest who are committed to promoting the use of locally grown, heirloom grains. Gourmet Gorilla has been able to source a wide variety of grains, including wheat, rye, oats, and barley. These grains are then milled into flour and other products by local millers, and are used by Gourmet Gorilla to create a variety of healthy, delicious meals for its clients.
- **USDA and FNS:** Gourmet Gorilla hosted officials from the United States Department of Agriculture (USDA) and the Food and Nutrition Service (FNS) at its central commissary in Chicago. The USDA and FNS are responsible for overseeing the National School Lunch Program (NSLP), which provides nutritious meals to millions of school children across the country and asked GG to participate in a focus group session to provide feedback on the programs and to gain a deeper understanding of how to improve its standards.



School Food Service Experience

Renewed

Amandla Charter School

Bronzeville Academy Charter School

Chicago Collegiate Charter School

Dupage County Schools

Eastbrook Academy, Inc

Polaris Charter Academy

Galapagos Rockford Charter School

Horizon Science Academy Belmont Charter School Horizon

Science Academy McKinley Charter School Intrinsic

Schools Learn Charter School Network

Legacy Academy of Excellence -Rockford

Legacy Charter School Chicago

Legal Prep Charter School

Milwaukee Math & Science Academy

Central Stickney School District 100

Bellwood School District 88

The Field School

Erie Charter School

Holy Family Charter

Did not Rebid

Namaste Charter School

Elgin Math and Science Academy

ORGANIZATIONAL CHART



SASED

Executive Leadership Team

WWW.GOURMETGORILLA.COM



Maura K. Johnson, RDN

(877) 219-3663

maura.johnson@gorillakids.com

Work Experience

Gourmet Gorilla

Director of Nutrition

April 2024- present

Assistant Director of Nutrition

July 2023-April 2024

Lead Dietitian

August 2022-July 2023

- Menu development for a commercial kitchen for over 100 menus for 50+ schools following federal guidelines for NSLP and CACFP lunch programs
- Assists schools in compiling and submitting required documentation for USDA/ISBE audits.
- Precepts dietetic interns from the UIC coordinated program for 15+ weeks
- Works with software engineers to troubleshoot internal website issues
- Creates nutrition education handouts to inform students and servers about new menu items

Dietitians at Home- Chicago, IL

September 2021- Present

Clinical Dietitian

- Provided home-based diet education and nutrition counseling for over 100 Chicago residents with multiple comorbidities including type II diabetes and chronic kidney disease
- Assisted scheduling staff in developing daily and weekly caseload and independently resolved scheduling conflicts

Villa Healthcare- Warren and Highland Park, MI

February 2020-September 2021

Clinical Dietitian

- Oversaw nutritional management for 200+ residents in two skilled nursing facilities in the metro Detroit area. Completed assessments for admissions, readmissions, and per MDS schedule.
- Assisted Dietary Manager in development of meals and recipes for 4-week cycle menus
- Monitored weekly and monthly weights for significant changes. Formulated appropriate nutritional interventions and implemented/adjusted care plans as needed to address nutritional status
- Visited with residents upon admission/ as needed to obtain meal preferences to optimize dining experience.

Interim Director of Nutritional Services (July 2021- September 2021)

- Oversaw all aspects of kitchen operation including staffing, food orders, and compliance with state/federal regulations in addition to clinical responsibilities

Office Team, Ducker Frontier-Troy, MI

October 2019-February 2020

Temporary Marketing Researcher

- Conducted telephone interviews with decision-makers in various industries
- Collaborated with other researchers and analysts to accomplish goals and meet interview quotas

Michigan Medicine University Hospital-Ann Arbor, MI

Food Service Manager- Food Procurement and Production

(Temporary) July 2019-August 2019

- Co-managed forty unionized dining services employees and delegated tasks to facilitate efficient food service operations.
- Collaborated with management teams in Patient Food Services, Meals on Wheels, and the Call Center to ensure an adequate supply of food for clients/patients.
- Audited food waste logs to suggest sustainability improvements.

Education

Bachelor of Science- Dietetics, December 2017

Certificate in Global Health, December 2017

- **University of Wisconsin-Madison**
 - Graduated with honors and distinction
- **Dietetic Internship- Michigan Medicine, Ann Arbor, MI** *August 2018-June 2019*
 - Completed 1500 supervised practice hours required for eligibility for the Registration Exam for Dietitians including 23 weeks in clinical settings, 9 weeks in food service/food service management, and 6 weeks in community nutrition.

Certifications, Skills

- Registered Dietitian (#86130585), Academy of Nutrition and Dietetics, August 2019
- Licensed Dietitian in the state of Illinois (164.008472)

Jovanny Zepeda

8026 White Avenue
Lyons, Illinois
773-318-3177
jovannyzepeda@gmail.com

Qualifications

- Team Building, Mentoring, and Leadership
- Experience managing union accounts from 120 – 280 employees.
- Experience managing culinary operations in a multi-unit, million-dollar account comprised of restaurant, commissary, catering, concessions, and Residential Dining's.
- Possess innovative and creative menu and recipe development skills.
- Listens and understands client and owner desires with regard to food taste and presentation
- Able to manage in a diverse environment with focus customer services demonstrating a solid understanding of the needs of the client while balancing the needs of the business
- Excels in directing staff and takes direction well.
- Adaptable to constant changes
- Experience with HACCP, NSF Audits, Production, Postproduction & Food Management System (Prima. Kronos, FMS)
- Excel, Power Point, Outlook.

Experience

Gourmet Gorilla

Director of Culinary Operations 2020 - Present

Flik – Compass

Senior Executive Chef 2018 – 2020

Bon Appetite

Senior Executive Chef 2017- 2018

Aramark- University of Chicago

Executive Chef 2014 – 2017

Replay at Andersonville and O'Shaughnessy's Public House

Chef Consultant 2011 - 2018

Sodexo Campus Services - IIT, Chicago IL

Campus Executive / Regional Chef Chef
2006 – 2014

Sodexo Campus Services - IIT, Chicago IL

Executive Chef – Catering & Retail 2004 - 2006

Catering by Michel's, Chicago IL

Chef Supervisor 2003 - 2004

Activity

Member and Certify Executive Chef through ACF.
Ac-tso Coach and Mentor
Pro Star Mentor
Maldafe Mentor
Sodexo Gold Medal in an intern competition

ANGELA LEKKAS

Chicago, IL | 312.753.8552 | angelalekkas@gmail.com

PROFESSIONAL EXPERIENCE

GOURMET GORILLA, INC., Chicago, IL **Chief Operating Officer**

October 2018 – Present

Oversight of operational framework, day to day management and continuous people and process improvement for food service company providing 40,000 daily meals to schools and organizations throughout Illinois and Milwaukee.

- Accountable for refining and streamlining Logistics and School Food Service departments and operations
- Oversee day-to-day operational functions, budgets and management of operations staff
- Oversee and manage day-to-day operations and services for 42 schools participating in NSLP
- Support and manage operational processes, development and continuous improvement throughout the organization
- Collaborate with Executive team and oversee the implementation of company strategies and fiscal plans
- Coach and develop operations team and collaborate with leadership to build core teams throughout the organization

SEARS HOLDINGS CORPORATION, Hoffman Estates, IL **Director of Global Sourcing and Production, 2015 – 2018**

2005-2018

Established and led strategic direction and vision, including short and long-term planning of product development and global sourcing and production strategies, and oversaw vendor development and management for \$1B apparel and hardline goods business. Managed and cultivated global team of high-performing sourcing and product managers.

- Reduced cost of goods and achieved \$35M in cost savings across division by enhancing sourcing and vendor strategies, shifting business to direct import, targeted vendor negotiations, innovative product engineering, and collaboration with other divisions on consolidation and leveraging of materials and vendor resources.
- Defined contingency plans, continually explored innovative approaches to manage cost and grow direct purchases, and traveled to factories to execute and refine product, negotiation and production strategies, realizing diversified and balanced production plan that executed quality product and mitigated risk while maximizing margin returns.
- Selected to serve on matrixed management team focused on streamlining processes, operational functions, tools, technologies and practices across company to maximize efficiency of end-to-end product lifecycle and supply chain productivity, reducing production lead times from 38 to 25 weeks.

Senior Global Sourcing and Product Development Manager, 2011 – 2015

Led highly engaged team in product development, sourcing and production for several product categories across company brands. Researched global trends and production strategies to continually seek opportunities to maximize product engineering and strategically build and refine vendor matrix to achieve balanced and competitive partnerships.

- Spearheaded cost negotiation and vendor allocation, advanced direct purchases and demonstrated continuous growth in total placement of private-label goods, recurrently achieving positive increases in retail and surplus in initial margins.
- Analyzed sourcing strategies and production techniques to identify product innovation and achieve lower cost of goods, and developed balanced production, vendor and costing strategies that achieved quality, design and business objectives.
- Initiated Time and Action calendar to reduce timeline on core programs, and partnered on initiatives that streamlined processes and refined multi-area pipeline, focusing on value-added deliverables to reduce overall production lead times.
- Awarded recognition from external and internal partners for exceeding business goals, elevating product quality, transforming and growing department, cross-functional team leadership and successfully building teams and processes.

Global Sourcing Manager, 2008 – 2011

- Cultivated strategic cross-functional relationships to expand product categories and grow business exponentially. Managed and coached dedicated team in developing and managing diverse vendor base, refining vendor negotiations and establishing diversified country of origin production, vendor and costing strategy, expanding total placement of private-label goods by 40% exceeding target margin expectations by 5 – 10% quarterly. Mitigated production issues by anticipating and troubleshooting challenges, consistently delivering desired quality product and delivery objectives.

Global Sourcing Specialist, 2005 – 2008

Managed product lifecycle from concept to commercialization, and collaborated with internal and external partners throughout product development to determine specifications on cost, quality and safety for product components and production techniques, increasing direct imports by 30% by researching market and identifying opportunities for direct purchases and exceeding margin goals through adept vendor negotiations and innovative product engineering. Traveled to overseas office seasonally to conduct vendor negotiations and product placement, as well as visit factories to monitor production and explore future development and growth and establish best practices for tools used in facilitating product development, costing and negotiations.

Paralympic Village Planning and Coordination Manager

Involved in overall planning and project development, from initiation to completion, for Athens 2004 Olympic Village, providing facilities and accommodation services to 201 National Olympic and Paralympic delegations. Managed coordination and implementation of operations, services and events and managed readiness of the Olympic Village during Paralympic period. Executed compliance with unique needs in design, infrastructure and services for Paralympic Village.

- Handled multifaceted negotiations and agreements between International Olympic and Paralympic Committees, National Olympic and Paralympic Committees, International Sports Federations and Village Management.
- Developed and implemented Paralympic Village Operations Manual and managed and trained Village Operations Center 50 staff and volunteers, supporting 22K athletes and team officials during games with 24-hour support for 34 days.

CONSULTING PROJECTS

WORKSHOP / CoOP, Chicago, IL**Design and Global Production Consultant**

Advised and collaborated on design, development, marketing and global production strategy to expand brand for fair-trade accessories company with ethically made product line fabricated globally by artisan-led cooperatives.

TIBURON RESEARCH GROUP, San Francisco, CA**Field Market Research Advisor**

Researched Chicago area market for independent equity research boutique specializing in consumer retail sector. Contributed to weekly market trend reports, briefs and market research analysis.

DIENER PRODUCTIONS, New York, NY**Creative Consultant**

Researched Chicago market for emerging artists to develop and promote curatorial project for major U.S. retailer. Communicated with galleries and individual artists to coordinate and negotiate artists' participation in project.

ADDITIONAL PROFESSIONAL EXPERIENCE

GAP INC., New York, NY**Trend and Color Manager; Pre-Production Manager****Freelance Design and Product Development, New York, NY**

Contracted on projects for Ralph Lauren, The Limited Inc. and Banana Republic

EDUCATION

United Nations Development Programme, Development and Congressional Fellow, Washington, D.C.**The American University, Washington, D.C.**

- Graduate program in International Economic Development Policy, Concentration in Women and Children
- Bachelor of Arts (BA), Political Science and International Studies

Center for Strategic and International Studies, Global Development Research Intern, Washington, D.C.**The American University of Paris, Contemporary Art and Architecture, Paris, France**

ADDITIONAL SKILLS

Native fluency in Greek; Basic proficiency in French

G-Suite; FLEXPLM; WebPDM; Microsoft Office and Windows; Mac OS X; Adobe Photoshop and Illustrator; Canva; Squarespace; Project Management Tools such as, Asana; Communication Tools such as, Slack, Zoom, Microsoft Teams



MEGAN LISSUZZO

ACCOUNT MANAGER

Profile

Account manager with over 6 years of experience in management, catering, and event planning. Outgoing and detail-oriented, I am proficient at building and maintaining professional relationships; while being creative, enthusiastic, and fun to work with.


EXPERIENCE

SCHOOL REALTIONSHIP MANAGER

Gourmet Gorilla

2023 - Current

- Managing the relationship between Gourmet Gorilla and School administration to ensure a successful customer experience for students, staff and parents.
- Executing a healthy and enjoyable student meal experience with Gourmet Gorilla schools.
- Keeping our schools compliant by ensuring servers are only serving reimbursable meals.
- Driving operational directives which includes helping to ensure meal programs remain in budget through managing school food waste (which would involve helping some accounts ordering effectively), helping to identify successful and cost effective meal items, as well as help manage appropriate staffing levels.
- Managing and training school site service team members.
- Interacting with school leaders to support the site teams' success as well as ensuring they feel cared for and appreciated.
- Advocating for customer needs as they arise, in addition to providing ongoing account stewardship ensuring a positive working relationship between the school and Gourmet Gorilla.
- Coordinating and delivering nutrition education in schools.

 512-800-2603

 meg.maloney24@gmail.com

 2640 N Avondale, Chicago, IL
60647

SKILLS

- Team Management
 - Communications
 - Data Organization
 - Email Marketing | Mail Chimp
 - Word, Powerpoint, Excel, Outlook
 - Pages, Keynotes, Number
-

EDUCATION

- 2010-01 - 2011-05

Austin Community College

Focus in the culinary arts and
business/marketing

CATERING ACCOUNT MANAGER

Fooda

2015 -2019

- Building and managing relationships with clients and vendor partners
- Manage and improve the over all performance of the Fooda catering product
- Develop guidelines and processes to ensure smooth execution of all events for both full time and part time staff
- Launch new catering locations and event sites and ensure there is successful implementation
- Conduct training to onboard new restaurants and communicate Fooda standard operation procedures
- Ensure Fooda standards of operations are enforced at every event.
- Handle all troubleshooting with restaurants partners and clients
- Proactively work with vendors to refine offerings, menus, and presentations
- Hire, train, and schedule onsite event teams

GENERAL MANAGER

Kye's

2014 -2015

- Oversee daily operations; improving profitability and quality; reduce labor accountability and employee turnover while increasing service efficiency
- Oversee staffing, talent management, recruiting, marketing
- Developing templates and procedures to help with guest experience and training
- Generating business for in-house and catering through perfect guest experience and cold calling
- Develop solid action plan strategies that supercharge close rate, accelerating sales and bottom line performance
- Consistently monitor overhead expenses; manage inventory, labor and operating costs; ensure they stay within/under budget

REGIONAL CATERING SALES MANAGER

Panera Bread

2011 -2014

- Demonstrate exemplary sales leadership attributes in directing business development efforts closing large-scale catering events via cold calling and attending local/national tradeshow and golf tournaments
- Lead overall strategic direction, growth of sales and business development initiatives via engaging presentations that increase new catering opportunities
- Serve as spokesperson and capture the attention of high-profile clients as well as create compelling marketing collateral and promotional campaigns that drive sales and company recognition
- Interview, hire, mentor and train 15 staff with full catering P&L accountability for six (6) establishments
- Collect on delinquent accounts, resend invoices and make collection calls in search of receivables
- Prepare and glean spreadsheet for upper management, outlining and tracking division whereabouts at any given time

TRAINING PLAN



SUBJECT

DETAILS

MEASUREMENT

Introduction to NSLP and Food Safety

- Introduction to the National School Lunch Program (NSLP) and its requirements for meal patterns, nutrition, and food safety.
- Overview of the school's menu and the importance of offering healthy and sustainable food choices to students.
- Food safety basics, including hand-washing, temperature control, and cross-contamination prevention.

NSLP assessment and Serve Safe Manager exam.

Culinary and Menu Planning

- Cooking methods and techniques for preparing dishes, such as steaming, sautéing, baking, and roasting. Menu planning and recipe adaptation for meals that meet NSLP guidelines for nutrients like protein, iron, and calcium.
- Equipment and kitchen tools used for cooking, such as food processors, blenders, and vegetable spiralizers.

Prep schedules, recipes and equipment list

Menus and Allergens

- Introduction to protein sources, such as beans, lentils, tofu, and tempeh.
- Demonstration of how to cook and season different types of proteins to make them appealing and tasty for students. Discussion of common allergens and dietary restrictions and how to accommodate them in the menu.

Assessment on menus and allergens

TRAINING PLAN, CONT



SUBJECT	DETAILS	MEASUREMENT
<p>Communications and Roles</p>	<ul style="list-style-type: none"> • Overview of food presentation and food service best practices, such as portion control, food labeling, and menu labeling. • Discussion of the role of school food service staff in promoting healthy eating habits and positive attitudes towards food among students. • Customer service skills, including communication techniques and conflict resolution strategies. 	<p>Role Playing with staff</p>
<p>Menus and Participation</p>	<ul style="list-style-type: none"> • Menu testing and evaluation, where food service staff will have the opportunity to sample and critique new dishes before adding them to the menu. Discussion of strategies to encourage student participation and engagement with the menu, such as involving them in menu planning or hosting taste tests. 	<p>Taste panel, taste test schedule, HOM schedule</p>
<p>NSLP Requirements and Food Waste</p>	<p>Review of NSLP reporting requirements, including meal counts, production records, and inventory management.</p> <ul style="list-style-type: none"> • Introduction to food waste reduction strategies and sustainability practices, such as composting and recycling. • Discussion of the benefits of a balanced diet for health, the environment, and animal welfare. 	<p>Production Record Completion and food waste assessment</p>

TRAINING PLAN, CONT



SUBJECT

Civil Rights Compliance
and Enforcement Training

DETAILS

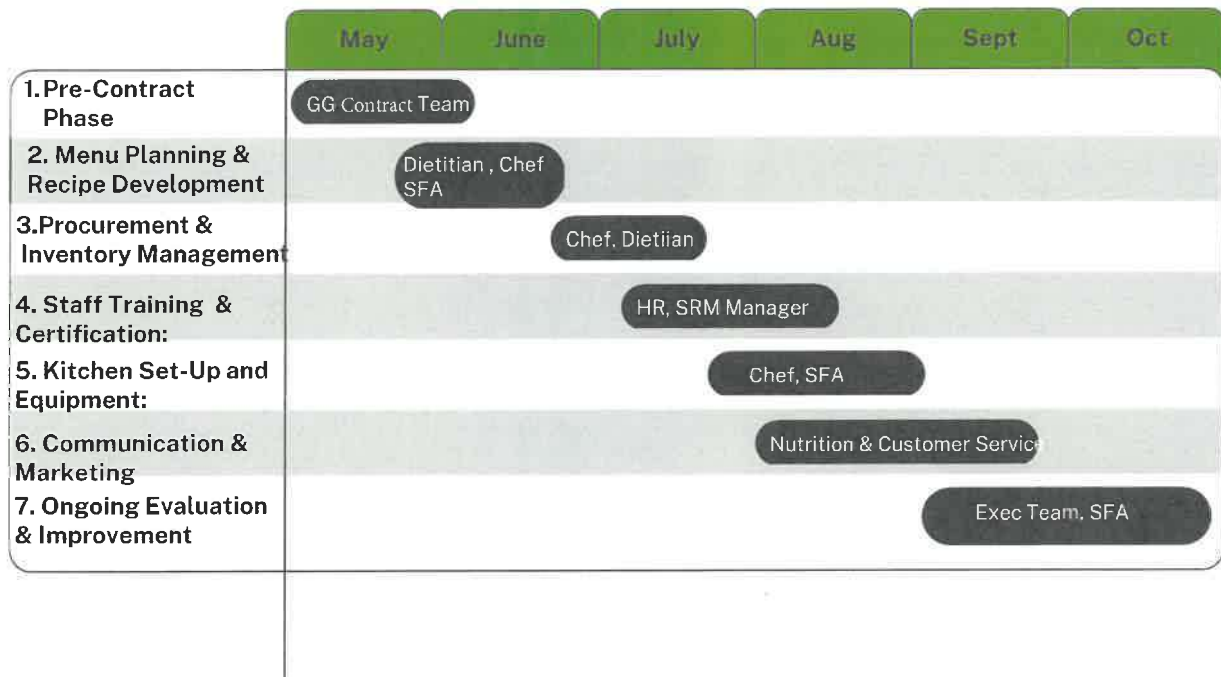
- Definitions of Discrimination and Disabilities
- Background of laws
- Scenarios and Conflict Resolution
- Assurances
- Resolution of Non-Compliance
- Processing Civil Rights Complaints
- Compliance Reviews
- Outreach & Education
- Public Notification
- Data Collection & Analysis
- Accommodations for persons with disabilities and language assistance
- Customer Service

MEASUREMENT



Annual Training, Assessment
and Certification

Implementation Plan





Detailed Implementation Plan

Pre-Contract Phase:

Responsibility: Gourmet Gorilla Contract Team

Timeline: 2 weeks

Review the contract terms, scope, and requirements with the SFA team to ensure alignment and understanding.

Determine the staffing and resource needs for the program and plan accordingly.

Develop a communication plan and schedule with the SFA team to establish regular check-ins and updates throughout the implementation.

Menu Planning and Recipe Development:

Responsibility: Gourmet Gorilla Culinary Team

Timeline: 4 weeks

Work with the SFA team to review the menu requirements and nutritional guidelines. Develop a menu and recipe plan for the school year that meets NSLP requirements and offers diverse and appealing options.

Conduct taste tests and recipe adjustments as needed to ensure student satisfaction and compliance with nutrition standards.

Procurement and Inventory Management:

Responsibility: Gourmet Gorilla Operations Team

Timeline: Ongoing

Source high-quality ingredients and supplies for the program, prioritizing locally-sourced and organic options when possible.

Develop an inventory management system to track ingredient usage and minimize waste.

Collaborate with the SFA team to ensure timely delivery and availability of ingredients.

Staff Training and Certification:

Responsibility: Gourmet Gorilla Training Manager

Timeline: 2 weeks

Develop a comprehensive training program for food service staff on cooking, food safety, and customer service.

Collaborate with the SFA team to ensure compliance with NSLP and local health department regulations.

Conduct training sessions and assessments to certify staff members as qualified to serve meals.



Detailed Implementation Plan, Cont

Kitchen Set-Up and Equipment:

Responsibility: Gourmet Gorilla Operations Team

Timeline: 2 weeks

Responsibility: Gourmet Gorilla Operations Team

Timeline: 2 weeks

Evaluate the kitchen space and equipment needs for the food program.

Install or upgrade necessary equipment, such as food processors, blenders, and vegetable spiralizers.

Ensure compliance with health and safety regulations, including proper ventilation and temperature control.

Communication and Marketing:

Responsibility: Gourmet Gorilla Marketing Team

Timeline: Ongoing

Develop a communication plan to inform and engage stakeholders, including parents, teachers, and students.

Collaborate with the SFA team to promote the program through newsletters, social media, and other channels.

Conduct regular surveys and focus groups to gather feedback and suggestions for improvement.

Ongoing Evaluation and Improvement:

Responsibility: Gourmet Gorilla and SFA Teams

Timeline: Ongoing

Monitor program performance and compliance with NSLP and local regulations.

Conduct regular evaluations of menu items, staff performance, and customer satisfaction.

Collaborate on continuous improvement efforts, such as menu enhancements, training updates, and sustainability initiatives.

Collaboration and communication between the Gourmet Gorilla and SFA teams is critical throughout the implementation process. Regular check-ins and updates should be scheduled to ensure alignment and address any issues or concerns that arise. A project manager should be assigned to oversee the implementation and ensure timely completion of tasks.

10 Entrée Recipes

- *BBQ Chicken Drumsticks*
- *Beef Sloppy Joe*
- *Creamy Mac and Cheese*
- *Kung Pao Chicken*
- *Mostaccioli*
- *Pozole with Chicken*
- *Three Bean Chili*
- *Turkey Meatloaf*
- *Whole Grain Pizza Muffins*
- *Whole Grain Turkey Tinga Quesadilla*

Beef Sloppy Joe, Correct 2023

Recipe #: 128454 (LOCAL)



Beef Sloppy Joe, 3/8 Cup, Correct 2023

Lunch Entree

Ingredients

Ingredients	Quantity
Ketchup, Organic	7 #10 can
Sloppy Joe Sauce	4 gal., 3 c., 2 ² / ₃ tsp.
Oil, Canola	1 ¹ / ₃ c., 2 Tbsp., 1 ¹ / ₂ tsp.
Garlic, Raw, Peeled	3 oz.
Mustard, Bulk	1 ¹ / ₃ c., 1 ¹ / ₂ tsp.
Tomatoes, Paste	1 qt., 2 ¹ / ₂ tsp.
Onion, Raw	18 lb. 2 ¹ / ₄ oz.
Peppers, Red, Raw	18 lb. 2 ¹ / ₄ oz.
Ground Beef	110 lb.
Beef, ABF, Ground, Raw, GG	154 lb. ¹ / ₄ oz.

Preparation Instructions

****This product should NOT contain Dairy, Egg, or Gluten Products****

Methods:

1. Gather ingredients in a clean & dry work area
2. Steam ground beef at 220F until internal temperature reaches 155F (Yield wt should be approximately 67%)
3. Place 26 LB 2.5 oz cooked beef in each leaxan
4. Add 17.5 Lb sloppy joe sauce and 3 #10 cans of ketchup to leaxan. Mix well in floor mixer
5. Transfer mix into white leaxans
6. Label product, date, and quantity
7. **Record Finished Quantity on this Sheet**
8. **Move this product to inventory team for placement in WIP cooler**
9. **Bring sheet to Food Service Director for review if yield is off expected**

Prep:

- Cook team: Prepare sloppy joe sauce using recipe Sau 011

Notes:

6 gallon Recipe:

- Organic Ketchup: 3 #10 can
- Sloppy Joe Sauce: 1 gal., 3 qt., 3/4 c
- Ground Beef: 26 lb. 2 1/2 oz

Beef Sloppy Joe, Correct 2023

Serving Size: ³/₈ Cup

Yield: 594.77

Nutrition Facts

Serving Size ³/₈ Cup

Serving Weight 185.065 gm

Amounts Per Serving

Calories	405.959 kcal
Total Fat	32.075 gm
Saturated Fat	11.584 gm
Trans Fat	0.000 gm
Cholesterol	89.133 mg
Sodium	609.572 mg
Potassium	20.729 mg*
Carbohydrates	11.183 gm
Fiber	0.583 gm
Sugars	7.901 gm
Protein	18.179 gm
Iron	2.018 mg
Calcium	25.363 mg
Vitamin A (IU)	455.131 iu
Vitamin C	21.660 mg
Vitamin D	N/A*
Saturated Fat % of Calories	25.68%

* = Indicates missing Nutrient Information.

^ = Indicates user added nutrient.

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY, NOT FOR MONITORING PURPOSES.

Meal Components


3 Oz Of Meat/Meat Alternates

Allergens

No Allergens


BBQ Chicken Drumsticks, 2 Each

GENERAL INFORMATION

Recipe # 82393 Category Lunch Entree  Source Local

ACTIVE

INGREDIENTS

Name	Quantity	+	Quantity
Chicken, Drumstick	2 each		2
 Sau 009; Sauce, BBQ, Scratch, 1 Gallon (GF/DF/EF)	2 tbsp., 1/8 tsp.		
Molasses, UnSulfured	7/8 tsp.		
Vinegar, Apple Cider	1/8 tsp.		
Hot Sauce	1/8 tsp.		
Ketchup, Bulk	7/8 oz.		

PREPARATION INSTRUCTIONS

HACCP Process: #3 - Complex Food Preparation

This product should NOT contain egg, dairy, and/or gluten products

Methods:

1. Gather ingredients in a clean and dry area
2. Marinade chicken drumsticks in 1/2 of the bbq sauce.
3. Lay on full sheet trays
4. Cook chicken at 350F convection for 35 minutes
5. Cook chicken until internal temperature reaches 165F
6. Chicken should crisp and brown
7. Leave on sheet trays to cool
8. Label product, date, and quantity
9. **Record Finished Quantity on this Sheet**
10. **Move this product to inventory team for placement in WIP cooler**
11. **Bring sheet to Food Service Director for review if yield is off expected**

Prep:

- Cook team: Prepare BBQ Sauce using recipe Sau 009

Note:

- Use remaining BBQ sauce during portioning

MY SCHOOL MENUS

SHOW

IN USE AS A SUB RECIPE

MENUS USING THIS RECIPE

DATES

Last Updated 05-31-2023 Created 01-14-2016



BBQ Chicken Drumstick

Serving Size 2 Each Yield 1.00

Nutrition Facts

Serving Size 2 Each (225 gm)	
Amount Per Serving	
Calories	375.975
% Daily Value*	
Total Fat 21.782 gm	33.51 %
Saturated Fat 6.702* gm	33.51 %
Trans Fat 0.000* gm	
Cholesterol 58.643* mg	19.548 %
Sodium 284.862 mg	11.869 %
Total Carbohydrate 10.899 gm	3.633 %
Dietary Fiber 0.000* gm	
Total Sugars 9.096 gm	
Includes 4.488* of Added Sugars	
Protein 46.974 gm	93.949 %
Vitamin A 0.000* iu	
Vitamin C 0.000* mg	
Vitamin D N/A* mcg	
Calcium 0.000* mg	
Iron 1.206* mg	6.702 %
Potassium 0.000* mg	
Saturated Fat % of Calories	16.043 %

* Indicates missing Nutrient Information.

^ Indicates user added nutrient.

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Meal Components

Component	Measurement
Meat/Meat	3.000 oz
Alternates	

Chili, Vegetarian

Recipe #: 105504 (LOCAL)

**Main 008; Chili, Vegetarian, 1/2 Cup NEW**

Lunch Entree

Ingredients	Quantity
Pepper, Green, Raw	1/2 oz.
Beans, Black	1 oz.
Beans, Pinto	1 oz.
Red Beans	1 oz.
Diced Tomatoes, GFS	3/4 oz.
Tomatoes, Paste	1/2 oz.
Garlic, Powder, Dry	1/4 oz.
Chili Pepper, Red, Ground	1/4 oz.
Salt, Sea	1/4 oz.
Tomatoes, Sauce, Organic	1 1/4 oz.
Paprika, Dry	1/4 oz.
Cumin, Ground	1/4 oz.
Onion, EP	1/2 oz.
Onion, Raw	1/2 oz.

Preparation Instructions

HACCP Process: #3 - Complex Food Preparation

****This product should NOT contain dairy, egg, or gluten products****

Unit: Gallons

Tasks:

- Prep Team: Cut onions day before production
- Prep Team: Cut green peppers day before production
- Cook Team: Open & rinse cans of black beans day before production
- Cook Team: Open & rinse cans of red beans day before production
- Cook Team: Open & rinse cans of pinto day before production

Methods:

1. Gather all ingredients in a clean & dry work space.
2. In kettle, add the oil, diced onion & salt, chili powder. Stir until the onions are translucent.
3. Add garlic powder, paprika, cumin, diced tomatoes, and tomato paste. Stir until everything looks cooked.
4. Add beans.
5. Add let simmer
6. Buzz for 10 seconds or no more than 1 minute
7. Transfer chili into white lexans.
8. Cool to 70F and place lids on containers
9. **Label with combination component sticker on right side of lexan, date dot sticker on left side of lexan, & component name in middle of lexan**
10. **Move this product with original recipe to inventory team to confirm amount of product made, enter formstack information, & place in WIP cooler**
11. **If yield is off expected (over or under) bring sheet to inventory manager ASAP. Inventory manger will bring sheet to Jason or Sam for further review.**

Chili, Vegetarian

Serving Size: 1/2 Cup

Yield: 1

Nutrition Facts

Serving Size 1/2 Cup

Serving Weight 167.191 gm

Amounts Per Serving

Calories 107.937 kcal

Total Fat 0.147 gm

Saturated Fat 0.012 gm

Trans Fat 0.000 gm

Cholesterol 0.000 mg**Sodium** 406.037 mg**Potassium** 152.047 mg***Carbohydrates** 19.853 gm

Fiber 6.489 gm

Sugars 4.479 gm

Protein 5.361 gm

Iron 1.962 mg*

Calcium 54.626 mg*

Vitamin A (IU) 372.274 iu*

Vitamin C 14.182 mg*

Vitamin D 0.000 mcg*

Saturated Fat % of Calories
0.10%

* = Indicates missing Nutrient Information.

^ = Indicates user added nutrient.

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Meal Components

1.25 Oz Of Meat/Meat Alternates

Allergens

No Allergens

Attributes

Made from Scratch

Vegetarian

Mostaccioli,, WG, 1 cup

General Information

ACTIVE

Recipe #	Category	Source
1298396	Lunch Entree	Local

Mostaccioli,, WG, 1 cup

Serving Size	Yield
1 cup	16.00

Ingredients

Name	Quantity	Quantity
Cheese, Mozzarella, Part Skim, Shredded	1 lbs., 8 oz.	2
Marinara Sauce, Scratch, 1 Gallon	1 qt., 1 ¾ c., 2 tbsp., 2 ½ tsp.	
Oil, Canola	1 tbsp., ¾ tsp.	
Garlic, Raw, Peeled	¾ oz.	
Salt, Sea	¾ tsp.	
Basil, Dry	¼ oz.	
Oregano, Dry	½ oz.	
Sugar, White, Granulated	¼ oz.	
Tomato Sauce, GFS	¼ #10 Can	
Diced Tomatoes, Red Gold	¼ #10 Can	
Onion, Raw	3 ⅞ oz.	
WG Penne Pasta, 1 lb	3 lbs.	
Pasta, Penne, WG	1 lbs., 8 oz.	
Oil, Canola	2 tbsp., 1 ¼ tsp.	

Nutrition Facts

Serving Size 1 cup (189 gm)

Amount Per Serving

Calories **347.584**

% Daily Value*

Total Fat 13.449 gm 20.691 %

Saturated Fat 5.548 gm 27.74 %

Trans Fat 0.000 gm

Cholesterol 22.781 mg 7.594 %

Sodium 604.657 mg 25.194 %

Total 38.760 gm 12.92 %

Carbohydrate

Dietary Fiber 5.793 gm 23.171 %

Total Sugars 4.923 gm

Includes N/A* of Added

Sugars

Protein 18.707 gm 37.414 %

Vitamin A 152.129* iu 3.043 %

Vitamin C 0.921* mg 1.536 %

Vitamin D N/A* mcg

Calcium 317.055* mg 31.706 %

Iron 2.536* mg 14.09 %

Potassium 230.502* mg 4.904 %

Saturated Fat % of 14.366%

Calories

* Indicates missing Nutrient Information.

^ Indicates user added nutrient.

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Preparation Instructions

HACCP Process: #3 - Complex Food Preparation

Directions for Marinara:

Method for Onion/Garlic Mix

1. Gather all ingredients in clean workspace. All ingredients are measured as EPs
2. Peel and course chop onions mix with peeled garlic gloves
3. place 6 gallons on onion garlic mix into each lexan (white lug tote) until there is no more product
4. Toss 2 cups of oil with onions and garlic mix in lexans.
5. Place 1 gallon peeled onions and garlic mix into 1/1 (full size) hotel pans 2 inches deep
6. Use as many hotel pans as needed to complete traying up onion and garlic mix
7. Place into preheated combi oven 350F / 180 C for 15 mins until tranlucent golden brown, not burnt.
8. Pull from the oven and place on "Hotel Pan Chanel Racks" to cool.

Mix Per Lexan

- 4 Cans Diced Tomato
- 4 Cans Tomato Sauce
- 6fLoz Oreganic
- 6fLoz Basil
- 6fLoz Sugar
- 2fLoz Sea Salt
- 1 Gallon (128fLoz) Cooked Onion/Garlic Mix
- Buzz with Emersion Blender until smooth.
- Record volume and wt. Date and label. Store in work in progress cooler
- Expected yield 6.2 Gallons per lexan.
- Date / Volume / Label
- Move to inventory for cataloguing and removal to cold storage in WIP Cooler.

Meal Components

Component	Measurement
Meat/Meat	1.500 oz
Alternates	
Whole Grain-Rich	1.500 oz
Red/Orange	0.250 cups

From Frozen Inventory

- To Defrost 2 gallon bags of marinara
- place 2 bags on a full size sheet tray
- place sheet trays into combi oven
- steam setting 220F for 30-1 hour until core temp reaches 35F

Directions for Pasta:

1. Turn on braising pan.
2. Fill the braising pan to 30-gallon mark with a 22 - quart container
3. Allow water to heat to 200 degrees. Once water has reached 200 degrees add 220 lbs of raw pasta (5 bags).
4. Allow pasta to cook for 8 1/2 minutes. Stir every 3 minutes to avoid pasta sticking to bottom of the braising pan.
5. While pasta is cooking prepare ice bath - Close sink drain and add 5 scoops of ice in each sink compartment. Fill each sink compartment with 3/4 cold water.
6. When pasta is done cooking put into 2 lexans. Quickly put lexans with cooked pasta into ice baths. Turn cold water on and allow to run on pasta until it becomes ice cold.
7. Place ice cold pasta into lexans. Fill to the 6 gallon more. Add oil and mix well.
8. Label and store in WIP cooler.

Combine marinara, mozzarella cheese, and pasta in lexans. Store in WIP cooler.

Food prep areas, Equipment, and utensils, to be used in recipe will be washed and sanitized prior to beginning the preparation and cooking. Assemble all ingredients, utensils, etc. to be used in recipe within easy reach of prep area so that food safety can be managed more effectively as well as better control of contamination and cross contamination.

CCP: Wash hands thoroughly before handling food, after handling contaminated food or objects, and before switching to another step where there is an opportunity for contamination. This applies as well to before and after glove use. Use clean pair of gloves when handling product. Replace gloves after handling any other object.

CCP: Record time and internal temperature of product when received on daily log.

CORRECTIVE ACTION HOT FOOD All cooked food items being held for service that drop below 140 degrees must be removed from service until such time as they are reheated to 165 degrees. Any food not eaten after reheating must be discarded.

Place product in warming cabinet until served. Ensure that hot food is held at a temperature above 140° F.

CORRECTIVE ACTION HOT FOOD All cooked food items being held for service that drop below 140 degrees must be removed from service until such time as they are reheated to 165 degrees. Any food not eaten after reheating must be discarded.

Maximum holding time is two (2) hours. Discard product after maximum holding time is reached. Do not reheat product.

My School Menus

SHOW

In Use as a Sub Recipe

Menus Using this Recipe

Dates

Last Updated

07-21-2023

Created

11-17-2022

WG Turkey Tinga Quesadilla, 1 Each

GENERAL INFORMATION

Recipe #
1481344

Category
Lunch Entree

Source
Local

ACTIVE

INGREDIENTS

Name	Quantity	+	Quantity
8" WG Tortilla, Mission	1 Tortilla		2
Cheese, Mozzarella, Part Skim, Shredded	1 oz.		
Turkey Tinga, 1 lb	1 oz.		
Onion, Raw	1/8 oz.		
Chipotle Peppers, in adobo sauce	1/8 oz.		
Cumin, Ground	1/8 tsp.		
Oregano, Dry	< 1/8 oz.		
Salt, Sea	< 1/8 oz.		
Base, Vegetable	< 1/8 oz.		
Turkey, Ground, Cooked	1 oz.		
Turkey, Ground, ABF, 85% Lean	1 1/2 oz.		

PREPARATION INSTRUCTIONS

HACCP Process: #3 - Complex Food Preparation

Methods:

- Gather all ingredients in a clean and dry area
- Line table with plastic wrap for quesadilla production
- Lay tortillas out on table
- Place 2 fl oz mozzarella cheese and 2 fl oz chicken
- Move quesadillas into white lexans and separate each layer with parchment paper
- Label lexan with "Turkey Cheese Quesadillas", amount made, and the date.
- Record finished quantity on this sheet
- Move this product to the WIP cooler
- Bring sheet to Food Service Director for review if yield is off expected

Note:

- Cook team does not cook quesadillas

MY SCHOOL MENUS

SHOW

IN USE AS A SUB RECIPE

MENUS USING THIS RECIPE

DATES

Last Updated
12-06-2023

Created
12-06-2023

WG Turkey Tinga Quesadilla

Serving Size
1 each

Yield
1.00

Nutrition Facts

Serving Size 1 each (129 gm)

Amount Per Serving

Calories **292.649**

% Daily Value*

Total Fat 12.503 gm **19.235 %**

Saturated Fat 5.596 gm **27.979 %**

Trans Fat 0.000 gm

Cholesterol 48.787 mg **16.262 %**

Sodium 567.414 mg **23.642 %**

Total **23.812 gm 7.937 %**

Carbohydrate

Dietary Fiber 2.149 gm **8.595 %**

Total Sugars 0.410 gm

Includes N/A* of Added

Sugars

Protein 21.395 gm **42.791 %**

Vitamin A 101.349* iu **2.027 %**

Vitamin C 0.373* mg **0.622 %**

Vitamin D 0.000* mcg

Calcium 306.680* mg **30.668 %**

Iron 2.068* mg **11.49 %**

Potassium 8.366* mg **0.178 %**

Saturated Fat % of **17.209%**

Calories

* Indicates missing Nutrient Information.

^ Indicates user added nutrient.

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Meal Components

Component	Measurement
Meat/Meat	2.000 oz
Alternates	
Whole Grain-Rich	1.500 oz

Allergens

Milk
Wheat

Chicken Pozole, 1 cup, Green NEW

General Information

ACTIVE

Recipe #	Category	Source
1275068	Lunch Entree	Local

Chicken Pozole, 1 cup, Green

Serving Size	Yield
1 cup	1.00

Ingredients

Name	Quantity	Quantity 2
Pozole, 1 gallon, Green	1 c.	
Pepper, Poblano, Raw	< 1/8 oz.	
Cilantro, Raw	< 1/8 oz.	
Tomatillos, Raw	1/8 oz.	
Onion, Raw	1/8 oz.	
Spinach, Raw	1/8 oz.	
Salt, Sea	< 1/8 oz.	
Garlic, Raw, Peeled	< 1/8 oz.	
Water	3/4 c.	
Hominy, #10 Can, Juanitas	< 1/8 #10 can	
Oregano, Dry	< 1/8 oz.	
Juice, Lime, Quart	1/2 tsp.	
Chicken, Thigh, Cooked, 1 lb	1 oz.	
Chicken, Thigh, Raw	1 1/2 oz.	
Oil, Canola	3/8 tsp.	
Salt, Sea	< 1/8 oz.	

Nutrition Facts

Serving Size 1 cup (272 gm)

Amount Per Serving

Calories **158.049**

% Daily Value*

Total Fat 8.707 gm **13.396** %

Saturated Fat 1.943* gm **9.716** %

Trans Fat 0.000* gm

Cholesterol 36.191* mg **12.064** %

Sodium 473.051 mg **19.71** %

Total Carbohydrate 10.294 gm **3.431** %

Dietary Fiber 1.880 gm **7.521** %

Total Sugars 1.217 gm

Includes N/A* of Added Sugars

Protein 8.516 gm **17.032** %

Vitamin A 680.927* iu **13.619** %

Vitamin C 1.898* mg **3.164** %

Vitamin D N/A* mcg

Calcium 23.241 mg **2.324** %

Iron 1.352 mg **7.51** %

Potassium 7.997* mg **0.17** %

Saturated Fat % of Calories **11.065** %

* Indicates missing Nutrient Information.

^ Indicates user added nutrient.

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Meal Components

Component	Measurement
Meat/Meat Alternates	2.000 oz

Preparation Instructions

My School Menus

SHOW

In Use as a Sub Recipe

Menus Using this Recipe

Dates

Last Updated
03-29-2023

Created
10-14-2022

MMA 003; Turkey, Meatloaf, Big, 1 each - CURRENT 2020

GENERAL INFORMATION


ACTIVE

Recipe #
253724

Category
Lunch Entree

Source
Local

INGREDIENTS

Name	Quantity		Quantity 2
Mustard, Bulk	2 qt.	+	1 pt., 1 ¼ c.
Spinach, Frozen, Chopped	11 lbs.		
Ketchup, Organic	¾ #10 Can		
Onion Powder, Dry	12 oz.		
Bread Crumbs, Panko	5 lbs., 4 oz.		
Salt, Sea	4 ½ oz.		
Basil, Dry	1 lbs.		
Eggs, Liquid, Whole	1 gal., 1 ½ c.		
Base, Vegetable	¼ c. (prepared)		
Water	1 gal.		
 Turkey, Ground, Cooked, Meatloaf	117 lbs., 8 oz.		
Turkey, Ground, ABF, 85% Lean	138 lbs., 15 ¾ oz.		

PREPARATION INSTRUCTIONS

HACCP Process: #3 - Complex Food Preparation

Unit: Each

Tasks:

- Cook Team: Thaw turkey at least 4 days before production (Note: Take turkey out of boxes to thaw)

Methods:

- Gather all ingredients in a clean and dry area
- Place all ingredients in floor mixer
- Mix on slow speed until well combined
- Take mixture out of mixer and separate into lexans
- Place Meatloaf mixture into meatloaf machine
- Bake at 350 degrees until temperature probe reaches 165 degrees F
- Place sheet trays of cooked meatloafs on speed rack.
- Cool to 70F
- Label with M/MA component sticker on right side of bag cover, date dot sticker on left side of bag cover, & component name in middle of bag cover
- Move this product with original recipe to inventory team to confirm amount of product made, enter formstack information, & place in WIP cooler
- If yield is off expected (over or under) bring sheet to inventory manager ASAP. Inventory manger will bring sheet to Jason or Sam for further review.

Note:

- Check to make sure meatload machine is on right setting.
- Small meatloaf = 3.64 oz raw
- large meatloaf = 4.6 oz raw



Meatloaf Muffins

Serving Size	Yield
1 Each	640.00

Nutrition Facts

Serving Size 1 Each (132 gm)

Amount Per Serving

Calories **167.679**

% Daily Value*

Total Fat 7.612 gm 11.712 %

Saturated Fat 2.372 gm 11.86 %

Trans Fat 0.000 gm

Cholesterol 92.239* mg 30.746 %

Sodium 269.322 mg 11.222 %

Total 4.192 gm 1.397 %

Carbohydrate

Dietary Fiber 0.308 gm 1.231 %

Total Sugars 0.906 gm

Includes N/A* of Added

Sugars

Protein 20.523 gm 41.046 %

Vitamin A 0.000* iu

Vitamin C 0.263* mg 0.438 %

Vitamin D N/A* mcg

Calcium 47.622* mg 4.762 %

Iron 1.833* mg 10.186 %

Potassium 28.013* mg 0.596 %

Saturated Fat % of Calories 12.732 %

* Indicates missing Nutrient Information.

^ Indicates user added nutrient.

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MY SCHOOL MENUS

SHOW

PURPOSES.

IN USE AS A SUB RECIPE

MENUS USING THIS RECIPE

DATES

Last Updated
03-29-2023

Created
11-27-2019

Meal Components

Component	Measurement
Meat/Meat	2.250 oz
Alternates	

Allergens

Eggs
Wheat

Gravy, 1 fl oz

GENERAL INFORMATION

ACTIVE

Recipe #	Category	Source
1291559	Misc.	Local

Gravy, 1 fl oz

Serving Size	Yield
1 fl oz	1.00

INGREDIENTS

Name	Quantity	Quantity 2
Sauce, Gravy, 1 Gallon, GF/DF/EF	1 tbsp., 7/8 tsp.	
Water	1 tbsp., 7/8 tsp.	
Rice flour, white, unenriched	< 1/8 oz.	
Oil, Canola	1/4 tsp.	
Onion, Raw	< 1/8 oz.	
Carrots, Loose	< 1/8 oz.	
Garlic, Raw, Peeled	< 1/8 oz.	
Base, Vegetable	< 1/8 tsp.	
Soy Sauce	3/8 tsp.	
Miso, Paste, Gluten Free	< 1/8 tsp.	
Xanthan Gum, Powder	< 1/8 oz.	

PREPARATION INSTRUCTIONS

HACCP Process: #3 - Complex Food Preparation

Equipment Mis En Place:

- Braising pan turned to full temperature

Methods:

- Sanitize equipment with quat sanitizer spray and rinse
- Roast veggies in convection oven at 350F until soft ~10-15 minutes
- Turn on braising pan
- Cover braising pan in canola oil.
- Add in rice flour and stir thoroughly with the paddle until no lumps remain. Cook for 5 minutes, stirring occasionally to prevent burning.
 - Mixture will turn a slight golden brown and begin to smell toasted.
- Add 1/4 of water and bring to a boil using the paddle to stir until no flour lumps are visible, about 5 minutes.
- Add remaining water, veggie base, miso, liquid amino, and cooked veggies..
- Simmer for 15 minutes.
- Add in xanthan gum powder and blend until smooth.
- Remove to white Work in Progress Containers (6 gallons per container)
- Label product, date and quantity, one of six etc
- Cool to 70F
- Place lids on containers
- Record Finished Quantity on this Sheet**
- Move this Product to inventory team for placement in WIP cooler**
- Bring sheet to Food Service Director for review if yield is off expected**

Nutrition Facts

Serving Size 1 fl oz (25 gm)

Amount Per Serving

Calories **18.269**

% Daily Value*

Total Fat 1.150 gm **1.77** %

Saturated Fat 0.085 gm **0.427** %

Trans Fat 0.000* gm

Cholesterol 0.000 mg

Sodium 135.241 mg **5.635** %

Total 1.507 gm **0.502** %

Carbohydrate

Dietary Fiber 0.069 gm **0.276** %

Total Sugars 0.147 gm

Includes N/A* of Added

Sugars

Protein 0.373 gm **0.746** %

Vitamin A 94.770 iu **1.895** %

Vitamin C 0.206 mg **0.343** %

Vitamin D 0.000* mcg

Calcium 1.117 mg **0.112** %

Iron 0.020 mg **0.112** %

Potassium 3.676* mg **0.078** %

Saturated Fat % of Calories **4.208** %

* Indicates missing Nutrient Information.

^ Indicates user added nutrient.

The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY, NOT FOR MONITORING PURPOSES.

WG Pizza Muffin, 1 Each

GENERAL INFORMATION

ACTIVE

Recipe # 90413	Category Lunch Entree	Source Local
-------------------	--------------------------	-----------------

Pizza Muffin

Serving Size	Yield
1 each	11.00

INGREDIENTS

Name	Quantity	+	Quantity
Flour, Whole Wheat	6 1/2 oz.		2
Baking Powder	1/4 oz.		
Milk, Whole, Gallon	1 1/2 c.		
Eggs, Liquid, Whole	1/2 c., 2 tbsp., 1 1/4 tsp.		
Cheese, Mozzarella, Part Skim, Shredded	5 1/2 oz.		
Cheese, Mild Cheddar, Shredded	5 1/2 oz.		
Basil, Dry	1/4 tsp.		
Garlic, Powder, Dry	1/4 tsp.		
Oregano, Dry	1/4 tsp.		

Nutrition Facts

Serving Size 1 each (93 gm)

Amount Per Serving

Calories **196.499**

% Daily Value*

Total Fat 10.532 gm **16.203** %

Saturated Fat 5.925 gm **29.625** %

Trans Fat 0.000 gm

Cholesterol 76.736 mg **25.579** %

Sodium 283.943 mg **11.831** %

Total **13.052 gm** **4.351** %

Carbohydrate

Dietary Fiber 2.182 gm **8.727** %

Total Sugars 1.636 gm

Includes N/A* of Added

Sugars

Protein 12.602 gm **25.204** %

Vitamin A 270.678* iu **5.414** %

Vitamin C 0.164* mg **0.273** %

Vitamin D N/A* mcg

Calcium 351.353* mg **35.135** %

Iron 0.846* mg **4.703** %

Potassium N/A* mg

Saturated Fat % of **27.138** %

Calories

* Indicates missing Nutrient Information.

^ Indicates user added nutrient.

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WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY, NOT FOR MONITORING PURPOSES.

Meal Components

Component	Measurement
Meat/Meat	1.000 oz
Alternates	
Whole Grain-Rich	1.000 oz

Allergens

Eggs
Milk
Wheat

Attributes

Made from Scratch

PREPARATION INSTRUCTIONS

HACCP Process: #3 - Complex Food Preparation

Methods:

- Gather all ingredients in a clean & dry area.
- Mix all dry ingredients together (Flour, baking powder, mozzarella cheese, cheddar cheese, Basil, Garlic, & Oregano).
- Mix all wet ingredients together (Milk, Eggs)
- Slowly fold in dry ingredients into the wet ingredients. Mix until well combined. **Buzz** until all lumps are gone.
- Fill metal muffin tin with mixture using a 2 oz scoop.
- Cook in convection oven at 350 with fan speed of 2 for 28 minutes.
- Let cool. Place plastic bag over cart.
- Label product, date, and quantity
- Record Finished Quantity on this Sheet**
- Move this product to inventory team for placement in WIP cooler**
- Bring sheet to Food Service Director for review if yield is off expected**

Prep:

- Cook team: Prepare wet mix (Whole milk, liquid eggs)
- Cook team: Prepare dry mix (flour, baking powder, mozzarella cheese, cheddar cheese, basil, garlic powder, oregano)

Notes:

- If you need to break down recipe into 1,500 Muffin batches

Dry Ingredients:

- Whole Grain Flour:** 54 lb 2 oz
- Baking Powder:** 2 lb 2 2/3 oz
- Mozzarella Cheese:** 34 lb 1 1/2 oz
- Cheddar Cheese:** 34 lb 1 1/2 oz
- Basil:** 2/3 c, 2 1/4 tsp
- Garlic Powder:** 2/3 c, 2 1/4 tsp
- Oregano:** 1 1/3 c, 1 Tbsp, 1 1/4 tsp

Wet Ingredients:

- Whole Milk:** 12 gal., 3 qt., 1/2 c
- Liquid Eggs:** 5 gal., 2 qt., 1/2 c

MY SCHOOL MENUS

SHOW

Vegetarian

IN USE AS A SUB RECIPE

MENUS USING THIS RECIPE

DATES

Last Updated
03-29-2023

Created
06-12-2017

Cheese Sauce, Scratch, 1/2 Cup

General Information


ACTIVE

Recipe #	Category	Source
82560	Lunch Entree 🍴	Local

Cheese Sauce

Serving Size	Yield
1/2 Cup	1.00

Ingredients

Name	Quantity	Quantity 2
 Cheese Sauce, Scratch, 1 Gallon	1/2 c., 5/8 tsp.	
Butter, Unsalted	1/8 oz.	
Flour, Rice	1/8 oz.	
Salt, Sea	< 1/8 tsp.	
Cheese, American, Extra Melt	1 1/8 oz.	
Cheese, Mild Cheddar, Shredded	5/8 oz.	
Milk, 1%, Gallon	1/4 c., 2 1/8 tsp.	

Nutrition Facts

Serving Size 1/2 Cup (122 gm)

Amount Per Serving

Calories 236.548

% Daily Value*

Total Fat 13.997 gm 21.534 %

Saturated Fat 11.417 gm 57.085 %

Trans Fat 0.000 gm

Cholesterol 58.650 mg 19.55 %

Sodium 667.739 mg 27.822 %

Total Carbohydrate 6.467 gm 2.156 %

Dietary Fiber 0.053 gm 0.213 %

Total Sugars 4.316 gm

Includes N/A* of Added Sugars

Protein 12.101 gm 24.202 %

Vitamin A 810.581 iu 16.212 %

Vitamin C 0.352 mg 0.586 %

Vitamin D N/A* mcg

Calcium 379.029 mg 37.903 %

Iron 0.042 mg 0.231 %

Potassium 47.794* mg 1.017 %

Saturated Fat % of Calories 43.438%

* Indicates missing Nutrient Information.

^ Indicates user added nutrient.

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WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY, NOT FOR MONITORING PURPOSES.

Meal Components

Component	Measurement
Meat/Meat Alternates	2.000 oz

Allergens

Milk

Preparation Instructions

HACCP Process: #3 - Complex Food Preparation

Equipment Mis En Place:

- Convection oven at 350F
- Skillet

Methods:

1. Sanitize equipment with quat sanitizer spray and rinse
2. Stage ingredients
3. Turn on heating equipment
4. Melt butter in convection oven at 350F for 15 minutes
5. Pour melted butter into skillet and add flour, use metal paddle to mix into thick rue. Mix until no more white, dry flour or lumps appear. It should appear as a yellow paste.
6. Add 2-4 gallons of milk to cover paste, stir until dissolved; buzz if needed
7. Once mixture appears to be a thick white paste/gravy add remaining milk and bring to at least 180F, this should take about one hour. While coming to temp mix every 10-20 minutes. (Make sure to cover with lid)
8. While milk is heating, chop or shred American cheese and melt. (CAUTION: Watch for thin layer of plastic under cheese)
9. Once cheese is melted add to milk mixture as it is coming to temp.
10. Once mixture reaches 180F, buzz to remove any lumps
11. Add salt and cheddar cheese and buzz until smooth.
12. Transfer cheese sauce into white Work In Progress containers (6 gallons per container)
13. Label product, date and quantity, one of six etc
14. Cool to 70F
15. Place lids on containers
16. **Record Finished Quantity on this Sheet**
17. **Move this product to inventory team for placement in WIP cooler**
18. **Bring sheet to Food Service Director for review if yield is off expected**

Notes:

- If making 160 gallons: 60-gallon recipe, 60-gallon recipe, 40-gallon recipe
- Clean equipment between each batch

My School Menus

SHOW

In Use as a Sub Recipe

Menus Using this Recipe

ates

Last Updated

06-26-2023

Created

01-05-2016

Kung Pao Chicken

Recipe #: 107878 (LOCAL)



Kung Pao Chicken, 2 oz

Lunch Entree

Chicken Thigh	2 oz.
Chicken, Thigh, Raw	3 oz.
Kung Pao Sauce	1 Tbsp.
Soy Sauce	3/4 tsp.
Water	2 tsp.
Vinegar, Apple Cider	1/3 tsp.
Oil, Sesame	1/4 tsp.
Corn Starch, Dry	1/4 oz.
Sugar, Dark Brown	1/4 oz.
Garlic, Raw, Peeled	1/4 oz.
Ginger, Dry, Ground	1/4 oz.
Chili Pepper, Red, Ground	1/4 oz.

Preparation Instructions

HACCP Process: #3 - Complex Food Preparation

Chicken Preparation

- Gather all ingredients and equipment needed in clean workspace.
 - Make sure no other raw or cooked product is anywhere near your workspace to prevent cross contamination.
- Preheat oven to 350F.
- Using gloved hands and plastic sleeves, toss chicken in oil and salt in lexans.
- Lay chicken out flat on a sheet tray.
- Cook to an internal temperature of 165F (30-35 minutes). If available, cook using an oven probe.
 - CCP: Heat to 165° F or higher for at least 15 seconds**
- Remove from oven and drain off liquid/grease.
 - Carefully** tilt corner of tray onto a lexan.
 - Without letting any chicken slide, pour off all juice/grease that has accumulated on the pan.
- Cool chicken to 70F
- Using chicken slicer, cut chicken to desired size (sliced or diced)
 - Note: if being used for sandwiches or wraps, dice chicken
- Place cut chicken into lexans
- Weigh filled lexans to double check yield.
- Label with name, date, and number out of how many lexans
- Place in WIP cooler
- If yield is off (high or low), notify production manager immediately.

Sauce Preparation

- Gather all ingredients in a clean work space.
- Weigh and measure all ingredients
- Toss garlic in oil and roast on sheet tray in oven
- Combine all ingredients, **except for the cornstarch**, and buzz using immersion blender
- Bring sauce to simmer and make a slurry with the cornstarch and some water.
 - The slurry should have the consistency of **heavy cream**.
- Add in slurry to simmering pot and blend.
- Simmer sauce for 10 minutes, until slightly thickened.
- Transfer to white lexans
- Let cool or move into blast chiller
- Label and date and place in WIP cooler

Serve 1 oz sauce with 1 svg chicken

Kung Pao Chicken

Serving Size: 2.00 oz

Yield: 1.00

Nutrition Facts

Serving Size 2 oz

Serving Weight 99.246 gm

Amounts Per Serving

Calories	190.081 kcal
Total Fat	12.261 gm
Saturated Fat	3.477 gm
Trans Fat	0.000 gm
Cholesterol	68.935 mg
Sodium	305.376 mg
Potassium	4.790 mg*
Carbohydrates	3.834 gm
Fiber	0.019 gm
Sugars	3.106 gm
Protein	14.308 gm
Iron	0.955 mg
Calcium	0.427 mg
Vitamin A (IU)	86.217 iu
Vitamin C	0.053 mg
Vitamin D	N/A*

Saturated Fat % of Calories
16.46%

* = Indicates missing Nutrient Information.

^ = Indicates user added nutrient.

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Meal Components

2 Oz Of Meat/Meat Alternates

Blueberry Lemon Muffin, Big, 1 Each



General Information

ACTIVE

Recipe #	Category	Source
1171899	Grains 🌾	Local

Blueberry Lemon Muffins

Serving Size	Yield
1 Each	7.00

Ingredients

Name	Quantity	Quantity
		2
Flour, Whole Wheat	3 ¼ oz.	
Flour, All Purpose, Lonesome Stone, Enriched	3 oz.	
Sugar, White, Granulated	2 ½ oz.	
Baking Powder	¼ oz.	
Oil, Canola	¼ c.	
Sea Salt, Roland	⅛ oz.	
Greek Yogurt, Plain, Nonfat	2 ¾ oz.	
Milk, Whole, Gallon	¾ c.	
Juice, Lemon, Gallon	3 tbsp.	
Eggs, Liquid, Whole	¼ c.	
Blueberries, Frozen	2 oz.	

Nutrition Facts

Serving Size 1 Each (101 gm)

Amount Per Serving		
Calories		232.996
		% Daily Value*
Total Fat	10.444 gm	16.068 %
Saturated Fat	1.367 gm	6.833 %
Trans Fat	0.000 gm	
Cholesterol	33.345 mg	11.115 %
Sodium	244.465 mg	10.186 %
Total Carbohydrate	30.338* gm	10.113 %
Dietary Fiber	3.189* gm	12.755 %
Total Sugars	12.352* gm	
Includes 0.000* of Added Sugars		
Protein	6.191* gm	12.382 %
Vitamin A	51.347* iu	1.027 %
Vitamin C	0.317* mg	0.528 %
Vitamin D	0.000* mcg	
Calcium	137.358* mg	13.736 %
Iron	1.086* mg	6.033 %
Potassium	13.764* mg	0.293 %
Saturated Fat % of Calories		12.299%

Preparation Instructions

HACCP Process: #3 - Complex Food Preparation

- HACCP Process:

#3 - Complex Food Preparation

(Strawberry compote to be made the day before)

- Gather ALL possible tools needed: Cage (if not already on mixer), Mixing Bowl, Paddle attachment, Spatulas, Measuring Cups, Lexans and Lexan Cart or Measuring Bowls (depending on the size of recipe), Speed Rack with Full Sheet Trays (Big) for Muffins Tins.
- Pre-heat oven to **350F** - convection at full fan speed.
- Notes:**
 - Use **Green 3 oz Scoop** to portion Batter into Muffin Tins
 - 20 trays per Speed Rack and 40 Muffin Tins per Tray. One full Speed Rack holds 800 Muffins.
 - Spray Muffin Tins with Oil
 - Only 1,200 Muffins fit in **Big** Mixing Bowl at a time, more than that will have to be made in batches.
 - Only 150 Muffins fit in **Small** Mixing Bowl at a time.
 - 40 Lbs should be the max per Lexan or as much as you can personally carry when weighing ingredients for large recipes.
 - Metal Measuring Bowls should be used for Small quantities and when using Small Mixing bowl.
 - Each Oven should have 10 Racks inside, making sure theres plenty of space in between. 1 Full Sheet trays per Rack or 2 Half Sheet trays per Rack. 20 half trays fit in oven at a time or 10 full trays.
 - Weigh the ingredients and put into seperate containers.
 - Baking Powder and Salt should be combined and added to the Flour.
 - Wet ingredients (Eggs) should be measured by Volume and not weighed out. Use Cups to measure.
 - Always start mixing on speed #1 and increase speed after ingredients are added. Make sure to scrape the sides of the Mixing bowl with spatula in between adding ingredients.
 - Add Sugar and continue mixing until incorporated, scrape the sides of bowl.
 - Mix in the greek yogurt until all is incorporated.
 - Alternate adding the Flour and Eggs and mixing in between until all of the Flour and Eggs are in the Bowl and mixed in properly and smooth.
 - Add the blueberries.
 - Lastly Scrape all of the sides and bottom of bowl and if not too full Mix on Speed #3 for a minute to make sure everything is evenly incorporated. If bowl is too full mix on Speed #1 for 2 minutes. Stop machine when changing speeds.
 - Fill a Clean Lexan with the Muffin Batter and Place on top of a Black cart and begin scooping.
 - Use **Green** Scoop to put Muffin Batter onto the already sprayed Muffin Tins. Run your finger over the scoop to remove extra batter. Its important to put same amount of batter in each tin so that it cooks evenly.
 - Place Trays in an already Preheated Oven.
 - Bake at **350F for 17-18 minutes** or until golden brown.
 - If still not sure, double check and poke Muffins with a toothpick, if toothpick comes out clean they are done or lightly touch the muffin, if it bounces back its ready.

* Indicates missing Nutrient Information.
^ Indicates user added nutrient.

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Meal Components

Component	Measurement
Whole Grain-Rich	1.500 oz

Allergens

Eggs
Milk
Wheat

Strawberry French Toast, Casserole, 1 Pan (40 Cut)

GENERAL INFORMATION

Recipe #
1471997

Category
Breakfast Entree

Source
Local

ACTIVE

INGREDIENTS

Name	Quantity	+ Quantity
Bread, WG, Sliced, Alpha	3 lbs., ¾ oz.	
Eggs, Liquid, Whole	1 qt.	
Milk, Whole, Gallon	1 qt., 1 c., 3 tbsp., 2 ½ tsp.	
Sugar, White, Granulated	9 ½ oz.	
Vanilla Extract, Imitation	½ c.	
Cinnamon, Ground	⅓ oz.	
Sugar, Dark Brown	1 ⅓ oz.	
Strawberries, Sliced, Frozen	12 ⅓ oz.	

Strawberry French Toast, Casserole,

Serving Size
1 Pan
Yield
1.00

Nutrition Facts

Serving Size 1 Pan (4397 gm)

Amount Per Serving

Calories **7,065.100**

% Daily Value*

Total Fat **190.259 gm** 292.706 %

Saturated Fat **75.138 gm** 375.688 %

Trans Fat 0.000 gm

Cholesterol **3,512.400 mg** 1170.8 %

Sodium **8,307.212 mg** 346.134 %

Total Carbohydrate **1,085.900 gm** 361.967 %

Dietary Fiber **76.096 gm** 304.383 %

Total Sugars 493.160 gm

Includes N/A* of Added Sugars

Protein **275.500 gm** 551 %

Vitamin A **2,616.000* iu** 52.32 %

Vitamin C **141.273* mg** 235.456 %

Vitamin D 0.000* mcg

Calcium **7,518.029* mg** 751.803 %

Iron **53.612* mg** 297.845 %

Potassium **63.840* mg** 1.358 %

Saturated Fat % of Calories **9.572%**

* Indicates missing Nutrient Information.

^ Indicates user added nutrient.

The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

WARNING: TRANS FAT VALUES ARE PROVIDED FOR INFORMATION PURPOSES ONLY, NOT FOR MONITORING PURPOSES.

Allergens

Eggs
Milk

PREPARATION INSTRUCTIONS

HACCP Process: #3 - Complex Food Preparation

HACCP Process:

#3 - Complex Food Preparation

Methods:

1. Gather ingredients in a clean & dry area
2. Spray full 2" hotel pans with cooking oil
3. Cut bread into cubes and place 2.75# of bread in each prepared hotel pan
4. In a large bowl mix milk, sugar, eggs, cinnamon and vanilla
5. Pour 10.5 cups of liquid mixture over bread in hotel pan. Press bread to fully cover with liquid
6. Let casserole soak for minimum 1.5 hours
7. Sprinkle with 1/4 Cup of brown sugar
8. Cover with saran wrap and foil. Bake at 350 for 20 minutes on convection at half fan speed. Remove wrap and foil and cook for additional 10 minutes
9. Take temperature. casserole must reach 165F. Casserole should be well browned and almost set in the center
10. Let cool
11. Record finished quantity on this sheet
12. Move this product to inventory team for placement in WIP cooler
13. Bring sheet to food service director for review if yield is off expected

Prep:

- Cut team: Cut bread

MY SCHOOL MENUS

SHOW

IN USE AS A SUB RECIPE

MENUS USING THIS RECIPE

DATES

Last Updated
11-27-2023

Created
11-27-2023

Quality Customer Service Overview

Gourmet Gorilla produces all meals fresh daily under a central commissary model, in order to maintain efficiencies, ensure quality and consistency across all programs, and conduct cost-effective meal programs for schools operating within the Summer Food Service Program, Child and Adult Care Food Program, School Breakfast Program, National School Lunch Program and the Gourmet Gorilla operation. Since 90% of our menus are made from scratch using in house recipes and delivered fresh each day to schools and programs, we can ensure superior quality and the ability to adapt and innovate based on participant meal preferences. Meals are prepared within 24 hours of delivery to the site.

Our goal is for our serving staff to be fully engaged in the meal experience of the students in a positive way. We allow time for them to gain a deeper understanding of our menus and nutrition so they are equipped to communicate and provide positive reinforcement during meal time each and every day.

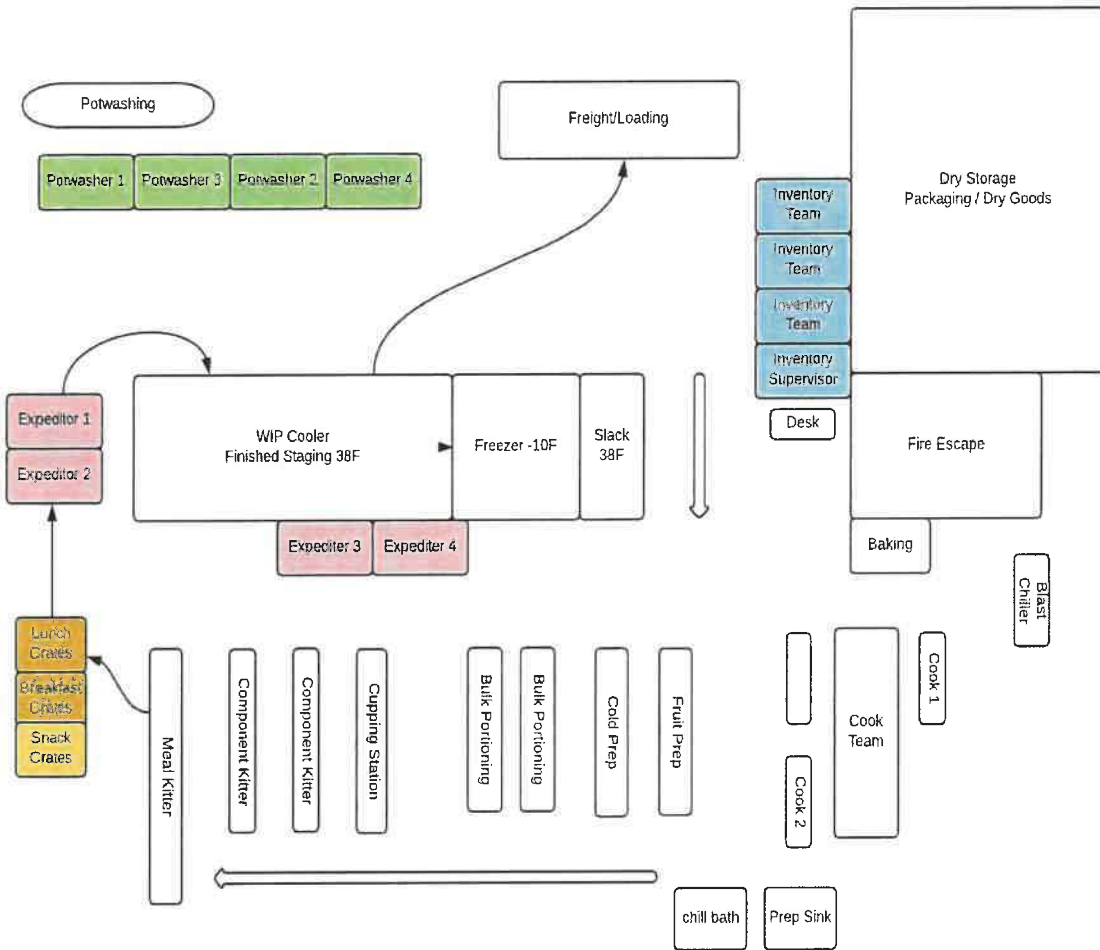
The vended meals service will follow the indicated staffing model in section E – Staffing Provisions. Meal service will be supported according to the following:

- Cafeteria Staff will receive deliveries of bulk food items, freshly prepared grab n go breakfast items, fresh lunch items, snack, back up meals and milk daily. The onsite staff is responsible for managing accurate receipt of items, quality assurance, and portioning accuracy prior to next day's service.
- Cafeteria Staff is responsible for light prep of salad bar items, sandwiches and the finishing of certain meal components.
- Cataloging meal counts for all meals served.
- Completing online production records to ensure compliance.
- Managing, recording and minimizing waste.
- Completing online daily menu feedback survey.
- Supporting GG in increasing meal participation rates by serving healthy, great tasting, appealing meals that meet regulatory standards by a well-trained, qualified staff.



FLOW OF FOOD

Please find the flow of food diagram below: Central Commissary Meal Production



REFRIGERATED VEHICLE TRANSPORT OF MEALS DELIVERY PLAN

Cold meals (breakfast and/or lunch), Hot meals (breakfast, lunch and/or supper), and snacks will be delivered in refrigerated trucks day ahead of service on site before consumption. Prior to leaving the Gourmet Gorilla facility, delivery drivers check their deliveries for accuracy based on the orders submitted, using on-line delivery lists and/or delivery checklists to ensure all meal components are included before departing the facility.

Upon arrival at each site, staff will receive the delivery and check for accuracy and completeness to ensure all components for the day's service are delivered and in good quality. In order to help facilitate this check, site staff will be provided with a delivery sheet to use to check in the meals and keep for their records. Upon delivery, both the driver and the site will sign the paper delivery sheet to reflect the delivery has been completed successfully.

In the event of a missing item or quality concern, the servers immediately report the issue back to the Gourmet Gorilla server supervisor. The Gourmet Gorilla logistics team is then notified and a redelivery is coordinated to arrive prior to their scheduled serving time.

All delivered items are safely transferred from the Gourmet Gorilla refrigerated delivery vehicle to appropriate cold and dry storage facilities on-site at the school.

Upon completion of the delivery, all empty and used serving pans and containers are then collected by the delivery driver for return to the Gourmet Gorilla facility.

Delivery Times

Deliveries will be made Monday through Friday in accordance with agreed upon delivery windows.

Gourmet Gorilla uses several integrated systems for delivery, routing, refrigerated trucks and vehicle tracking. Gourmet Gorilla uses WorkWave for route planning that dispatches routes to specific drivers tablets. The tablets instruct the driver at what time and what window they are to arrive. Gourmet Gorilla drivers use a combination of printed and digital delivery sheets to confirm, timely delivery, item accuracy, and temperature compliance upon arrival. Gourmet Gorilla uses a fail-over system with One Step, a plug-in GPS tracking system in case of a tablet battery outage.

Delivery Information/Customer Service

All refrigerated delivery vehicles are equipped with GPS tracking, and drivers record deliveries using Ipad applications so that our customer service team is able to provide real-time information on the status and completion of the delivery.

Driver Training

All drivers go through extensive training prior to being assigned to a route. Drivers shadow experienced drivers for one week, participate in classroom safety and food safety training, and pass a full background check.

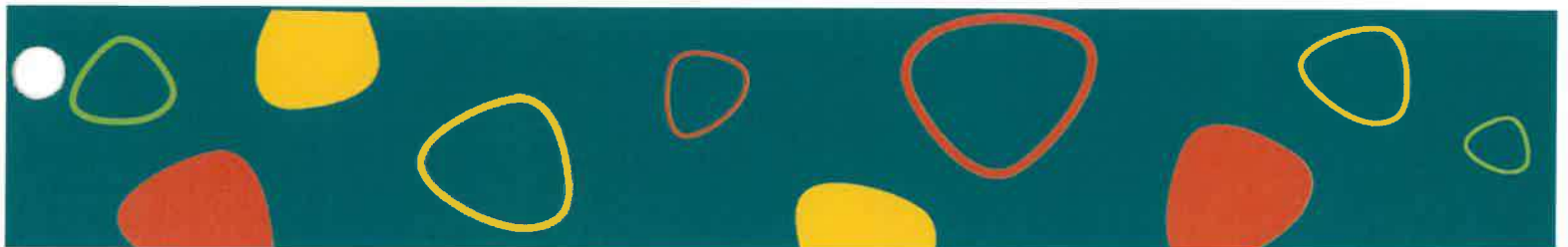
All refrigerated delivery vehicles are outfitted with tracking software that allows Gourmet Gorilla to track the precise current and past locations of the vehicle. This allows our customer service team as well as our logistic management team the ability to monitor route progress and reroute drivers when necessary to ensure timeliness of deliveries.

Driver Background Check Certification

All drivers are subject to and must pass a full criminal background check. All documentation is kept on file and can be provided upon request.



Gourmet Gorilla commits to meeting all food specifications documented in Exhibit B .





Transporting Food to Satellite Sites

Purpose: To prevent foodborne illness by ensuring that food temperatures are maintained during transportation and contamination is prevented.

Scope: This procedure applies to anyone who transports food from a central kitchen to satellite sites.

Key Words: Hot Holding, Cold Holding, Reheating, Cooling, Transporting Food

Instructions:

- 1 Train foodservice employees on using this procedure.
- 2 Follow the state or local health department rules.
- 3 During transportation:
 - Keep frozen foods frozen.
 - Maintain the temperature of refrigerated, potentially hazardous foods at 4 °F or below and cooked foods that are transported hot at 135°F or above.
- 4 Use only food carriers for transporting food approved by the National Sanitation Foundation International or that have otherwise been approved by the state or local health department.
- 5 Prepare the food carrier before use:
 - Ensure that all surfaces of the food carrier are clean.
 - Wash, rinse, and sanitize the interior surfaces.
 - Ensure that the food carrier is designed to maintain cold food temperatures at 41 °F and hot food temperatures at 135 °F or above.
 - Place a calibrated stem thermometer in the warmest part of the carrier if used for transporting cold food, or the coolest part of the carrier if used for transporting hot food. Refer to the Using and Calibrating Thermometers SOP.
 - Pre-heat or pre-chill the food carrier according to the manufacturer's recommendations.
- 6 Store food in containers suitable for transportation. Containers should be:
 - Rigid and sectioned so that foods do not mix
 - Tightly closed to retain the proper food temperature
 - Nonporous to avoid leakage
 - Easy-to-clean or disposable

- Approved to hold food
- 7 Place food containers in food carriers and transport the food in clean trucks, if applicable, to remote sites as quickly as possible.
- 8 Follow Receiving Deliveries SOP when food arrives at satellite site.

Monitoring:

- 1 Check the air temperature of the food carrier to ensure that the temperature suggested by the manufacturer is reached prior to placing food into it.
- 2 Check the internal temperatures of food using a calibrated thermometer before placing it into the food carrier. Refer to the Holding Hot and Cold Potentially Hazardous Foods SOP for the proper procedures to follow when taking holding temperatures.

Corrective Action:

- 1 Retrain any foodservice employee found not following this procedure.
- 2 Continue heating or chilling food carrier if the proper air temperature is not reached.
- 3 Reheat food to 165 °F for 15 seconds if the internal temperature of hot food is less than 135 °F. Refer to the Reheating Potentially Hazardous Foods SOP.
- 4 Cool food to 41 °F or below using a proper cooling procedure if the internal temperature of cold food is greater than 41 °F. Refer to the Cooling Potentially Hazardous Foods SOP for the proper procedures to follow when cooling food.
- 5 Discard foods held in the danger zone for greater than 4 hours.

Verification and Record Keeping:

Before transporting food to remote sites, foodservice employees will record food carrier temperature, food product name, time, internal temperatures, and any corrective action taken on the production sheets. Upon receipt of food at satellite sites, foodservice employees will record receiving temperatures and corrective action taken on the Receiving Log. The foodservice director/production manager at central kitchens will verify that foodservice employees are following this SOP by visually observing employees and reviewing and initialing the production sheets daily. The managers at the satellite site(s) will verify that foodservice employees are receiving foods at the proper temperature and following the proper receiving procedures by visually observing receiving practices during the shift and reviewing and initialing the Receiving Log daily. All logs are kept on file for a minimum of 1 year. The foodservice director/school administrator will complete the Food Safety Checklist monthly. The Food Safety Checklist is to be kept on file for a minimum of 1 year.

Date Implemented: January 7, 2024

By: Angela Lekkas, Chief Operating Officer

Date Reviewed:

By:

Date Revised:

By:

**Maintenance, Food Safety, Sanitation, Inspection and
Capacity of Production Facility**





Maintenance, Food Safety, Sanitation, Inspection and Capacity of Production Facility

Gourmet Gorilla's facility encompasses a comprehensive 34,000 square feet dedicated production, storage, logistics, and ensuring a seamless and efficient operation. The facility is equipped with six loading docks, which play a critical role in the logistics process, including the receiving of products and the dispatch of finished goods.

To enhance efficiency and maintain product quality, Gourmet Gorilla employs a streamlined process whereby finished products are preloaded directly into refrigerated box trucks at the docks each day and are ready for timely delivery.

Gourmet Gorilla is open to and encourages representatives of SASSED to visit our production facility to conduct a thorough view of our Hazard Analysis Control Point (HACCP) Compliance.

This invitation is extended as part of our commitment to transparency and excellence, aligning with any bid review process to provide stakeholders with a comprehensive understanding of our operational standards and food safety protocols.

This invitation is also extended any time after the bid opening and before bid acceptance, and thereafter throughout the duration of this contract.

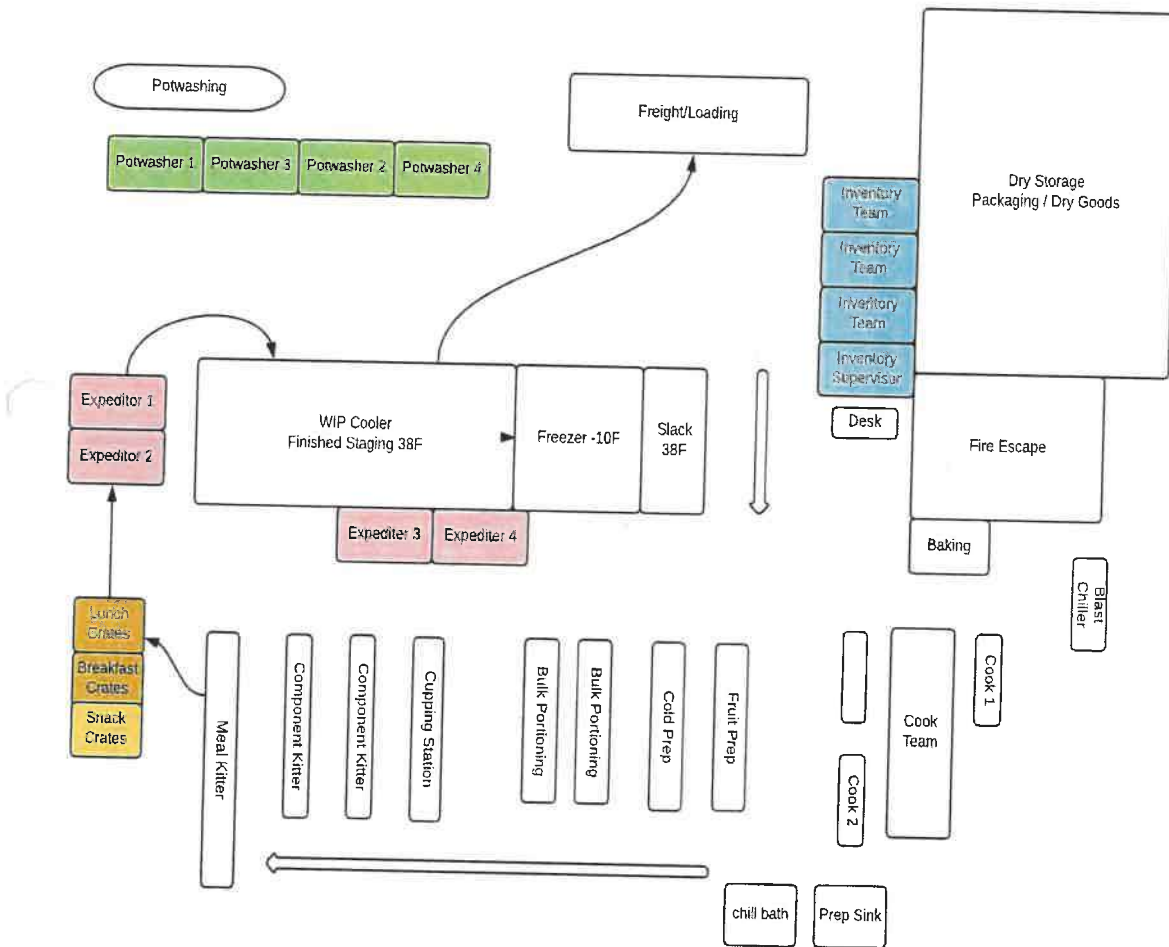
Please see floor plans, flow of food diagram, and our most recent health inspection reports.

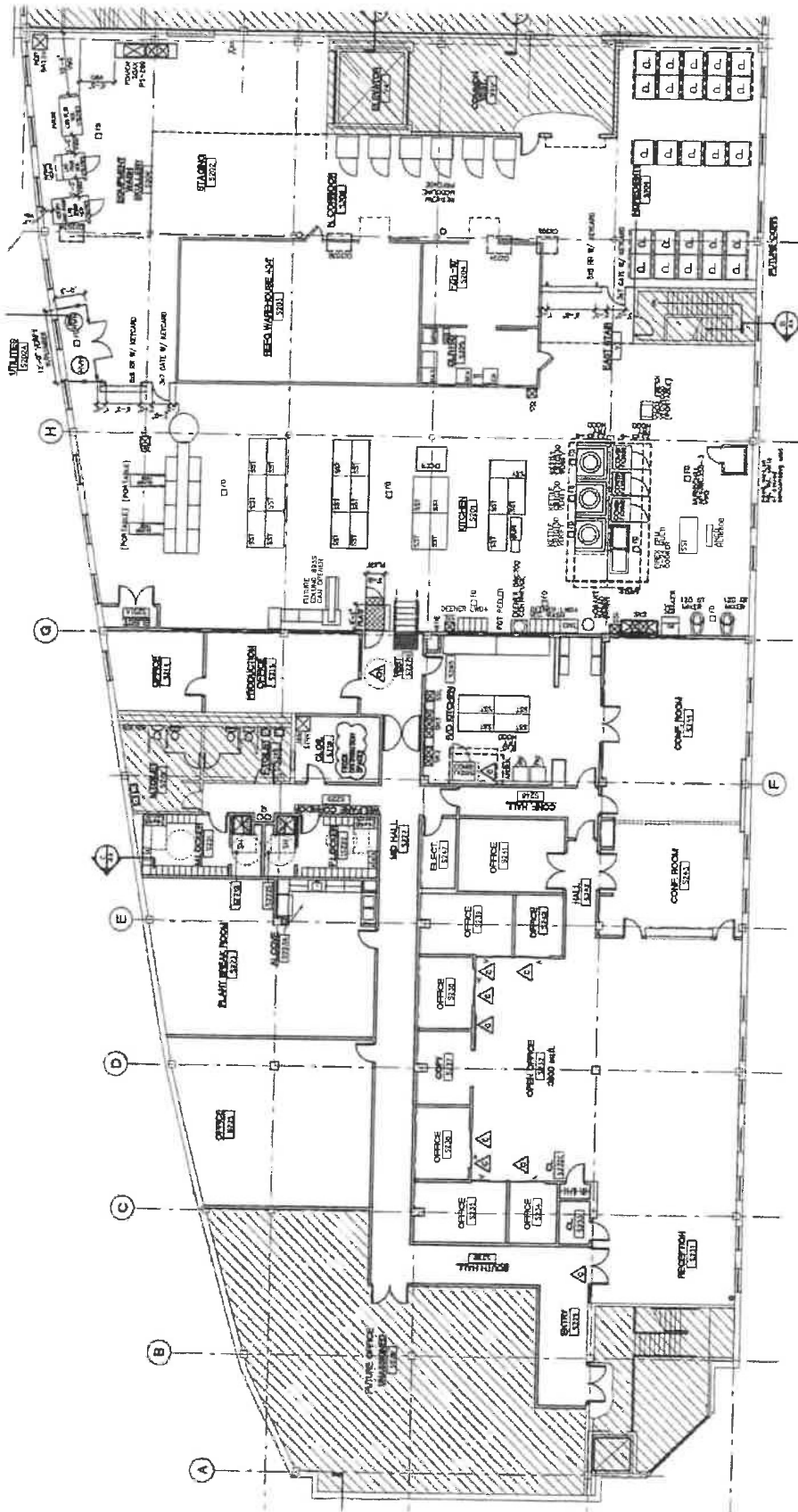
A handwritten signature in black ink, appearing to read "Dan Grier", located at the bottom center of the page.



FLOW OF FOOD

Please find the flow of food diagram below: Central Commissary Meal Production





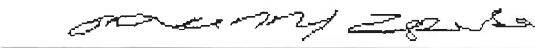
**This food establishment
was last inspected by the
Chicago Department of Public Health**
On November 03 2023

**This establishment was found
to be in substantial compliance
with Chicago's Health Code.**

Signature of Inspecting sanitarian



Signature of Certified manager



Business Name GOURMET GORILLA

Address 1200 W CERMAK RD

CHICAGO, IL 60608

By order of the municipal code, this inspection report summary must be posted in plain view of this establishment's customers. Altering or removing this document is punishable by law.



City of Chicago
Brandon Johnson
Mayor



Chicago Department of Public Health
Fikirte Wagaw, MPH
Acting Commissioner

If you have a complaint about a food establishment, please phone 311, (TTY users dial 312-744-8599)

This food establishment
was last inspected by the
Chicago Department of Public Health

on November 14 2022

This establishment was found to be
in substantial compliance
with Chicago's health code

Signature of Inspecting sanitarian D. Mendoza

Signature of Certified manager Jovanny Zepede

Business Name Gourmet Gorilla
Address 1200 W. Cermak Rd
Chicago, IL 60608

By order of the Municipal Code, this inspection report summary must be posted in plain view of this establishment's customers. Altering or removing this document is punishable by Law.



If you have a complaint about a food establishment, please call 311. (TTY users dial 312-747-2374)

Gourmet Gorilla Food Safety

Created by:
Dietetic Interns
Bethany Brown &
Audrey McDonald

Presented by:



Objectives

- Proper Attire and Personal Protective Equipment (PPE)
- Handwashing
- Quality Assurance
- Temperature Control
- Spooning and Portioning



Proper Attire and Personal Protective Equipment

- Hairnet and Beard Coverings
- Wear a face mask
- Must wear non-slip shoes
- No jewelry or watches besides wedding band
- No fake fingernails
- Must wear gloves, especially if wearing nail polish
- Apron or chef coat



Handwashing

- Always wash hands after using the restroom
- Before entering the kitchen
- Before putting on gloves
- When your hands get dirty/contaminated



Quality Assurance

- Food has to meet specific standards, so monitoring the quality is important
- Practicing good food safety guidelines will prevent sickness, injury, and dissatisfaction with products



Temperature Control

Dangerzone: 40°F - 140°F

- When food is held in the temperature danger zone, bacteria and pathogens can grow rapidly.
- Correct holding temperatures are important to follow or else food will go to waste or might cause illness.



Spooning and Portioning

There are strict guidelines from the National School Lunch Program regarding nutrients, so it is imperative that you correctly portion the food to meet the specific guidelines. The correct way to serve is flat, level scoops.



Portion one serving from each group (main, fruit, and extra) for a complete meal!

Pre-K Portion Guide - Breakfast

	Main	Fruit	Extra
Bagel w/ Cream Cheese	1 bagel	4 fl oz scoop	1/2 fl oz cream cheese
Overnight Oats	4 fl oz	4 fl oz scoop	
Breakfast Burrito	1 burrito	4 fl oz scoop	
Breakfast Sandwich	1 each	4 fl oz scoop	
Cereal	3 fl oz	4 fl oz scoop	
Chocolate Grownola Cereal	3 fl oz	4 fl oz scoop	
French Toast Casserole	1 slice	4 fl oz scoop	
Grow Bar	1 bar	4 fl oz scoop	
Grownola Bar	1 bar	4 fl oz scoop	
Muffin	1 small muffin	4 fl oz scoop	
Oatmeal	2 fl oz	4 fl oz scoop	
Omelet	1 omelet	4 fl oz scoop	1/2 english muffin or slice of bread
Pancake	1 each	4 fl oz scoop	1 fl oz compote
Quick Bread	1 slice	4 fl oz scoop	
Scrambled Eggs	2 fl oz eggs	4 fl oz scoop	1/2 english muffin or slice of bread
Veggie Omelet	1 each	4 fl oz scoop	
Waffle	1 waffle	4 fl oz scoop	1 fl oz compote
Yogurt	4 fl oz yogurt	4 fl oz scoop	1/2 english muffin

1 fl oz spoodle	Yellow
2 fl oz spoodle	Red
3 fl oz spoodle	Orange
4 fl oz spoodle	Light Green
6 fl oz spoodle	Light Blue
8 fl oz spoodle	Dark Blue

Thank you!
Any questions???



Attachment 8
Audit Support



Gourmet Gorilla conducts regular ongoing internal inspections and site reviews throughout the school year to ensure food service and safety standards remain consistent and compliant. During an actual site audit, Gourmet Gorilla follows the below protocol and checklist to support the SFA through the audit process.

- Nutrition Team leads the audit process in collaboration with the school food service management team.
- The “Audit Information” folder provides an in-depth overview of what will happen during the entire audit.
- Below are the main items prepared:
 - Civil rights training PowerPoint and sign-in sheet printed
 - Professional Standard hours printed (for servers and managers)
 - Temperature logs completed for the month of audit as well as the current week
 - Receiving
 - Fridge
 - Freezer
 - Reheating
 - Dry
 - Production records filled out for the month of audit as well as the current week
 - The auditor will most likely ask to see production records from the entire month that is being audited as well as the meal they audit
 - Count sheets/reimbursable meal count tracking for the month of audit as well as the current week
 - For most CEP schools this will be the count sheets that the servers fill out
 - Others will have a program such as MealTime
 - The auditor will most likely use a clicker during meal time to ensure they are receiving the same count as the servers
 - Servers understand NBP & NSLP requirements
 - Prepare servers for questions such as:
 - How many components are needed for breakfast?
 - How many components are needed for lunch?
 - What is the quantity of vegetables needed for lunch?
 - What is the proper counting method you use?
 - Make sure they reference the count sheets and NOT counting trays. Some serving schools count trays for a double check, but the auditor will NOT accept this.
 - What are some training topics your manager has covered with you?
 - These will be included on the professional standards documentation
 - What is the back-up counting method? Who is the back-up counter?
 - Where is the health inspection displayed?
 - Where is your manager and handler certification displayed?
 - What do you do in the event a student has an allergy?
 - The auditor might look on production records to see if substitute meals are being recorded on these records.
 - Where is your drinking water kept? (This can be a water fountain, but if there is no water fountain in the lunchroom there must be pitchers)
 - How are students monitored for reimbursement if the school is not CEP?



- Auditor will be looking to make sure it's anonymous to all students who are Free, Paid & Reduced
- Make sure OvS or Served signs are posted
- Make sure Justice for All poster is posted
- Make sure menu board is hanging and filled out properly
- Make sure servers know how to properly serve the meal when auditor is observing
 - Not mixing sauce with noodles
 - Not pre-plating for everyone (asking ovs instead)
 - Using portion cups for condiments
 - Knowing what is and is not a compliant meal
 - Proper food safety (i.e. not using the same spoodle for chicken and vegetable)
 - Proper hygiene (i.e. changing gloves when appropriate)
 - Make sure two types of milk are being offered
- Make sure the servers have proper serving utensils
 - Check the menu for the week to ensure all serving size spoodles that are needed are on site
 - Review with the servers what the menu is and how to serve everything
- Up to date HACCP plan
- Food Code Policy signed by servers

HS/CP School	Audit Date	Audit Month	Next Date Youth Picked To Review	Student Issues at That Week	School Statement at Year-end Meeting	Infection Control	Food Service Team				Food Safety	Sanitation												Operational HACCP plan	Professional Development	Food Code Policy signed by servers											
							Food Service Team	Food Service Team	Food Service Team	Food Service Team		Hand Washing	Hand Washing	Hand Washing	Hand Washing	Hand Washing	Hand Washing	Hand Washing	Hand Washing	Hand Washing	Hand Washing	Hand Washing	Hand Washing				Hand Washing	Hand Washing									

Title: Internal Audit Criteria		Issued on: 12.15.20
		Revised on: N/A
Document: 9.2	Version: 1.0	Supersedes: N/A



1. HACCP Program

- a) Verify flow chart against the process to make sure it matches
- b) All steps identified in flow chart are addressed in hazard analysis
- c) HACCP Plan has been reviewed and reassessed within past 12 months
- d) Monitoring activities are conducted with required time intervals and accurately
- e) CCPs are scientifically validated

2. Training Program

- a) Training Program has been reviewed within past 12 months
- b) Review training register to verify that all required trainings have been conducted
- c) Select 1 employee per training topic and interview to verify if the training was effective. Record employees' names.
- d) Verify training record of at least 3 temporary employees. Interview these employees to verify that GMP training was effective. Record employees' names.

3. Complaint Management

- a) Program has been reviewed within past 12 months
- b) Complaints are logged in on Customer Complaint Log
- c) Corrective actions to customer complaints are identified, implemented and verified'
- d) Complaints are responded within times outlined in the Program
- e) Review records of communicating complaints to relevant staff

4. Food Defense

- a) Program was reviewed within past 12 months
- b) Emergency Contacts are listed and are current. Verify 2 contacts for accuracy.
- c) Food Defense Team has met reviewed and reassessed the Plan within past 12 months. Documentation from that meeting is on file.
- d) Food Defense Coordinator is externally trained and training certificate is on file.
- e) Background checks are conducted on all new hires.

5. Supplier Approval

- a) Supplier Approval Program has been reviewed within past 12 months
- b) Vendor score card is maintained
- c) Select 5 suppliers and verify that approval documentation (questionnaire and 3rd party audits or certificates are on file. Record supplier names.
- d) Pick 5 ingredients and verify that suppliers are listed on Approved Supplier Register

6. Document Control

- a) Program has been reviewed within past 12 months
- b) Select 5 random documents (monitoring forms, SOPs) and check for document control information (effective date, version number, supersedes date and form / document number)
- c) Review Document Control Register for accuracy and missing information.
- d) Compare 5 documents with document register to verify that most recent document versions are in use and documented. Record document titles.

7. Non – Conforming Product and Equipment

Title: Internal Audit Criteria		Issued on: 12.15.20
		Revised on: N/A
Document: 9.2	Version: 1.0	Supersedes: N/A



- a) Program was reviewed within past 12 months
- b) Review Hold Log for proper disposition of affected product or equipment
- c) Conduct inventory of held product and equipment to verify that it is quarantined
- d) Verify that held product is stored in designated section of the storage

8. Specification Program

- a) Program was reviewed within past 12 months
- b) Select 5 ingredients and 5 finished products and verify that current specifications are on file. Record ingredients and finished product names.
- c) Verify if selected ingredients and finished products are listed on ingredient and finished product specification register.

9. Policy Statement

- a) Verify that Policy Statement was reviewed within past 12 months
- b) Verify that Policy Statement is available in languages understood by employees
- c) Verify that Policy Statement is signed by appropriate Senior Management
- d) Verify that Policy Statement is prominently displayed for all employees and effectively communicated to all employees.

10. Traceability and Recall

- a) Program was reviewed within past 12 months
- b) Mock traceability exercise was conducted within past 12 months within 2 hours (back and forward) and is on file. Record product name and date.
- c) Review traceability records for ingredients and packing materials for accuracy.
- d) Recall Team contact list is current and up to date. Select 2 contacts from the list and verify for accuracy. Record names.
- e) Product in storage and on production floor is identified with appropriate label.
- f) Verify that written Program has recall contact information for owner and plant manager.

11. GMP and Hygiene

- a) Program was reviewed within past 12 months
- b) Interview 3 selected employees for knowledge about GMPs. Record employee's names
- c) Observe employees following GMPs
- d) Verify that no personnel with illness or open wound are engaged in product handling.

12. Sanitation, Cleanliness and Chemical Storage

- a) Program and SSOPs were reviewed within past 12 months
- b) Employees engaged in sanitation process were trained on SSOPs pertaining to specific equipment or structure
- c) Direct observe 2 employees cleaning selected equipment / area to verify if they follow proper procedures. Record employee names and equipment cleaned.
- d) Review Pre-operational inspection records for proper corrective actions
- e) Review ATP swabs results to assure that verification procedures are in place and followed. Record dates

Title: Internal Audit Criteria		Issued on: 12.15.20
		Revised on: N/A
Document: 9.2	Version: 1.0	Supersedes: N/A



- f) Inspect facility for proper chemical storage
- g) Verify of chemical storage rooms have restricted access signs and are locked
- h) Select 3 chemicals and verify that these are listed on approved chemicals register and MSDS are on file. Record names of chemicals
- i) Review chemical usage and titration logs.

13. Shipping / Receiving and Storage

- a) Programs were reviewed within past 12 months
- b) Review receiving and shipping records for 3 selected days to verify proper information is recorded. Document dates
- c) Direct observe 1 receiving and 1 shipping process. Verify that seals are applied to outbound shipments and seals or locks are present on incoming trucks. Document product, date, time and employee names.
- d) Verify that trailers are being inspected and are in good sanitary conditions.
- e) Inspect storage areas for cleanliness, organization and damaged product.
- f) Verify storage temperatures on digital monitors.

14. Allergen Management

- a) Program was reviewed within past 12 months
- b) Review production schedule to verify that allergens are properly scheduled. Record date of last allergen run.
- c) Verify that allergens are clearly marked and stored in designated areas throughout storage. Record ingredients names.
- d) Verify that allergens are properly labeled during processing.
- e) Verify 1 finished product label for proper allergen warning statement. Record product name.
- f) Review Allergen Validation documentation for satisfactory results and proper corrective actions.
- g) Review allergen changeover documentation to assure proper procedures are followed.

15. Integrated Pest Control

- a) Program was reviewed within past 12 months
- b) Visits are scheduled as outlined in service agreement. Verify if agreement is current
- c) Current licenses of PCO are in place
- d) Verify that corrective actions are taken and documented to all deficiencies found by PCO
- e) Review SDS sheets for 3 pesticides included in register
- f) Verify pest control map for accuracy

16. Foreign Material Control

- a) Program and SOPs were reviewed within past 12 months
- b) Metal Detector has been calibrated by 3rd party operator within past 12 months and certificate is on file.
- c) Review metal detector records for accuracy
- d) No utensils made of wood are present in processing areas
- e) Verify that glass register has been reviewed and updated every quarter
- f) Select 3 items made of glass or brittle plastic and verify if these are listed on register and are in acceptable condition.
- g) Verify that no paper clips or push pins are used in processing area

Title: Internal Audit Criteria		Issued on: 12.15.20
		Revised on: N/A
Document: 9.2	Version: 1.0	Supersedes: N/A



17. Maintenance and Engineering

- a) Program and Sops were reviewed within past 12 months
- b) Review downtime reports for accuracy and if appropriate actions are taken to reduce downtime
- c) Compare PM records against PM schedule to assure preventive maintenance is performed as scheduled. Record dates
- d) Direct observe maintenance personnel for proper GMPs. Record employee names.
- e) Tools used by maintenance personnel are in good sanitary condition and inspected.
- f) Area is cleaned and inspected after emergency repair. Emergency repairs are properly documented.
- g) Maintenance lubricants are properly stored (locked and separated between food and non – food grade).
- h) Equipment in processing area do not pose risk for food safety (peeling paint, loose parts, food contact surfaces too close to floors or walls)

18. Business Continuity

- a) Plan was reviewed within past 12 months
- b) Emergency contact information is current. Select 2 contacts and verify information. Record contacts names.
- c) Plan was tested within past 12 months. Write the date of the record.
- d) Measures have been established within the plan to separate, evaluate and take disposition on affected product after crisis situation.

19. Waste Removal

- a) Program was reviewed within past 12 months
- b) Waste is removed from production and storage areas in timely manner
- c) Trash is segregated from recyclable materials

20. Facility and Building

- a) Facility and Building is structurally sound and no evidence that would lead to potential food safety issues is identified.
- b) Cleaning of overhead structures is sufficient
- c) Adequate lighting is provided
- d) No dead end pipes are identified within facility
- e) Backflow preventers were tested within the past 12 months. Record date

21. Labeling

- a) Program was reviewed within past 12 months
- b) Select 3 labels and review for accuracy and compliance with state or federal laws. Record product names.
- c) Verify that all product produced is labeled properly
- d) Review label verification documentation for accuracy.



Food and Nutrition Service

Product Formulation Statement for Documenting Grains in Child Nutrition Programs

(Crediting Standards Based on Grams of Creditable Grains (ounce equivalent))

Program operators should include a copy of the label from the purchased product package in addition to the following information on letterhead signed by an official company representative.

Product Name: Apple Bread, Big, 2 each Code No.:

Manufacturer: Gourmet Gorilla Serving Size: 2 each (87.87g/3 oz) (raw dough weight may be used to calculate creditable grains)

I. Does the product meet the whole grain-rich criteria? Yes [X] No

II. Does the product contain non-creditable grains? Yes No [X] How many grams? (Products with more than 0.24 ounce equivalent (oz eq) or 3.99 grams (g) for Groups A-G or 6.99g for Groups H and I of non-creditable grains do not credit toward the grains requirement for school meals.)

III. Use Exhibit A: Grain Requirements for Child Nutrition Programs in the Food Buying Guide for Child Nutrition Programs (FBG) to determine if the product fits into Groups A-G (baked goods), Group H (cereal grains) or Group I (RTE breakfast cereals).

Indicate which Exhibit A Group (A-I) the product belongs: B

Table with 4 columns: Description of Creditable Grain Ingredient, Grams of Creditable Grain Ingredient per Portion (A), Gram Standard of Creditable Grains per Oz Eq (16g or 28g) (B), and Creditable Amount (A ÷ B). Rows include Whole Wheat Flour, All Purpose Flour, and Total Creditable Amount 1.5.

* Creditable grains vary by Program. See the FBG for specific Program requirements.
1 (Serving size) X (% of creditable grains in formula); serving sizes other than grams must be converted to grams.
2 Standard grams of creditable grains from the corresponding Group in Exhibit A.
3 Total Creditable Amount must be rounded down to the nearest quarter (0.25) oz eq. Do not round up.

Total weight (per portion) of product as purchased 2 each (87.87g)

Total contribution of product (per portion) 1.5 oz eq

I certify that the above information is true and correct and that a 3 ounce portion of this product (ready for serving) provides 1.5 oz eq grains. I further certify that non-creditable grains are not above 0.24 oz eq per portion.

Signature: Maura Johnson, RD, LDN

Director Of Nutrition Title

Printed Name: MAURA JOHNSON, RD, LDN

Date: 01/20/2023 Phone Number: (877) 219-3663



0105NHL03 16

16478 928



FULLY COOKED, WHOLE GRAIN

CHUNK-SHAPED BREADED CHICKEN PATTIES-CN

INGREDIENTS: Chicken, water, isolated soy protein, seasoning (salt, onion powder, modified corn starch, and natural flavor), sodium phosphates, **BREADED WITH:** Whole wheat flour, water, enriched wheat flour (enriched with niacin, ferrous sulfate, thiamine mononitrate, riboflavin, folic acid), yeast, contains 2% or less of the following: modified corn starch, spices, cellulose, gum powder, extractives of paprika and annatto, spice extractives. *Seasoning and vegetable oil.
CONTAINS SOY WHEAT

0.65 30433
CN 1/2 lb (226.8 g) fully cooked, chunk-shaped breaded chicken patties provide 200 g of equivalent meat and 1.00 oz. equivalent grains for the Daily Nutrition Meal Pattern requirements. CN
Use of the food and statement authorized by the Food and Nutrition Service, USDA, 3/5/14.



Nutrition Facts	
Serving Size 4 Pieces (76g)	
Servings Per Container About 180	
Amount Per Serving	
Calories 180	Calories from Fat 70
% Daily Value*	
Total Fat 8g	12%
Saturated Fat 1.5g	8%
Trans Fat 0g	
Cholesterol 35mg	12%
Sodium 350mg	15%
Total Carbohydrate 10g	3%
Dietary Fiber 1g	4%
Sugars 0g	
Protein 13g	26%
Vitamin A 2% • Vitamin C 0%	
Calcium 2% • Iron 1%	

*Percent Daily Values are based on
dietary goals.

7:25

KEEP FROZEN

DISTRIBUTED BY: TYSON FOODS, INC., SPRINGDALE, AR 72765-2020 U.S.A.

PREPARATION: Appliances vary, adjust accordingly.
CONVENTIONAL OVEN: 8-10 minutes at 400°F from frozen.
CONVECTION OVEN: 5-8 minutes at 375°F from frozen.

NET WT. 30.6 LBS.

LLR11105780



Alpha Baking Co., Inc
 1001 West Polk Street
 Chicago, IL 60644
 73-261-6000 Fax: 773-261-6065
 www.alphabaking.com

Brian Carson

Brian J Carson
 R&D Manager
 2/16/2015

Nutritional information summary for the school dietician

1.5lb White Wheat Split Top

Serving Size:	1 Slice	Product # 11162 1.00 School Bread Servings (Whole Grain-Rich)
Servings per Pack:	24	
Serving Weight:	28 Grams	
	1.0 Oz	

Whole Grain:	10.8 Grams each	65% of total Flour
Enriched Flour:	5.8 Grams each	35% of total Flour
Total Flour:	16.6 Grams each	
Sodium:	130 mg each	5% RDA per serving

ALLERGEN Statement: Contains: Wheat, Soy.

Nutrient*	Per Servin	% RDA	INGREDIENTS: Whole Wheat Flour, Water, Enriched Wheat Flour (Wheat Flour, Barley Malt, Niacin, Iron, Thiamin Mononitrate, Riboflavin, Folic Acid), Sugar, Wheat Gluten, Soybean Oil, Contains 2% or less of the following: Yeast, Salt, Dough Conditioners (DATEM, Mono & Diglycerides, Ethoxylated Mono & Diglycerides, Ascorbic Acid, Enzymes), Malted Barley Flour, Dextrose, Soy Lecithin, Calcium Propionate and Potassium Sorbate (Preservatives), Wheat Starch.
Calories	71.31	4%	
Calories from Fat	10.93		
Protein (gm)	2.37		
Carbohydrates (g)	13.23	4%	
Dietary Fiber (gm)	1.40	6%	
Total Sugars (gm)	1.44		
Total Fat (gm)	1.23	2%	
Saturated Fat (gm)	0.40	2%	
Poly Fats (gm)	0.53		
Mono Fats (gm)	0.19		
Trans Fats (gm)	0.01		
Cholesterol (mg)	0.00	0%	
Sodium (mg)	129.79	5%	
Calcium (mg)	16.46	2%	
Iron (mg)	0.75	4%	

Phosphorus (mg)	43.77	4%
Potassium (mg)	53.82	2%
Magnesium (mg)	1.64	0%
Zinc (mg)	0.05	0%
Thiamine (mg)	0.11	8%
Riboflavin (mg)	0.06	3%
Niacin (mg)	1.15	6%
Folate (mcg)	14.49	4%
Vitamin A (IU)	0.00	0%
Vitamin B6 (mg)	0.00	0%
Vitamin C (mg)	0.00	0%
Vitamin D (IU)	0.00	0%
Vitamin E (mg)	0.20	1%

* Nutritional analysis is computed from databases.
 "Per Serving" information is unrounded and based on product weight.

Definitions:

"1.0 School Bread Serving" = "1oz of bread, at least 16g flour per oz"

"Whole Grain-Rich" means at least 8 grams of the flour is WHOLE GRAIN (per serving) and the remainder of the flour, if any, is Enriched.

Formulation Statement for Documenting Grains in School Meals
Required Beginning SY 2013-2014
(Crediting Standards Based on Grams of Creditable Grains)

School Food Authorities (SFAs) should include a copy of the label from the purchased product package in addition to the following information on letterhead signed by an official company representative. Grain products

may be credited based on previous standards through SY 2012-2013. The new crediting standards for grains (as outlined in Policy Memorandum SP 30-2012) must be used beginning SY 2013-2014. SFAs have the option to choose the crediting method that best fits the specific needs of the menu planner.

Product Name: 1.5lb White Wheat Split Top Code No.: 11162

Manufacturer: Alpha Baking Company Serving Size: 1 Slice / 1oz
 (raw dough weight may be used to calculate creditable grain amount)

I. Does the product meet the Whole Grain-Rich Criteria: Yes
 (Refer to SP 30-2012 Grain Requirements for the National School Lunch Program and School Breakfast Program.)

II. Does the product contain non- creditable grains: Yes XX How many grams: N/A
 (Products with more than 0.24 oz equivalent or 3.99 grams for Groups A-G or 6.99 grams for Group H of non- creditable grains may not credit towards the grain requirements for school meals.)

III. Use Policy Memorandum SP 30-2012 Grain Requirements for the National School Lunch Program and School Breakfast Program: Exhibit A to determine if the product fits into Groups A-G, Group H or Group I.
 (Different methodologies are applied to calculate servings of grain component based on creditable grains. Groups A-G use the standard of 16grams creditable grain per oz eq; Group H uses the standard of 28grams creditable grain per oz eq; and Group I is reported by volume or weight.)

Indicate to which Exhibit A Group (A-I) the Product Belongs: B

Description of Creditable Grain Ingredient*	Grams of Creditable Grain Ingredient per Portion ¹	Gram Standard of Creditable Grain per oz equivalent (16g or 28g) ²	Creditable Amount
	A	B	A ÷ B
Whole Grain:	10.8		0.68
Enriched Flour:	5.8		0.36
Total:	16.6	16	1.04
Total Creditable Amount ³			1.00

*Creditable grains are whole-grain meal/flour and enriched meal/flour.

¹ (Serving size) X (% of creditable grain in formula). Please be aware serving size other than grams must be converted to grams.

2 Standard grams of creditable grains from the corresponding Group in Exhibit A.

3 Total Creditable Amount must be rounded down to the nearest quarter (0.25) oz eq. Do not round u

Total weight (per portion) of product as purchased 1.0 oz

Total contribution of product (per portion) 1.00 oz equivalent.

I certify that the above information is true and correct and that a 1 ounce portion of this product (ready for serving) provides 1 oz equivalent Grains. I further certify that non-creditable grains are not above 0.24 oz eq. per portion. Products with more than 0.24 oz equivalent or 3.99 grams for Groups A-G or 6.99 grams for Group H of non-creditable grains may not credit towards the grain requirements for school meals.

Signature



Brian J Carson
R&D Manager

Phone Number:

773-797-3372

Date:

02/16/15

Attachment 9

Additional Documents

- **Independent Price Determination Certificate**
- **Proposal Agreement**
- **Bid-Rigging Certification**
- **Certificate of Independent Bid Determination**
- **Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion Lower Tier Covered Transactions, Certificate Regarding Lobbying**
- **Disclosure of Lobbying Activities**
- **Licenses, Permits, and Certifications**
- **Insurance and Bond Requirements**

SECTION 22: Independent Price Determination Certificate

Both the School Food Authority (SFA) and the Food Service Management Company (Offeror) shall execute this Independent Price Determination Certificate.

Gourmet Gorilla School Association for Special Education in Dupage County
 Name of Food Service Management Company Name of School Food Authority

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:

- a. 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.
- b. Unless otherwise required by law, the prices which have been quoted in this offer have not been knowingly disclosed to the Offeror and will not knowingly be disclosed by the Offeror prior to opening in the case of an advertised procurement or prior to award in the case of a negotiated procurement, directly or indirectly to any other Offeror for the purpose of restricting competition.
- c. No attempt has been made or will be made by the Offeror to induce any person or firm to submit or not submit an offer for the purpose of restricting competition.

Each person signing this offer on behalf of the Offeror certifies that:

- a. He or she is the person in the Offeror’s organization responsible within the organization for the decision as to the prices being offered herein and has not participated, and will not participate, in any action contrary to sections a through c above; or
- b. He or she is not the person in other Offeror’s organization responsible within the 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 sections a through c above, and as their agent does hereby certify; and he or she has not participated, and will not participate, in any action contrary to the above.

TO THE BEST OF MY KNOWLEDGE, this Offeror, its affiliates, subsidiaries, officers, directors, and employees are not currently under investigation by any government agency and have not in the last three years been convicted of or found liable for any act prohibited by state or federal law in any jurisdiction, involving conspiracy or collusion with respect to bidding on any public contract, accepts as follows:

Signature of Food Service Management Company’s Authorized Representative	Title	Date Signed Mo./Day/Yr.
Ø <i>Raulin</i>	CEO	4/26/2024

IN ACCEPTING THIS OFFER, the SFA certifies that no representative of the SFA has taken any action that may have jeopardized the independence of the offer referred above.

Signature of School Food Authority	Title	Date Signed Mo./Day/Yr.
Ø		


NOTE: Accepting an Offeror’s offer does not constitute award of the contract.

SECTION 23:**Proposal Agreement****FSMC**
Complete section below.

THE UNDERSIGNED HEREBY OFFERS to provide the services of an FSMC as specified in this proposal for the period of July 1, 2024 and ending June 30, 2025. This agreement shall be in effect for the period specified, not to exceed one year, and may be renewed by mutual agreement for four additional one-year Contract Terms.

I understand that the SFA reserves the right to reject any or all proposals, and that this proposal may not be withdrawn during a period of sixty (60) days from the time of opening of the proposal.

FURTHERMORE, I CERTIFY that, consistent with section 3 of this RFP, I have not exchanged any gratuities, favors, nor anything of monetary value with the SFA, and this proposal is made without prior understanding, agreement, or connection with any other Offeror submitting a proposal for the same type of service, and is in all respects fair and without collusion or fraud. I agree to abide to all term and conditions of this RFP and certify that I am authorized to sign the RFP for the Offeror.


FSMC Name				
Gourmet Gorilla				
FSMC Street Address		City	State	Zip
1200 W Cermak Road		Chicago	IL	60608
Signature of Authorized Representative			Date Signed <i>Mo./Day/Yr.</i>	
			4/26/2024	
Printed Name <i>First and Last</i>		Title		
Danielle Hrzic		CEO		
Email Address		Phone <i>Area Code/No.</i>	FAX <i>Area Code/No.</i>	
danielle@gorillakids.com		877-219-3663	866-226-8460	

SFA
Complete section below.**Awarding of the Contract**

SFA by signing below is awarding the contract for this RFP to the Offeror of this proposal, herein referred to as "Selected FSMC". This proposal, all sections of the proposal, all terms and conditions, addendums, including any additional addendums mutually agreed to by both the SFA and Offeror will be incorporated into this Awarded Contract.

The undersigned hereby accepts Offeror's services of an FSMC as specified in this proposal for the period of July 1, 2024 and ending June 30, 2025. This agreement shall be in effect for the period specified, not to exceed one year, and may be renewed by mutual agreement for four additional one-year Contract Terms.

FURTHERMORE, I CERTIFY that, consistent with section 3 of this RFP, I have not received any gratuities, favors, nor anything of monetary value with the FSMC, and this proposal is made without prior understanding, agreement, or connection with any other Offeror submitting a proposal for the same type of service, and is in all respects fair and without collusion or fraud. I agree to abide to all term and conditions of this RFP and certify that I am authorized to sign the RFP for the SFA.

SFA Name				
SFA Street Address		City	State	Zip
Signature of Authorized Representative			Date Signed <i>Mo./Day/Yr.</i>	
				
Printed Name <i>First and Last</i>		Title		
Email Address		Phone <i>Area Code/No.</i>	FAX <i>Area Code/No.</i>	

Bid-Rigging Certification

_____ Danielle Hrzic _____, a duly
(Agent)

authorized agent of _____ Gourmet Gorilla _____,
(Contractor)

do hereby certify that neither _____ Gourmet Gorilla _____,
(Contractor)

nor any individual presently affiliated with _____ Gourmet Gorilla _____
(Contractor)

_____ has been barred from bidding on a public contract as a
result of a violation of either Section 33E-3 (bid-rigging) or Section 33E-4 (bid rotating)
of the Illinois Criminal Code, contained in Chapter 38 of the Illinois Revised Statutes.



Authorized Agent

Gourmet Gorilla
Contractor

CERTIFICATE OF INDEPENDENT BID DETERMINATION

I, the undersigned, in submitting the accompanying bid, do hereby make the following statements that I certify on behalf of the bidder to be true and complete in every respect:

- 1) I have read and I understand the contents of this Certificate;
2) I am authorized by the bidder to sign this Certificate, and to submit the accompanying bid, on behalf of the bidder;
3) Each person whose signature appears on the accompanying bid has been authorized by the bidder to determine the terms of, and to sign, the bid, on behalf of the bidder;
4) For the purposes of this Certificate and the accompanying bid, I understand that the word "competitor" shall include any individual or organization, other than the bidder, whether or not affiliated with the bidder, who;
5) The bidder discloses that [check one of the following, as applicable]:
6) Without limiting the generality of paragraphs (5)(a) or (5)(b) above, there has been no consultation, communication, agreement or arrangement by or on behalf of the bidder with any competitor regarding;
7) In addition, there has been no consultation, communication, agreement or arrangement with any competitor by or on behalf of the bidder regarding the quality, quantity, specifications or delivery particulars of the products or services to which this invitation for bids relates, except as specifically authorized by the procuring authority or as specifically disclosed pursuant to paragraph (5)(b) above;
8) The terms of the accompanying bid have not been, and will not be, knowingly disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening, or of the awarding of the contract, whichever comes first, unless otherwise required by law or as specifically disclosed pursuant to paragraph (5)(b) above; and,
9) I understand that the accompanying bid will be disqualified if this certification is found not to be true and complete in every respect.

Signature of Authorized Agent 4/26/2024 Date

Danielle Hrzic Printed Name

CEO Title

ILLINOIS STATE BOARD OF EDUCATION
100 North First Street
Springfield, IL 62777-0001

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

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). Copies of the regulations may be obtained by contacting the Illinois State Board of Education.

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, and
- (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.

Gourmet Gorilla

Organization Name

Gourmet Gorilla Bid Submission

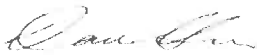
PR/Award Number or Project Name

Danielle Hrzic

Name of Authorized Representative

CEO

Title



Original Signature of Authorized Representative

4/26/2024

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.

ILLINOIS STATE BOARD OF EDUCATION
100 North First Street
Springfield, IL 62777-0001

CERTIFICATE REGARDING LOBBYING

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 an 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 any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any 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 any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit ISBE 85-37, "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 subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. 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.

Gourmet Gorilla

Organization Name

Gourmet Gorilla Bid Submission

PR/Award Number or Project Name

Danielle Hrzic

Name of Authorized Representative

CEO

Title



Original Signature of Authorized Representative

4/26/2024

Date

ILLINOIS STATE BOARD OF EDUCATION
100 North First Street
Springfield, IL 62777-0001

DISCLOSURE OF LOBBYING ACTIVITIES

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

a. Contract b. Grant c. Cooperative agreement d. Loan e. Loan guarantee f. Loan insurance

2. STATUS OF FEDERAL ACTION

a. Bid/offer/application b. Initial award c. Post-award

3. REPORT TYPE

a. Initial filing b. Material change For material change only: Year _____ Quarter _____ Date of last report _____

4. NAME AND ADDRESS OF REPORTING ENTITY

Prime Subawardee, Tier _____, if known _____ Congressional District, if known _____

5. IF REPORTING ENTITY IN NO. 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

\$ _____

10a. NAME AND ADDRESS OF LOBBYING ENTITY
(If individual, last name, first name, MI)

b. INDIVIDUALS PERFORMING SERVICES
(Including address if different from No. 10a) (last name, first name, MI)

(Attach Continuation Sheet(s) ISBE 85-37A, if necessary)

11. AMOUNT OF PAYMENT (check all that apply)

\$ _____ Actual Planned

12. FORM OF PAYMENT (check all that apply)

a. Cash b. In-kind; specify: nature _____ value _____

13. TYPE OF PAYMENT (check all that apply)

a. Retainer b. One-time fee c. Commission
 d. Contingent fee e. Deferred 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), ISBE 85-37A 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

Danielle Hrzic

TITLE

CEO

TELEPHONE NUMBER

877-219-3663

DATE

4/26/2024

Taxpayer Notification

Business Authorization



#BWNKMGV
#CNXX X134 1XX3 2X87#
GOURMET GORILLA INC
ATTN: DANIELLE HRZIC / JASON WEEDON
1200 W CERMAK RD
CHICAGO IL 60608-3221

January 3, 2024



Letter ID: CNXXX1341XX32X87

Account ID: 3946-5748

We have issued your Certificate of Registration.

We have issued your Illinois Business Authorization.

Please verify that all of the information on the Business Authorization is correct. If all of the information is correct, you may print a paper copy from a MyTax Illinois account to visibly display at the business address listed.

Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

If you wish to be registered for any other taxes or fees, you must complete a new application. For questions, visit our website at tax.illinois.gov or call us weekdays between 8:00 a.m. and 4:30 p.m. at the telephone number below.

**CENTRAL REGISTRATION DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19030
SPRINGFIELD IL 62794-9030
REV.CENTREG@illinois.gov**

217 785-3707

Verify that all of your Illinois Business Authorization information is correct.

If not, contact us immediately.

If all of the information is correct, you may print and visibly display at the business listed. Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

OFFICIAL DOCUMENT

State of Illinois - Department of Revenue

Illinois Business Authorization

OFFICIAL DOCUMENT

GOURMET GORILLA INC

1200 W CERMAK RD
CHICAGO IL 60608-3221

Loc. Code: 016-0001-1-002

Chicago (Cook)
Cook County

Expiration Date:
3/1/2025


Certificate of Registration

Sales and use taxes and fees (3946-5748)

ILLINOIS REVENUE
[Signature]
Director

OFFICIAL DOCUMENT

Issued Date: **01/03/2024**



Verify that all of your Illinois Business Authorization information is correct.

If not, contact us immediately.

If all of the information is correct, you may print and visibly display at the business listed. Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

This site is not a permanent location and is one you indicated could change. We have pre-printed the correct tax rate for this location on your return. You must contact us if you make sales from a different location.

OFFICIAL DOCUMENT

State of Illinois - Department of Revenue

Illinois Business Authorization

OFFICIAL DOCUMENT

GOURMET GORILLA INC


1200 W CERMAK RD
CHICAGO IL 60608-3221


Loc. Code: 016-0001-1-000 - CL


Chicago (Cook)
Cook County

Expiration Date:
3/1/2025

Certificate of Registration
Sales and use taxes and fees (3946-5748)






[Signature]
Director

OFFICIAL DOCUMENT

Issued Date: **01/03/2024**



**Contracting with Small and Minority
Businesses, Women's Business Enterprises, and
Labor Surplus Area Firms**

**Gourmet Gorilla does not have direct contracts
with the following firms, but has agreements to
purchase with these vendors.**

- 
- Common Market
 - Phoenix Bean
 - Midwest Foods
 - Gourmet Gorilla
 - New SBL
 - Sabinas Foods
 - Diamond Waste
 - Stoneward





State of Illinois Commission on Equity and Inclusion
Business Enterprise Program
100 W. Randolph St., Suite 4-100, Chicago, IL 60601
www.cei.illinois.gov

May 4, 2023

Danielle Hrzic
Gourmet Gorilla, Inc
1074 W. Taylor St.
PO Box 126
Chicago, IL 60607

Dear Business Owner:

Re: **NCA Certification Approval** Women Business Enterprise (WBE)
Certification Term Expires: June 4, 2024

Congratulations! After reviewing the No-Change Affidavit (NCA) information you supplied, we are pleased to inform you that your firm has been granted continued certification under the Business Enterprise Program (BEP) for Minorities, Females and Persons with Disabilities.

This certification is in effect with the State of Illinois until the date specified above as long as you continue to submit annual No-change Affidavits and are found to still meet the requirements of the Program.

Your firm's name will appear in the State's Directory as a certified vendor with the BEP in the specialty area(s) of:

NIGP 95284: SUPPLEMENTAL FOOD SERVICES
NIGP 96115: CONCESSIONS, CATERING, VENDING: MOBILE AND STATIONARY (SEE CLASS 905 FOR AIRPORT CONCESSIONS)
NIGP 96138: FOOD PREPARATION SERVICES, INCLUDING FOOD CANNING SERVICES
NIGP 96219: CAFETERIA AND RESTAURANT SERVICES

Also, please be advised that this certification does not guarantee that you will receive a State contract. Please visit the Vendor Registration page on www.opportunities.illinois.gov and be sure to register with each of the Procurement Bulletins listed so that you are notified of upcoming solicitations in your NIGP codes. Certification with the Business Enterprise Program does not ensure you receive notifications; you must also register with the Procurement Bulletins.

Thank you for your participation in the BEP. We welcome your participation and wish you continued success.

Sincerely,

A handwritten signature in black ink, appearing to read "Carlos Gutiérrez".

Carlos Gutiérrez
Certification Manager
Business Enterprise Program

Insurance Requirements

Gourmet Gorilla acknowledges the insurance coverage requirements outlined in the invitation to bid document. Gourmet Gorilla will maintain it's umbrella and total liability insurance coverage to cover all operations and procure the required bid and performance bonds accordingly should we be awarded the contract.





Certificate of Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/28/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Evergreen Park, IL-McNellis Insurance-Hub International Midwest West 9401 S Pulaski Road Suite 301 Evergreen Park IL 60805	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: csuchicago@hubinternational.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Grange Mutual Casualty Company</td> <td>14060</td> </tr> <tr> <td>INSURER B : Carolina Casualty Insurance Company</td> <td>10510</td> </tr> <tr> <td>INSURER C : Grange Indemnity Insurance Company</td> <td>10322</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Grange Mutual Casualty Company	14060	INSURER B : Carolina Casualty Insurance Company	10510	INSURER C : Grange Indemnity Insurance Company	10322	INSURER D :		INSURER E :		INSURER F :
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INSURER C : Grange Indemnity Insurance Company	10322													
INSURER D :														
INSURER E :														
INSURER F :														
INSURED Gourmet Gorilla Inc. 1074 W. Taylor Street #126 Chicago IL 60607														

COVERAGES

CERTIFICATE NUMBER: 506684278

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____	Y	Y	CPP2704066	2/18/2024	2/18/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> comp/coll <input checked="" type="checkbox"/> deducts \$500	Y	Y	CA 2704067	2/18/2024	2/18/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ \$0			CUP2704068	2/18/2024	2/18/2025	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			BNUWC0156269	2/18/2024	2/18/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Commercial Property			CPP2704066	2/18/2024	2/18/2025	Contents 2,689,415

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: School Association for Special Education in DuPage County

School Association for Special Education in DuPage County, its Board, Board members, employees, agents, and successors are an Additional insured on a primary and non-contributory basis with respect to General Liability and Auto Liability only when required by written contract subject to terms, conditions, and exclusions.

Waivers of Subrogation is granted in favor of the stated additional insureds on the General Liability, Auto Liability and Workers Compensation policies only when required by written contract where allowable by law. See Attached...

CERTIFICATE HOLDER**CANCELLATION**

School Association for Special Education in DuPage County
 2900 Ogden Avenue
 Lisle IL 60532

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Evergreen Park, IL-McNellis Insurance-Hub International Midwest		NAMED INSURED Gourmet Gorilla Inc. 1074 W. Taylor Street #126 Chicago IL 60607	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

The Umbrella policy follows the forms of the underlying policies.



Bond Requirements

Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

Bid Bond

CONTRACTOR:

(Name, legal status and address)

Gourmet Gorilla, Inc.
1074 W. Taylor Street #126
Chicago, IL 60607

SURETY:

(Name, legal status and principal place of business)

The Ohio Casualty Insurance Company
175 Berkeley Street
Boston, MA 02116

Mailing Address for Notices

1411 Opus Place Suite 450
Downers Grove, IL 60515

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

OWNER:

(Name, legal status and address)

School Association for Special Education in DuPage County
2900 Ogden Avenue
Lisle, IL 60532

BOND AMOUNT: \$ 5% Five Percent of Amount Bid

PROJECT:

(Name, location or address, and Project number, if any)

Food Service Management Company-Vended Meals (FSMC) Fixed Price per Meal Contract in the School Nutrition Programs

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 3rd day of May, 2024

Gourmet Gorilla, Inc.

(Principal)

(Seal)

(Witness)

By:

(Title)

The Ohio Casualty Insurance Company

(Surety)

(Seal)

(Witness)

By:

(Title) James I. Moore

Attorney-in-Fact

State of Illinois

County of DuPage

SURETY ACKNOWLEDGEMENT (ATTORNEY-IN-FACT)

I, Sherry L Bacskai **Notary Public of** DuPage **County, in the State of** Illinois ,

do hereby certify that James I. Moore **Attorney-in-Fact, of the** The Ohio Casualty

Insurance Company **who is personally known to me to be the same person whose**

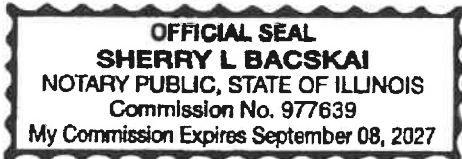
name is subscribed to the foregoing instrument, appeared before me this day in person, and

acknowledged that he signed, sealed and delivered said instrument, for and on behalf of the

The Ohio Casualty Insurance Company **for the uses and purposes therein set forth.**

Given under my hand and notarial seal at my office in the City of Downers Grove **in**

said County, this 3rd **day of** May , 2024 .



Sherry L Bacskai
Notary Public Sherry L Bacskai
My Commission expires: September 8, 2027

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated. Not valid for mortgage, note, loan, letter of credit, bank deposit, currency rate, interest rate or residual value guarantees. For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint James I. Moore of the city of Downers Grove, state of IL, its true and lawful attorney-in-fact, with full power and authority hereby conferred to sign, execute and acknowledge the following surety bond:

Principal Name: Gourmet Gorilla, Inc.
Obligee Name: School Association for Special Education in DuPage County
Surety Bond Number: Bid Bond Bond Amount: See Bond Form

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 12th day of March, 2021.



The Ohio Casualty Insurance Company
Liberty Mutual Insurance Company
West American Insurance Company
By: David M. Carey
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 12th day of March, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS - Section 12. Power of Attorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts - SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 3rd day of May, 2024.



By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

GOURMET GORILLA 186





BOARD OF DIRECTORS SY 24-25

NAME AND DISTRICT ROLE	ROLE	MEETING DATE	TIME
Dr. Omar Castillo, Keeneyville SD20	Member	August 7, 2024	2:00 PM
Mr. Jack Buscemi, Benjamin SD25	Member	September 18, 2024	2:00 PM
Ms. Kristina Davis, West Chicago SD33	Secretary	October 16, 2024	2:00 PM
Dr. Matt Rich, Winfield SD34	Member	November 20, 2024	2:00 PM
Dr. Brian Graber, DuPage County SD45	Member	December 18, 2024	2:00 PM
Dr. Amy Zaher, Salt Creek SD48	Member	January 15, 2025	2:00 PM
Dr. Kevin Russell, Downers Grove SD58	Member	February 19, 2025	2:00 PM
Dr. Sean Nugent, Maercker SD60	Member	March 19, 2025	2:00 PM
Mr. Mark Cross, Cass SD63	Chair	April 16, 2025	2:00 PM
Dr. Andrew Wise, Center Cass SD66	Member	May 21, 2025	2:00 PM
Dr. Patrick Broncato, Woodridge SD68	Member	June 11, 2025	2:00 PM
Dr. Jean Barbanente, DuPage High SD88	Vice-Chair		
Dr. Kurt Johansen, Community High SD94	Member		
Dr. Hank Thiele, Community High SD99	Member		
Dr. Charlie Kyle, Community Consolidated SD 180	Member		
Mr. Jack Baldermann, Westmont CUSD 201	Member		
Dr. Keith Filipiak, Lisle SD202	Member		
Dr. Keisha Campbell, Elmhurst CUSD 205	Member		

All meetings will be held at the SASED Administrative Center, 2900 Ogden Avenue, Lisle, IL 60532 in the upper-level boardroom.

		MEMBER			NON-MEMBER			Grand Total
		SASED	DWC	Total	DWC	Other	Total	
PROGRAMS	Deaf and Hard of Hearing	9	35	44		2	2	46
	Directions	17		17	0	1	1	18
	Multi-Needs	95		95	11	0	11	106
	Project Search	5		5	7	0	7	12
	Southeast	74		74	2	0	2	76
	STARS	45		45	1	0	1	46
	Transition	17		17	0	0	0	17
	Vision	14	19	33		16	16	49
		276	54	330	21	19	40	370
				89%			11%	

SASED Financial Model

Fiscal Year 2023-2024

	Gross Expenditures	Grant Revenue	Net Costs	
Programs	\$15,694,020	\$1,619,671	\$14,074,349	
Services	\$14,769,642	\$1,328,925	\$13,440,717	
Subtotal	\$30,463,662	\$2,948,596	\$27,515,066	
Overhead	\$5,136,270	\$375,000	\$4,761,270	17.3%
Total Program/Services/Overhead	\$35,599,932	\$3,323,596	\$32,276,336	
Other Non-Billable Services	\$1,941,177	\$1,984,948	-\$43,771	
Capital Projects	\$1,638,158	\$50,000	\$1,588,158	
Revenue Other than Tuition		\$557,000	-\$557,000	
Total	\$39,179,267	\$5,915,544	\$33,263,723	

PROGRAMS

Special Note: Program tuition rates are based on actual enrollment, ELL and SI/AT are allocated to programs by usage, EBF revenue offsets tuition costs, Per 105 ILCS 5/10-20,12A, Tuition for non-resident pupils, the nonmember rate is 110% of the costs to maintain the program

	Program / Service	Description	Gross Expenditures	Grant Revenue	Net Costs	Billing Note	
PROGRAMS	Deaf and Hard of Hearing	Assist students to fill language and vocabulary gaps caused by their hearing loss	\$2,470,960	\$212,914	\$2,258,046	DWC Districts are charged member rate	
	Directions	Intensive support in social-emotional skill development	\$872,134	\$58,680	\$813,454		
	Multi-Needs	students with significant and complex support needs who require a smaller, structured classroom environment.	\$3,918,773	\$368,110	\$3,550,663		
	Project Search	Structured learning and internships for students with disabilities in their last year of High School or when finishing a Transition program.	\$95,307	\$11,736	\$83,571	A nonmember fee is not charged	
	Southeast	Serves students with significant emotional and/or behavioral issues	\$3,019,662	\$433,513	\$2,586,149		
	STARS	Teaching for Autism: Reflecting Success) offers a highly structured learning environment	\$1,455,122	\$121,669	\$1,333,453		
	Transition	Teaches real life skills in age appropriate, natural environments	\$704,111	\$38,326	\$665,785		
	Vision	Serves students who are blind/visually impaired	\$2,749,040	\$257,552	\$2,491,488	DWC Districts are charged member rate	
	Extended School Year		\$408,911	\$117,171.00	\$291,740		
		Subtotal		\$15,694,020	\$1,619,671	\$14,074,349	

SERVICES

Program / Service	Description	Gross Expenditures	Grant Revenue	Net Costs	Billing Note
Assistive Technology	Trains IEP teams to effectively consider and / or implement Assistive Technology for students with disabilities.	\$121,943	\$11,736	\$110,207	SASED bills districts for days they committed on their menus and allocate amount to programs based on usage
School Improvement Instructional Support	Educational coaches with backgrounds in educational psychology, applied behavior analysis, positive behavior supports (PBIS), multi-tiered system of supports (MTSS), mental health, and general and special education.	\$907,442	\$113,989	\$793,453	SASED bills districts for days they committed on their menus and allocate amount to programs based on usage
Audiology Department	Audiology / Hearing and Vision Screenings / Ear Mold Services	\$272,360	\$23,472	\$248,888	SASED bills member districts and coops & indep districts in DWC for a diagnostic test. For SASED districts, the districts receive a bill in Jan and July for actual number of tests. For DWC, the first bill is based on % of usage from previous year. The final bill is a true- up to reconcile actual.
Itinerant Services	Specialized instruction and support for students with hearing and visual impairments.	\$966,055	\$101,797	\$864,258	SASED bills districts for evaluations and for direct and consult minutes based on a per minute rate. Nonmembers are charged 10% surcharge
Occupational & Physical Therapy	OT - Help people with physical, sensory, or cognitive problems live independently PT - Help relieve pain, move better or strengthen weakened muscles.	\$6,149,349	\$668,982	\$5,480,367	SASED bills districts for non-IEP time (evaluations) and for direct and consult minutes based on a per minute rate. Nonmembers are charged 10% surcharge
Private Placement	Clerical support for private placement contracts	\$13,588		\$13,588	SASED bills districts a proration of 20% of clerks salary and benefits based on usage
1:1 Interpreter	1:1 Interpreter assigned to specific students billed directly to District	\$54,112	\$3,461	\$50,651	
1:1 Medical Assistant	1:1 Medical Assistant assigned to specific students billed directly to District	\$1,058,179	\$34,765	\$1,023,414	
1:1 Paraprofessional services	1:1 Paraprofessional assigned to specific students billed directly to District	\$5,226,614	\$370,723	\$4,855,891	
	Subtotal	\$14,769,642	\$1,328,925	\$13,440,717	

SERVICES

OVERHEAD

Special Note: SASSED will invoice for overhead costs based on a % calculated of overhead to programs & services on each invoice for member and nonmember districts.

	Program / Service	Gross Expenditures	Grant Revenue	Net Costs	Billing Note
Overhead	Executive Administration	\$790,814	0	\$790,814	
	Director of Business Services	\$200,841	0	\$200,841	
	Fiscal Services	\$403,165	0	\$403,165	
	Building and Grounds	\$583,588	0	\$583,588	
	Transportation	\$381,560	\$375,000	\$6,560	Offset Revenue: Transportation Reimbursement
	Human Resources	\$774,141	0	\$774,141	
	Curriculum	\$516,971	0	\$516,971	
	Prof Dev - Spring Inst., CPI	\$284,899	0	\$284,899	
	Technology	\$1,200,291	0	\$1,200,291	
	Subtotal	\$5,136,270	\$375,000	\$4,761,270	

OTHER NON-BILLABLE SERVICES

Special Note: Non-billable services include external grants, student activity fund. These expenditures are not billed to SASED district members.

	Program / Service	Description	Gross Expenditures	Grant Revenue	Net Costs	
Other Non-Billable Services	EC GRANT	Early Choices is an Inclusion Initiative of ISBE. Early Choices receives three separate grants, EC, EC STATE, and PDG. SASED is the fiscal agent for these grants. These are SASED employees, however, they provide support and services throughout Illinois.	\$409,000	\$409,000	\$0	
	EC STATE GRANT	Additional state grant that was awarded to Early Choices this fiscal year. 'one time'	\$500,000	\$500,000	\$0	
	PDG GRANT	Early Choices grant for Professional Development	\$400,000	\$400,000	\$0	
	DRS GRANT	DRS is a federal grant issued through the Illinois Department of Human Services. DRS (Division of Rehabilitation Services) is a Vocational Rehabilitation State Program. SASED shares this grant with Wheaton-Warrenville and NDSEC. The DRS grant is awarded based on two criteria. 1. Youth Coordinator salary \$92,765 and 2. Performance based which is \$4,300 for each outcome, maximum \$343,500	\$307,146	\$390,000	-\$82,854	
	DRS LOCAL		\$48,319	\$11,736	\$36,583	
	ESSER	Under the Elementary and Secondary School Emergency Relief III ARP Fund (ESSER III), the Department awards grants to SEAs for the purpose of <ul style="list-style-type: none"> • for the implementation of evidence-based interventions aimed specifically at addressing learning loss such as summer learning or summer enrichment, extended day, comprehensive after-school programs, or extended school year programs. • for evidence-based summer enrichment programs. • for evidence-based comprehensive after-school programs 	\$274,212	\$274,212	\$0	
	Student Activity Fund	Micro Business	\$2,500	0	\$2,500	
		Subtotal		\$1,941,177	\$1,984,948	-\$43,771

SOURCES OF REVENUE OTHER THAN TUITION

SOURCES OF REVENUE OTHER THAN TUITION			
	National Lunch Program	\$118,756	
	State Lunch Program	\$1,400	
	National Breakfast Program	\$40,569	
	Evidence-Based Funding	\$2,799,607	
	Transportation Reimbursement	\$375,000	
	Early Choices Grant	\$409,000	
	Preschool Development Grant	\$400,000	
	Early Choices Grant	\$500,000	
	Vocational DRS	\$390,000	
	ESSER III	\$274,212	
	School Maintenance Grant	\$50,000	
	Bank Interest	\$65,000	SASED RETAINS IN FUND BALANCE
	Medicaid Admin Outreach	\$300,000	SASED RETAINS IN FUND BALANCE
	Building Assessment	\$192,000	SASED RETAINS IN O&M FUND BALANCE
	Subtotal	\$5,915,544	

BILLING CYCLE	
Program/Service	Invoice Date
SASED/DWC Programs	July (100%)
IST/AT	September
User Fee (Private Facility)	September
ESY	October
OT/PT	October
Itinerant (Vision and Hearing)	October
1:1 Staffing	December
Diagnostic (Audiology)	January (Referral based July - December)
Mid-year Sure Up	March
Diagnostic (Audiology)	June (Referral based January - June)
Tuition Programs/Itinerant/OTPT/1:1 Staffing FINAL	July

SASED FY25 FTE - STAFFING PATTERN

	FY24 (Current)	FY25
PROGRAM ADMIN	10	9
ADMIN ASSIST	12	11.5
CERTIFIED TEACHERS	62	60
ADAPTED PE TEACHER	6	6
CERTIFIED PROGRAM ITINERANT TEACHER	2	1
AUDIOLOGIST	2	1
BCBA	0	2
VOC COORDINATOR LBS II	1	1
ELL TEACHER	1.6	2
O&M	5	5
BMS - PW	4	4
ART THERAPIST	2	2
HI ITINERANT	5	5
VI ITINERANT	2.8	3.8
SPEECH	15.47	15.47
PERM SUBS	3	5
SOCIAL WORK	9.4	9.4
PSYCH	3.6	2
NURSE - CSN	4	4
AT - BMS	1	1
SIIS COACH - BMS	8.83	8.83
Job Coach - PW		1
Teacher Assistant/ABS Room -Pathways	2	2
TEACHER ASSISTANTS & SIGNING ASST	37	37
1:1 TA	129.5	74.5
TEACHER ASSISTANTS RBT	0	15
TOTAL TA, RBT, and 1:1 TA	166.5	126.5
MA/TA	6	0
1:1 MATA	23	23
LEAD INTERPRETER	1	1
INTERPRETERS	6	6
FOOD HANDLER	1.5	1
MOVEMENT SPECIALIST	1	1
JOB COACH	6	2
CUSTODIAN	1	1
1:1 INTERPRETER	1	0
OT	45.8	45.8
PT	10.2	10.2
COTA	2	2
Early Choices	7	3.5
EXECUTIVE ADMIN	0.92	1.23
ASST DIRECTORS	3	3
BUSINESS SERVICES	4.5	4
Medicaid	1	0.8
HUMAN RESOURCES/STAFF SERVICES	2	2
TRANSPORTATION	3	3
BUILDINGS & GROUNDS	1	1
TECHNOLOGY	3	3
DATA ANALYST	1	1
YOUTH SERVICES COORDINATOR	1	1
TOTAL FTE	461.12	405.03



July 1, 2024-June 30, 2025

FY25 Budget

*Dr. James W. Gunnell
Jim Nelson
Co-Executive Directors*

*Rachel Wisniewski
Assistant Director of Business Services/CSBO*

Executive Summary

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**SASED OPERATING
BUDGET SUMMARY FY25**

	<u>SASED Program & Services</u>	<u>Capital Improvement</u>	<u>Total</u>
Fund Balance - July 1, 2024	3,551,304	1,028,436	4,579,740
Revenue:			
Local Sources	34,577,985		34,577,985
Tuition and Fees	34,553,985		34,553,985
Earnings on Investment	24,000		24,000
State Sources	3,017,420		3,017,420
Evidence Based Funding	2,799,608		2,799,608
Transportation Reimbursement	214,812		214,812
State Free Lunch and Breakfast	3,000		3,000
Federal Sources	653,534		653,534
NSLP	115,000		115,000
E-RATE	124,000		124,000
School Breakfast Program	60,000		60,000
Medicaid Admin Outreach	330,000		330,000
Early Choices Indirect Cost	24,534		24,534
Total Revenue	38,248,939	-	38,248,939
Expenditures:			
Salary	22,508,075		22,508,075
Employee Benefits	5,383,281		5,383,281
Purchased Services	8,712,078	141,232	8,853,310
Supplies and Materials	668,240		668,240
Capital Outlay	280,600	1,765,400	2,046,000
Other Objects (Flow-Through)	-		-
Non-Capitalized Equipment	128,339		128,339
Total Expenditures	37,680,613	1,906,632	39,587,245
Revenue Over (Under) Expenditures	568,326	(1,906,632)	(1,338,306)
Transfer of Funds	(878,196)	878,196	-
Fund Balance - June 30, 2025	3,241,433	-	3,241,433

**SASED
BUDGET SUMMARY FY25**

	SASED Program & Services	Capital Improvement	Grants	Student Activity Fund	Total
Fund Balance - July 1, 2024	3,551,304	1,028,436	964,259	46,994	5,590,993
Revenue:					
Local Sources	34,577,985	-	56,700	5,000	34,639,685
Tuition and Fees	34,553,985		56,700		34,610,685
Earnings on Investment	24,000				24,000
School Activity Income				5,000	5,000
State Sources	3,017,420	-	-	-	3,017,420
Evidence Based Funding	2,799,608				2,799,608
Transportation Reimbursement	214,812				214,812
State Free Lunch and Breakfast	3,000				3,000
Federal Sources	653,534	-	907,389	-	1,560,923
NSLP	115,000				115,000
E-RATE	124,000				124,000
School Breakfast Program	60,000				60,000
Medicaid Admin Outreach	330,000				330,000
Early Choices Indirect Cost	24,534				24,534
DRS Grant			417,000		417,000
ESSER			105,923		105,923
Early Choices Grant			384,466		384,466
	-				-
Total Revenue	38,248,939	-	964,089	5,000	39,218,028
Expenditures:					
Salary	22,508,075		343,669		22,851,744
Employee Benefits	5,383,281		89,989		5,473,270
Purchased Services	8,712,078	141,232	1,378,770		10,232,080
Supplies and Materials	668,240		64,421	2,500	735,161
Capital Outlay	280,600	1,765,400	20,000		2,066,000
Other Objects (Flow-Through)	-				-
Non-Capitalized Equipment	128,339				128,339
Total Expenditures	37,680,613	1,906,632	1,896,849	2,500	41,486,594
Revenue Over (Under)					
Expenditures	568,326	(1,906,632)	(932,760)	2,500	(2,268,566)
Transfer of Funds	(878,196)	878,196			
Fund Balance - June 30, 2025	3,241,433	-	31,500	49,494	3,322,427

FY25 BUDGET COST BY PROGRAM

	FY25 DIRECT COST	ADD PROGRAM ALLOCATIONS	LESS OFFSET GRANT REVENUE	FY25 NET COST	
PROGRAM 1 - EXECUTIVE ADMINISTRATION	\$926,412	\$0	\$0	\$926,412	
PROGRAM 2 - BUSINESS SERVICES	\$718,330	\$0	\$24,534	\$693,796	
PROGRAM 3 - HUMAN RESOURCES SERVICES	\$555,591	\$0	\$0	\$555,591	
PROGRAM 4 - CURRICULUM/PROGRAMS AND SERVICES	\$863,118	\$0	\$0	\$863,118	
PROGRAM 5 - PROFESSIONAL DEVELOPMENT	\$260,131	\$0	\$0	\$260,131	
PROGRAM 6 - INFORMATION TECHNOLOGY	\$1,485,936	\$0	\$124,000	\$1,361,936	
PROGRAM 7 - BUILDINGS AND GROUNDS	\$615,103	\$0	\$0	\$615,103	
PROGRAM 8- TRANSPORTATION	\$180,382	\$0	\$102,818	\$77,564	
TOTAL OVERHEAD	\$5,605,002	\$0	\$251,352	\$5,353,651	18.47%
PROGRAM 9 - ELL SERVICES	\$244,627	(\$213,796)	\$30,831	(\$0)	
PROGRAM 10- VISION PROGRAM	\$1,802,301	\$45,088	\$289,286	\$1,558,103	
PROGRAM 11 - DHH PROGRAM	\$2,670,282	\$116,930	\$301,250	\$2,485,962	
PROGRAM 12 - PATHWAYS PROGRAM	\$3,875,352	\$138,538	\$419,929	\$3,593,961	
PROGRAM 13- SUPPORTIVE MEDICAL NEEDS PROGRAM	\$1,277,428	\$32,100	\$231,641	\$1,077,887	
PROGRAM 14 - STRUCTURED LEARNING ENVIRONMENT PROGRAM	\$5,612,609	\$350,501	\$669,049	\$5,294,061	
PROGRAM 15 - TRANSITION PROGRAM	\$1,220,347	\$46,791	\$229,913	\$1,037,225	
PROGRAM 16 - PROJECT SEARCH PROGRAM	\$113,879	\$0	\$11,736	\$102,143	
PROGRAM 17 - DIAGNOSTICS/AUDIOLOGICAL SERVICES	\$150,580	\$0	\$10,220	\$140,360	
PROGRAM 18 - FOOD SERVICES	\$200,480	(\$22,480)	\$178,000	\$0	
PROGRAM 19 - ITINERANT SERVICES	\$1,155,830	\$0	\$130,003	\$1,025,827	
PROGRAM 20 - OCCUPATIONAL/PHYSICAL THERAPY SERVICES	\$6,413,451	\$2,335	\$239,794	\$6,175,991	
PROGRAM 21 - STUDENT IMPROVEMENT INSTRUCTIONAL SUPPORT	\$1,347,151	(\$430,728)	\$107,496	\$808,928	
PROGRAM 22 - ASSISTIVE TECHNOLOGY SERVICES	\$158,036	(\$65,279)	\$10,220	\$82,537	
PROGRAM 23 - 1:1 TEACHER ASSISTANT	\$3,469,687	\$0	\$0	\$3,469,687	
PROGRAM 24 - 1:1 MATA	\$1,858,189	\$0	\$59,948	\$1,798,241	
PROGRAM 25 - 1:1 INTERPRETER	\$0	\$0	\$0	\$0	
PROGRAM 26 - EXTENDED SCHOOL YEAR	\$484,840	\$0	\$170,287	\$314,553	
PROGRAM 27 - CREDIT RECOVERY	\$6,384	\$0	\$0	\$6,384	
PROGRAM 28 - ESY 1:1 MATA	\$14,159	\$0	\$0	\$14,159	
TOTAL PROGRAMS AND SERVICES	\$32,075,611	(\$0)	\$3,089,603	\$28,986,008	
PROGRAM 35- CAPITAL PROJECTS	\$1,906,632	\$0	\$0	\$1,906,632	
TOTAL CAPITAL PROJECTS	\$1,906,632	\$0	\$0	\$1,906,632	
PROGRAM 36 - DRS YOUTH SERVICES COORDINATOR GRANT	\$148,700	\$0	\$92,000	\$56,700	
PROGRAM 37 - DRS BASE PLUS GRANT	\$1,257,760	\$0	\$325,000	\$932,760	
PROGRAM 38 - EARLY CHOICES GRANT	\$384,466	\$0	\$384,466	\$0	
PROGRAM 39 - ESSER III GRANT	\$105,923	\$0	\$105,923	\$0	
TOTAL GRANTS	\$1,896,849	\$0	\$907,389	\$989,460	
PROGRAM 40 - STUDENT ACTIVITY FUND	\$2,500	\$0	\$0	\$2,500	
TOTAL STUDENT ACTIVITY FUND	\$2,500	\$0	\$0	\$2,500	
TOTAL SASSED PROGRAM BUDGET DIRECT COST	\$41,486,594	(\$0)	\$4,248,343	\$37,238,251	

Capital Improvement

HVAC PROJECT AT SOUTHEAST

F.E. Moran (M-1, M-2, M-3 Plenum, 3 Rooftop Units)

Prasino - Commissioning

Architect/Engineering Fees 8%

**Includes Alternate 1
gymnasium air handler**

1,759,000

6,400

141,232

Total

1,906,632

IDEA REVENUE

<u>DISTRICT NAME</u>	<u>#</u>	<u>FY24</u>			<u>FY25</u>	
		<u>SASED</u>	<u>DISTRICT</u>	<u>TOTAL</u>	<u>SASED</u>	<u>DISTRICT</u>
Keeneyville	20	28,965	362,002	390,967	0	402,418
Benjamin	25	12,153	152,316	164,469	0	173,847
West Chicago	33	72,794	911,823	984,617	0	1,012,174
Winfield	34	8,739	108,564	117,303	0	121,665
Villa Park	45	72,173	901,928	974,101	0	1,050,081
Salt Creek	48	19,526	242,458	261,984	0	278,421
Downers Grove	58	102,840	1,283,836	1,386,676	0	1,501,603
Maercker	60	26,372	328,895	355,267	0	382,807
Cass	63	16,206	201,749	217,955	0	226,709
Center Cass	66	19,082	238,056	257,138	0	270,316
Woodridge	68	55,136	688,281	743,417	0	780,054
DuPage H.S.	88	78,754	971,295	1,050,049	0	1,121,456
West Chicago H.S.	94	41,770	515,168	556,938	0	594,392
Downers Grove H.S.	99	84,689	1,044,495	1,129,184	0	1,162,945
Burr Ridge	180	11,834	149,017	160,851	0	172,871
Westmont	201	30,283	380,549	410,832	0	427,382
Lisle	202	47,583	591,714	639,297	0	686,130
Elmhurst	205	140,327	1,745,211	1,885,538	0	2,094,374
TOTAL		869,226	10,817,357	11,686,583	0	12,459,645

EXECUTIVE ADMIN BUDGET

FY 2025

PROGRAM 1

<u>ACCOUNT #</u>					<u>DESCRIPTION</u>	<u>FTE</u>	<u>BUDGET</u> <u>FY2025</u>
343510	10	E	000	2320 1100 01	232000 SALARIES - CERTIFIED	2.23	416,150
343520	10	E	000	2320 1200 01	232000 SALARIES - NON CERTIFIED	2.80	111,716
242330211	10	E	000	2320 2110 01	232000 EMPLOYER TRS		50,990
	10	E	000	2320 2120 01	232000 LOCAL IMRF		4,692
	10	E	000	2320 2130 01	232000 FICA		6,926
	10	E	000	2320 2140 01	232000 MEDICARE		7,654
242330220	10	E	000	2320 2200 01	232000 HEALTH & LIFE INS.-LOCAL		47,735
242330310	10	E	000	2320 3100 01	232000 PURCHASED SERVICES		137,165
242330339	10	E	000	2320 3120 01	232000 MEETINGS & REGISTRATIONS		42,224
242330318	10	E	000	2320 3180 01	232000 LEGAL		50,000
242330332	10	E	000	2320 3320 01	232000 STAFF MONTHLY TRAV.-LOCAL		9,600
242330342	10	E	000	2320 3420 01	232000 POSTAGE LOCAL		8,000
252310350	10	E	000	2310 3500 01	231000 ADVERTISING		3,500
242330410	10	E	004	2320 4100 01	232000 REGULAR SUPPLIES - LOCAL		30,060
					TOTAL DIRECT COST		<u>926,412</u>

BUSINESS SERVICES BUDGET

FY 2025

PROGRAM 2

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>FTE</u>	<u>BUDGET</u> <u>FY2025</u>
514610 10 E 000 2510 1000 01	251000 SALARIES - CERTIFIED	1.0	140,000
524620 10 E 000 2520 1200 01	252000 SALARIES - NON CERTIFIED	4.0	311,336
512150211 10 E 000 2510 2110 01	251000 EMPLOYER TRS		17,154
662520212 10 E 000 2520 2120 01	252000 FISCAL CLASS LOCAL IMRF		13,076
10 E 000 2520 2130 01	252000 FICA		19,303
10 E 000 2510 2140 01	251000 MEDICARE		2,030
10 E 000 2520 2140 01	252000 MEDICARE		4,514
512510220 10 E 000 2510 2200 01	251000 HEALTH & LIFE		36,595
662520220 10 E 000 2520 2200 01	252000 HEALTH & LIFE INS.		59,622
962520310 10 E 006 2520 3100 01	252000 FISCAL PURCHASED SVCS		4,000
662520339 10 E 000 2520 3120 01	252000 MEETINGS & REGISTRATIONS		1,000
662520317 10 E 000 2520 3170 01	252000 AUDIT		25,000
512510332 10 E 000 2510 3320 01	251000 STAFF TRAVEL		5,300
512510339 10 E 000 2510 3390 01	251000 MEETINGS AND REGISTRATION		2,100
662520380 10 E 000 2520 3800 01	252000 PROPERTY-LIABILITY INSURANCE		74,300
216524610 10 E 000 2520 3810 01	252000 WORKERS COMPENSATION		2,500
512510410 10 E 000 2510 4100 01	251000 SUPPLIES		500
	TOTAL DIRECT COST		<u>718,330</u>
	REVENUE		
	EARLY CHOICES INDIRECT COST		24534
			24534
	TOTAL NET COST		<u>693,796</u>

HUMAN RESOURCES BUDGET

FY 2025

PROGRAM 3

<u>ACCOUNT #</u>				<u>DESCRIPTION</u>	<u>FTE</u>	<u>BUDGET</u> <u>FY2025</u>
534610	10 E 000	2642	1100 01	264200 SALARIES- CERTIFIED	1.0	145,696
534630	10 E 000	2642	1200 01	264200 SALARIES - NON CERTIFIED	2.0	92,245
102642211	10 E 000	2642	2110 01	264200 EMPLOYER TRS LOCAL		17,852
102642212	10 E 000	2642	2120 01	264200 IMRF LOCAL		3,874
102642213	10 E 000	2642	2130 01	264200 HR FICA		5,719
102642214	10 E 000	2642	2140 01	264200 HR MEDICARE		3,450
102642220	10 E 000	2642	2200 01	264200 HEALTH & LIFE LOCAL		67,436
264201230	10 E 001	2642	2300 01	264200 OT-PT TUITION REIMB		10,000
264202230	10 E 002	2642	2300 01	264200 SUPPORT STAFF TUIT REIMB		10,000
102642310	10 E 000	2642	3100 01	264200 BACKGROUND INVESTIGATIONS		10,000
	10 E 001	2642	3100 01	264200 HR PURCHASED SERVICE		42,950
102642311	10 E 006	2642	3100 01	264200 LICENSES		56,680
102642339	10 E 000	2642	3120 01	264200 MEETINGS & REGISTRATION		4,200
112642312	10 E 002	2642	3120 01	264200 RETIREE HEALTH INSUR REIM		24,000
	10 E 001	2642	3120 01	264200 TUITION REIMBURSEMENT CERT U		20,000
264200314	10 E 000	2642	3140 01	264200 SUPPORT STAFF PROF DEV.		3,000
102642332	10 E 000	2642	3320 01	264200 STAFF TRAVEL		5,800
102642312	10 E 000	2642	3500 01	264200 ADVERTISING		5,740
112642410	10 E 000	2642	4100 01	264200 STAFF APPRECIATION/SUPPLIES		16,000
102642410	10 E 004	2642	4100 01	264200 SUPPLIES		10,350
102642540	10 E 000	2642	5500 01	264200 EQUIPMENT		600
				TOTAL DIRECT COST		<u>555,591</u>

CURRICULUM BUDGET

FY 2025

PROGRAM 4

<u>ACCOUNT #</u>					<u>DESCRIPTION</u>	<u>FTE</u>	<u>BUDGET</u> <u>FY2025</u>
134208	10 E 001	1200	1100 01	134208	SALARIES - CERTIFIED PERM SUB	5.0	305,953
	10 E 001	2210	1200 01	134208	SALARIES - NON CERTIFIED	2.0	122,614
	10 E 001	2210	2110 01	134208	CURRICULUM DEV TRS		3,824
	10 E 001	2210	2120 01	134208	CURR DEV IMRF		5,150
	10 E 001	2210	2130 01	134208	CURR DEV FICA		7,602
	10 E 001	2210	2140 01	134208	MEDICARE CURRICULUM DEV		6,214
	10 E 001	2210	2200 01	134208	HEALTH & LIFE LOCAL		70,900
922211310	10 E 001	2210	3100 01	134208	PURCHASED SERVICES		51,500
922211312	10 E 001	2210	3120 01	134208	MTG and REG - CURRICULUM		40,450
134208314	10 E 000	1200	3140 01	134208	CURRICULUM SOFTWARE		91,050
	10 E 001	2330	4100 01	134208	OFFICE SUPPLIES		2,000
922211410	10 E 001	2210	4100 01	134208	CURRICULUM SUPPLIES		155,860
					TOTAL DIRECT COST		<u>863,118</u>

PROFESSIONAL DEVELOPMENT
FY2025
PROGRAM 5

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>BUDGET</u> <u>FY 2025</u>
10 E 006 2210 3100 01 194012 INFINITEC		26,780
10 E 010 2210 3100 01 194012 IST CONSULTANTS		75,620
10 E 605 2210 3111 01 194012 STAFF DEV SPRING INST PURCH SV		45,000
10 E 605 2210 3112 01 194012 STAFF DEV INSERV SPECIAL PROJ		26,229
10 E 605 2210 4100 01 194012 STAFF DEV SPECIAL PROJ SUPPLY		43,502
10 E 605 2210 4101 01 194012 STAFF DEV RESTRAINT TRG SUPPLY		43,000
TOTAL DIRECT COST		<u>260,131</u>

TECHNOLOGY BUDGET

FY 2025

PROGRAM 6

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>FTE</u>	<u>BUDGET FY2025</u>
554620 10 E 000 2660 1200 01	266000 SALARIES - NON CERTIFIED	3.0	182,995
102660212 10 E 000 2660 2120 01	266000 IMRF		7,686
10 E 000 2660 2130 01	266000 FICA		11,346
10 E 000 2660 2140 01	266000 MEDICARE		2,653
102660220 10 E 000 2660 2200 01	266000 HEALTH & LIFE		32,046
102660316 10 E 006 2660 3100 01	266000 CONSULTANT FEES		8,000
102660315 10 E 005 2660 3100 01	266000 MACHINE MAINT PITNEY BOWES		4,500
102660313 10 E 003 2660 3100 01	266000 SaaS INSTRUCTIONAL		36,300
102660310 10 E 000 2660 3100 01	266000 LICENSES		221,250
102660314 10 E 004 2660 3100 01	266000 SaaS NON-INSTRUCTIONAL		38,660
112660310 10 E 001 2660 3100 01	266000 PROFESSIONAL & TECHNICAL SVCS		469,500
102660339 10 E 000 2660 3120 01	266000 MEETINGS & REGISTRATIONS		700
102660323 10 E 000 2660 3200 01	266000 MACHINE MAINTENANCE		94,200
102660332 10 E 000 2660 3320 01	266000 STAFF TRAVEL		1,500
102660341 10 E 000 2660 3410 01	266000 COMMUNICATIONS		42,600
102660411 10 E 000 2660 4100 01	266000 LOCAL SOFTWARE		
102660412 10 E 002 2660 4100 01	266000 Central Printing Store		
102660410 10 E 004 2660 4100 01	266000 SUPPLIES		20,550
10 E 000 2660 5500 01	266000 EQUIPMENT > \$1000		230,500
102660700 10 E 000 2660 7000 01	266000 NON-CAP IT EQUIPMENT		80,950
TOTAL DIRECT COST			<u>1,485,936</u>
REVENUES			
10 R 000 4090 0000 01	266000 E-RATE REIMBURSEMENT		124,000
TOTAL NET COST			1,361,936

BUILDINGS & GROUNDS BUDGET

FY 2025

PROGRAM 7

<u>ACCOUNT #</u>					<u>DESCRIPTION</u>	<u>FTE</u>	<u>BUDGET</u> <u>FY2025</u>	
102540	10	E	000	2540	1200 01	254000 B&G CLASS SAL LOCAL	1.0	66,613
102540212	10	E	000	2540	2120 01	254000 IMRF LOCAL		2,798
	10	E	000	2540	2130 01	254000 FICA LOCAL		4,130
	10	E	000	2540	2140 01	254000 MEDICARE LOCAL		966
102540220	10	E	000	2540	2200 01	254000 HEALTH & LIFE LOCAL		52
102540312	10	E	000	2540	3120 01	254000 B&G - MTG & REG		1,050
102540310	10	E	000	2540	3200 01	254000 BUILDING MAINTENANCE		12,090
102540325	10	E	000	2540	3250 01	254000 2900 OGDEN AVE RENT		473,904
102540410	10	E	000	2540	4100 01	254000 BUILDING SUPPLIES		22,000
102540540	10	E	000	2540	5500 01	254000 SE BLDG IMPROVEMENTS		29,500
	10	E	000	2540	7000 01	254000 NON-CAP EQUIPMENT		2,000
						TOTAL DIRECT COST		<u>615,103</u>

TRANSPORTATION BUDGET

FY 2025

PROGRAM 8

<u>ACCOUNT #</u>					<u>DESCRIPTION</u>	<u>FTE</u>	<u>BUDGET</u> <u>FY2025</u>
132550	10 E 013	2550	1200	01	255000 SALARIES - TRANSPORTATION	3.0	82,750
132550212	10 E 013	2550	2120	01	255000 TRANSPORTATION IMRF		3,476
132550213	10 E 013	2550	2130	01	255000 TRANSPORTATION FICA		5,131
132550214	10 E 013	2550	2140	01	255000 TRANSPORTATION MEDICARE		1,200
132550220	10 E 013	2550	2200	01	255000 TRANSPORTATION H&L		47,325
132550310	10 E 013	2550	3100	01	255000 TRANSPORTATION PURCHASED SVCS		26,000
132550332	10 E 013	2550	3320	01	255000 TRANSPORTATION STAFF TRAVEL		500
132550341	10 E 013	2550	3410	01	255000 TRANS SUPERVISOR - TELEPHONE		2,000
132550410	10 E 013	2550	4100	01	255000 TRANSPORTATION SUPPLIES		12,000
211220550	10 E 000	2550	5500	01	255000 VEHICLES		0
TOTAL DIRECT COST							<u>180,382</u>
REVENUES							
10 R 005	3510	0000	01	351000	TRANSPORTATION REIMBURSEMENT		102,818
TOTAL NET COST							77,564

ELL BUDGET
FY 2025
PROGRAM 9

<u>ACCOUNT #</u>		<u>DESCRIPTION</u>	<u>FTE</u>	<u>BUDGET</u> <u>FY2025</u>
131200	10 E 000 1200 1100 01	134210 SALARIES - CERTIFIED	2.0	191,820
131200311	10 E 000 1200 2110 01	134210 ELL COORDINATOR TRS		23,503
131200214	10 E 000 1200 2140 01	134210 ELL - MEDICARE		2,781
131200220	10 E 000 1200 2200 01	134210 ELL - HEALTH and LIFE		22,542
131200312	10 E 000 1200 3120 01	134210 ELL - MTG & REG		1,400
131200332	10 E 000 1200 3320 01	134210 ELL - STAFF TRAVEL		2,080
131200410	10 E 000 1200 4100 01	134210 ELL - SUPPLIES		500
TOTAL DIRECT COST				<u>244,627</u>

REVENUES				
10 R 000	3001 0000 01	300100 EBF		30,831
Subtotal				213,796

PROGRAM ALLOCATIONS

VISION	18	\$	21,742
DHH	44	\$	53,147
PATHWAYS	41	\$	49,523
SLE	51	\$	61,602
MED MN		\$	-
TRANSITION	23	\$	27,781
TOTAL	177	\$	213,796

TOTAL NET COST -

DWC - VISUALLY IMPAIRED PROGRAM
FY 2025
PROGRAM 10

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>FTE</u>	<u>BUDGET</u>						
263510 10 E 000 1206 1100 01	134202 SALARIES - CERTIFIED	13.43	1,123,780						
263520 10 E 000 1206 1200 01	134202 SALARIES - NON CERTIFIED	3.00	92,505						
263530 10 E 013 2550 1200 01	134202 SALARIES -TRANSPORTATION	1.40	109,864						
260230 10 E 000 1206 1300 01	134202 SALARIES - CERT SUBSTITUTES		30,000						
260232 10 E 000 1206 1320 01	134202 SALARIES - CLASS SUB		3,000						
261206211 10 E 000 1206 2110 01	134202 EMPLOYER TRS		24,025						
10 E 013 2550 2110 01	134202 VIS TRANSPORTATION TRS		1,373						
212263510 10 E 000 1206 2120 01	134202 IMRF		3,885						
10 E 000 1206 2130 01	134202 FICA		5,735						
10 E 000 1206 2140 01	134202 MEDICARE		17,636						
10 E 013 2550 2140 01	134202 MEDICARE		1,593						
261206220 10 E 000 1206 2140 01	134202 HEALTH & LIFE		118,662						
10 E 013 2550 2140 01	134202 HEALTH & LIFE		21,642						
10 E 000 1206 3100 01	134202 PURCHASED SERVICES		20,000						
10 E 000 1206 3110 01	134202 CONTRACTUAL SERVICES		-						
216263510 10 E 000 1206 3810 01	134202 WORKERS COMP & UNEMPLOY		2,500						
211206325 10 E 001 1206 3250 01	134202 RENT		179,000						
261206314 10 E 000 1206 3140 01	134202 COMMUNITY ACCESS		5,300						
211206332 10 E 000 1206 3320 01	134202 STAFF TRAVEL		5,000						
211206339 10 E 000 1206 3120 01	134202 MEETINGS AND REGISTRATION		7,500						
331206331 10 E 013 2550 3310 01	134202 STUDENT TRANSPORTATION		12,000						
331206410 10 E 013 2550 4100 01	134202 TRANSPORTATION SUPPLIES		3,000						
211206416 10 E 003 1206 4100 01	134202 INSTRUCTIONAL MATERIALS		14,300						
231206416 10 E 007 1206 4100 01	134202 CLASSROOM SUPPLIES								
	TOTAL DIRECT COST		<u>1,802,301</u>						
	ALLOCATIONS								
	ELL ALLOCATION		21,742						
	AT ALLOCATION		-						
	SIIS ALLOCATION		<u>23,346</u>						
			45,088						
	REVENUES								
10 R 005 3510 0000 01	351000 TRANSPORTATION REIMBURSEMENT		83,509						
	EBF		<u>205,777</u>						
			289,286						
	TOTAL NET COST		1,558,103						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">BUDGETED TUITION RATE</td> <td style="width: 10%; text-align: center;">\$</td> <td style="width: 30%; text-align: right;">43,281</td> </tr> <tr> <td># OF STUDENTS</td> <td></td> <td style="text-align: right;">36.0</td> </tr> </table>				BUDGETED TUITION RATE	\$	43,281	# OF STUDENTS		36.0
BUDGETED TUITION RATE	\$	43,281							
# OF STUDENTS		36.0							

DWC- HEARING IMPAIRED PROGRAM
FY 2025
PROGRAM 11

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>FTE</u>	<u>FY2025 BUDGET</u>
273510 10 E 000 1207 1100 01	134203 SALARIES - CERTIFIED	17.26	1,272,157
273520 10 E 000 1207 1200 01	134203 SALARIES - NON CERTIFIED	15.75	568,654
270230 10 E 000 1207 1300 01	134203 SALARIES - CERT SUBSTITUTES		20,000
270532 10 E 000 1207 1320 01	134203 SALARIES - CLASS SUB		10,000
211207211 10 E 000 1207 2110 01	134203 EMPLOYER TRS		25,880
212273510 10 E 000 1207 2120 01	134203 IMRF		23,883
10 E 000 1207 2130 01	134203 FICA		35,257
10 E 000 1207 2140 01	134203 MEDICARE		26,692
261207220 10 E 000 1207 2200 01	134203 HEALTH & LIFE		324,631
261207310 10 E 000 1207 3100 01	134203 PURCHASED SERVICES		16,000
10 E 000 1207 3110 01	134203 CONTRACTUAL SERVICES		97,734
216273510 10 E 000 1207 3810 01	134203 WORKER COMP		2,500
211207325 10 E 000 1207 3250 01	134203 RENT		208,000
231207333 10 E 001 1207 3100 01	134203 AUDITORY TRAINER MAINTENANCE		10,000
211207332 10 E 000 1207 3320 01	134203 STAFF TRAVEL		1,500
211207339 10 E 000 1207 3120 01	134203 MEETINGS AND REGISTRATIONS		1,395
211207314 10 E 001 1207 3140 01	134203 TRANSLATION/INTPRETING SVS		4,000
261207314 10 E 000 1207 3140 01	134203 COMMUNITY ACCESS		1,000
261207416 10 E 012 1207 4100 01	134203 INSTRUCT MATERIALS		13,000
211207411 10 E 006 1207 4100 01	134203 AUDITORY TRAINER SUPPLY		3,000
571000700 10 E 001 1207 7000 01	134203 AUDITORY TRAINER EQUIPMENT		5,000
	TOTAL DIRECT COST		<u>2,670,282</u>
	ALLOCATIONS		
	ELL ALLOCATION		53,147
	AT ALLOCATION		11,255
	SIIS ALLOCATION		<u>52,528</u>
			116,930
	REVENUES		
10 R 000 3001 0000 01 300100 EBF			<u>301,250</u>
			301,250
	TOTAL NET COST		2,485,962

BUDGETED TUITION RATE	\$ <u>46,905</u>
# OF STUDENTS	<u>53.0</u>

PATHWAYS PROGRAM

FY 2025

PROGRAM 12

<u>ACCOUNT #</u>					<u>DESCRIPTION</u>	<u>FTE</u>	<u>FY25 BUDGET</u>
123510	10 E 000	1212	1100 01	134204	SALARIES - CERTIFIED	27.0	2,400,546
123520	10 E 000	1212	1200 01	134204	SALARIES - NON CERTIFIED	18.0	386,747
120230	10 E 000	1212	1300 01	134204	SALARIES - CERT SUBSTITUTES		30,000
120232	10 E 000	1212	1320 01	134204	SALARIES - CLASS SUB		2,000
120240	10 E 001	1212	1200 01	134204	SALARIES - CUSTODIAN	1.0	26,234
261212211	10 E 000	1212	2110 01	134204	EMPLOYER TRS		51,992
212123510	10 E 000	1212	2120 01	134204	IMRF		16,243
261212213	10 E 000	1212	2130 01	134204	FICA		23,978
261212214	10 E 000	1212	2140 01	134204	MEDICARE		40,416
261212220	10 E 000	1212	2200 01	134204	HEALTH & LIFE		423,566
	10 E 001	1212	2120 01	134204	IMRF CUST.		1,102
	10 E 001	1212	2130 01	134204	FICA CUST		1,627
	10 E 001	1212	2140 01	134204	MEDICARE CUSTODIAN		380
	10 E 001	1212	2200 01	134204	HEALTH & LIFE CUST		52
261212310	10 E 003	1212	3100 01	134204	SOUTHEAST PS INTERPRETING		2,500
261212313	10 E 000	1212	3100 01	134204	PURCHASED SERVICES		6,500
	10 E 000	1212	3110 01	134204	CONTRACTUAL SERVICES		189,552
216123510	10 E 000	1212	3810 01	134204	WC & UC		5,000
211212314	10 E 000	1212	3140 01	134204	COMMUNITY ACCESS		9,000
212540320	10 E 001	2540	3200 01	134204	PURCH SVS BLDG MAINT		3,000
521212329	10 E 001	1212	3200 01	134204	BUILDING MAINTENANCE		110,000
211212332	10 E 000	1212	3320 01	134204	STAFF TRAVEL		-
211212339	10 E 000	1212	3120 01	134204	MEETINGS AND REGISTRATION		3,000
211212410	10 E 004	1212	4100 01	134204	REGULAR SUPPLIES		7,000
211212411	10 E 001	1212	4100 01	134204	BEHAVIOR REINFORCERS-PBIS		10,000
211212412	10 E 009	1212	4120 01	134204	MEDICAL SUPPLIES		1,000
211212414	10 E 005	1212	4130 01	134204	BUILDING SUPPLIES		5,000
211212415	10 E 000	1212	4150 01	134204	CUSTODIAL SUPPLIES		6,000
211212416	10 E 003	1212	4160 01	134204	INSTRUCTIONAL MATERIALS		12,915
211212460	10 E 000	1212	4600 01	134204	UTILITIES		100,000
					TOTAL DIRECT COST		<u>3,875,352</u>
					ALLOCATIONS		
					FOOD SERVICE		22,480
					ELL ALLOCATION		49,523
					AT ALLOCATION		-
					SIS ALLOCATION		<u>66,535</u>
							138,538
					REVENUES		
10 R 000	3001 0000	01	300100	EBF			<u>419,929</u>
							419,929
					TOTAL NET COST		3,593,961

BUDGETED TUITION RATE	\$	<u>40,382</u>
# OF STUDENTS		<u>89.0</u>

SUPPORTIVE MEDICAL NEEDS PROGRAM

FY 2025

PROGRAM 13

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>FTE</u>	<u>FY25 BUDGET</u>
203510 10 E 000 1220 1100 01	134205 SALARIES - CERTIFIED	8.49	695,080
203520 10 E 000 1220 1200 01	134205 SALARIES - NON CERTIFIED	4.50	118,837
200230 10 E 000 1220 1300 01	134205 SALARIES - CERT SUBSTITUTES		20,000
211220211 10 E 000 1220 2110 01	134205 EMPLOYER TRS		14,984
212203510 10 E 000 1220 2120 01	134205 IMRF		4,991
10 E 000 1220 2130 01	134205 FICA		7,368
10 E 000 1220 2140 01	134205 MEDICARE		12,532
261220220 10 E 000 1220 2200 01	134205 HEALTH AND LIFE		217,135
261220311 10 E 000 1220 3100 01	134205 PURCHASED SERVICES		20,000
10 E 000 1220 3110 01	134205 CONTRACTUAL SERVICES		-
211220314 10 E 000 1220 3140 01	134205 COMMUNITY ACCESS		2,500
261220325 10 E 000 1200 3250 01	134205 RENT		152,000
216203510 10 E 000 1220 3810 01	134205 WC & UC		2,500
211220332 10 E 000 1220 3320 01	134205 STAFF MONTHLY TRAVEL		1,000
211220339 10 E 000 1220 3120 01	134205 MEETINGS & REGISTRATION		500
211220410 10 E 003 1220 4100 01	134205 REGULAR SUPPLIES		4,000
361220417 10 E 049 1200 4100 01	134205 MEDICAL SUPPLIES		4,000
	TOTAL DIRECT COST		<u>1,277,428</u>
	ALLOCATIONS		
	ELL ALLOCATION		0
	AT ALLOCATION		5,252
	SIIS ALLOCATION		<u>26,848</u>
			32,100
	REVENUES		
10 R 000 3001 0000 01 300100 EBF			<u>231,641</u>
			<u>231,641</u>
	TOTAL NET COST		1,077,887

BUDGETED TUITION RATE	<u>\$43,115</u>
# OF STUDENTS	25

STRUCTURED LEARNING ENVIRONMENT PROGRAM (SLE)

FY 2025

PROGRAM 14

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>FTE</u>	<u>FY25 BUDGET</u>
203510 10 E 000 1220 1100 01	134206 SALARIES - CERTIFIED	39.04	3,281,861
203520 10 E 000 1220 1200 01	134206 SALARIES - NON CERTIFIED	27.00	596,215
200230 10 E 000 1220 1300 01	134206 SALARIES - CERT SUBSTITUTES		35,000
200232 10 E 000 1220 1320 01	134206 SALARIES - CLASS SUBSTITUTES		10,000
211220211 10 E 000 1220 2110 01	134206 EMPLOYER TRS		64,215
212203510 10 E 000 1220 2120 01	134206 IMRF		25,041
10 E 000 1220 2130 01	134206 FICA		36,965
10 E 000 1220 2140 01	134206 MEDICARE		56,232
261220220 10 E 000 1220 2200 01	134206 HEALTH AND LIFE		583,676
261220311 10 E 000 1220 3100 01	134206 PURCHASED SERVICES		20,000
10 E 000 1220 3110 01	134206 CONTRACTUAL SERVICES		379,104
211220314 10 E 000 1220 3140 01	134206 COMMUNITY ACCESS		11,500
261220325 10 E 000 1200 3250 01	134206 RENT		465,000
216203510 10 E 000 1220 3810 01	134206 WC & UC		5,000
211220332 10 E 000 1220 3320 01	134206 STAFF MONTHLY TRAVEL		10,000
211220339 10 E 000 1220 3120 01	134206 MEETINGS & REGISTRATION		1,500
211220410 10 E 003 1220 4100 01	134206 REGULAR SUPPLIES		29,800
361220417 10 E 049 1200 4100 01	134206 MEDICAL SUPPLIES		1,500
	TOTAL DIRECT COST		<u>5,612,609</u>
	ALLOCATIONS		
	ELL ALLOCATION		61,602
	AT ALLOCATION		47,271
	SIIS ALLOCATION		<u>241,628</u>
			350,501
	REVENUES		
10 R 000 3001 0000 01	300100 EBF		<u>669,049</u>
			<u>669,049</u>
	TOTAL NET COST		5,294,061
	BUDGETED TUITION RATE		<u>\$36,261</u>
	# OF STUDENTS		<u>146</u>

**TRANSITION PROGRAM
FY 2025**

PROGRAM 15

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>FTE</u>	<u>FY25 BUDGET</u>
213510 10 E 000 1221 1100 01	134207 SALARIES - CERTIFIED	8.51	777,515
213520 10 E 000 1221 1200 01	134207 SALARIES - NON CERTIFIED	2.50	40,510
213540 10 E 013 2550 1100 01	134207 SALARIES - TRANSPORTATION	0.35	40,813
213231 10 E 000 1221 1300 01	134207 SALARIES - CERT SUBSTITUTES		2,500
213232 10 E 000 1221 1320 01	134207 SALARIES - CLASS SUBSTITUTES		-
211221211 10 E 000 1221 2110 01	134207 EMPLOYER TRS		16,168
211221212 10 E 000 1221 2120 01	134207 IMRF		1,701
10 E 000 1221 2130 01	134207 FICA		2,512
10 E 000 1221 2140 01	134207 MEDICARE		11,861
211221220 10 E 000 1221 2210 01	134207 HEALTH AND LIFE		126,037
10 E 013 2550 2120 01	134207 TRANS IMRF		-
10 E 013 2550 2130 01	134207 TRANS FICA		-
10 E 013 2550 2140 01	134207 TRANS MEDICARE		592
10 E 013 2550 2200 01	134207 TRANS H&L		4,162
211221310 10 E 009 1221 3100 01	134207 PURCHASED SERVICES		31,000
10 E 009 1221 3100 01	134207 INTERPRETING SERVICES		1,000
261221310 10 E 006 1221 3100 01	134207 CONTRACTUAL SERVICES		-
211221314 10 E 000 1221 3140 01	134207 COMMUNITY ACCESS		6,000
2112213251 10 E 004 1221 3250 01	134207 RENT-OGDEN AVE		125,076
211213510 10 E 000 1221 3810 01	134207 WC & UC		5,000
211221331 10 E 013 2550 3310 01	134207 STUDENT TRANSPORTATION		2,000
211221339 10 E 000 1221 3120 01	134207 MEETINGS & REGISTRATION		2,400
211221414 10 E 001 1221 4100 01	134207 MEDICAL SUPPLIES		1,000
211221410 10 E 013 2550 4100 01	134207 TRANSPORTATION SUPPLIES		3,000
211221416 10 E 002 1221 4100 01	134207 INSTRUCTIONAL MATERIALS		19,500
	TOTAL DIRECT COST		<u>1,220,347</u>
	ALLOCATIONS		
	ELL ALLOCATION		27,781
	AT ALLOCATION		1,501
	SIIS ALLOCATION		17,509
			<u>46,791</u>
	REVENUES		
10 R 005 3510 0000 01	351000 TRANSPORTATION REIM		28,486
10 R 000 3001 0000 01	300100 EBF		<u>201,427</u>
			229,913
	TOTAL NET COST		<u>1,037,225</u>
BUDGETED TUITION RATE			<u>\$34,574</u>
ENROLLMENT			<u>30</u>

PROJECT SEARCH

FY 2025

PROGRAM 16

<u>ACCOUNT #</u>		<u>DESCRIPTION</u>	<u>FTE</u>	<u>FY25 BUDGET</u>
101212	10 E 000 1212 1100 01	134213 SALARIES - CERTIFIED	1.0	99,043
101212211	10 E 000 1212 2110 01	134213 PROJECT SEARCH - TRS		1,238
101212214	10 E 000 1212 2140 01	134213 PROJECT SEARCH - MEDICARE		1,436
101212220	10 E 000 1212 2200 01	134213 PROJECT SEARCH HEALTH & LIFE		8,312
101212310	10 E 000 1212 3100 01	134213 PROJECT SEARCH - PURCH SVCS		1,500
101212312	10 E 000 1212 3120 01	134213 Project Search - Mtg & Reg		1,750
101212410	10 E 000 1212 4100 01	134213 PROJECT SEARCH - SUPPLIES		600
211221540	10 E 000 1221 7000 01	134207 CLASSROOM EQUIPMENT		
221221541	10 E 01	134207 BUS PURCHASE		
	10 E 001 1221 7000 01	134207 FURNITURE NEW SPACE		
211221460	10 E 000 1221 4600 01	134207 UTILITIES		
		TOTAL DIRECT COST		<u>113,879</u>
		ALLOCATIONS		
		ELL ALLOCATION		
		SIIS ALLOCATION		
				0
		REVENUES		
	10 R 000 3001 0000 01 300100	EBF		<u>11,736</u>
				<u>11,736</u>
		TOTAL NET COST		<u>102,143</u>

BUDGETED TUITION RATE	\$ 9,286
ENROLLMENT	11

AUDIOLOGY BUDGET

FY 2025

PROGRAM 17

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>FTE</u>	<u>BUDGET FY2025</u>
255010 10 E 000 2150 1100 01	194002 SALARIES - AUDIOLOGIST	0.8	85,305
255020 10 E 001 2150 1200 01	194002 SALARIES - NON CERTIFIED	0.20	6,802
10 E 000 2150 2110 01	194002 TRS		0
10 E 001 2150 2120 01	194002 IMRF		3,868
10 E 001 2150 2130 01	194002 FICA		5,711
10 E 000 2150 2140 01	194002 MEDICARE		1,237
10 E 001 2150 2140 01	194002 MEDICARE		99
572150220 10 E 000 2150 2200 01	194002 HEALTH & LIFE		20,619
10 E 001 2150 2200 01	194002 HEALTH & LIFE		1,740
572150311 10 E 011 2150 3100 01	194002 INTERPRETING		5,000
572150339 10 E 000 2150 3120 01	194002 MEETINGS & REGISTRATION		2,000
582150310 10 E 001 2150 3230 01	194002 HI EQUIP CALIBRATION		1,700
572150332 10 E 000 2150 3320 01	194002 TRAVEL		500
572150411 10 E 006 2150 4100 01	194002 AUDITORY TRAINER SUP		0
572150400 10 E 001 2150 4100 01	194002 OFFICE SUPPLIES		0
572150410 10 E 000 2150 4100 01	194002 AUDIOLOGICAL SUPPLIES		6,000
572150500 10 E 000 2150 5000 01	194002 AUDIOLOGY EQUIPMENT		0
572150700 10 E 000 2150 7000 01	194002 EQUIPMENT NON CAP		10,000
TOTAL DIRECT COST			<u>150,580</u>
REVENUES			
10 R 000 3001 0000 01 300100	EBF		<u>10,220</u>
			<u>10,220</u>
TOTAL NET COST			140,360

COST PER TEST	\$ <u>936</u>
# OF TESTS	<u>150</u>

FOOD SERVICE BUDGET

FY 2025

PROGRAM 18

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>BUDGET</u>
		<u>FY2025</u>
562120 10 E 000 2562 1200 01 169000	SALARIES FOOD HANDLER	1.0 0
262562212 10 E 000 2562 2120 01 169000	IMRF	0
10 E 000 2562 2130 01 169000	FICA	0
10 E 000 2562 2140 01 169000	MEDICARE	0
262562220 10 E 000 2562 2200 01 169000	INSURANCE	0
262562315 10 E 000 2562 3150 01 169000	MEAL PURCHASES CONTRACT	199,933
262562410 10 E 000 2562 4100 01 169000	SUPPLIES SCHOOL LUNCH PGM	158
10 E 000 2562 7000 01 169000	FS EQUIPMENT	389
	TOTAL DIRECT COST	<u>200,480</u>
	REVENUES	
10 R 000 4210 0000 01 169000	NSLP REIMBURSEMENT	115,000
10 R 006 4220 0000 01 169000	SCHOOL BREAKFAST PROGRAM	60,000
10 R 006 3360 0000 01 169000	STATE FREE LUNCH / BREAKFAST	3,000
		<u>178,000</u>
	TOTAL NET COST	22,480

PROGRAM ALLOCATION		
PATHWAYS		22,480

ITINERANT PROGRAM

FY 2025

PROGRAM 19

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>FTE</u>	<u>BUDGET</u>
HEARING IMPAIRED			
274510 10 E 000 1207 1100 01	194014 SALARIES - CERTIFIED	5.0	461,323
221207211 10 E 000 1207 2110 01	194014 EMPLOYER TRS		5,767
10 E 000 1207 2140 01	194014 MEDICARE		6,689
221207220 10 E 000 1207 2200 01	194014 HEALTH & LIFE		75,231
221207310 10 E 000 1207 3100 01	194014 CONTRACT SERVICES		200
221207323 10 E 000 1207 3230 01	194014 MACHINE MAINTENANCE AUD TR REPAIR		6,700
221207381 10 E 000 1207 3810 01	194014 WC & UC		2,000
321207332 10 E 000 1207 3320 01	194014 STAFF TRAVEL		15,000
221207339 10 E 000 1207 3120 01	194014 MEETINGS AND REGISTRATIONS		2,850
221207410 10 E 004 1207 4100 01	194014 PROGRAM SUPPLIES		2,100
521207416 10 E 000 1207 4100 01	194014 SUPPLIES - AUD. TRAINERS		5,000
221207700 10 E 001 1207 7000 01	194014 EQUIPMENT - AUD.TRAINERS		<u>25,000</u>
			<u>607,859</u>
VISUALLY IMPAIRED			
264510 10 E 000 1206 1100 01	194014 SALARIES - CERTIFIED	4.8	396,280
221206211 10 E 000 1206 2110 01	194014 EMPLOYER TRS		4,954
10 E 000 1206 2140 01	194014 MEDICARE		5,746
221206220 10 E 000 1206 2200 01	194014 HEALTH & LIFE		67,240
221206331 10 E 000 1206 3810 01	194014 WC & UC		2,000
221206332 10 E 000 1206 3320 01	194014 STAFF TRAVEL		3,500
221206339 10 E 000 1206 3120 01	194014 MEETINGS AND REGISTRATIONS		1,000
221206414 10 E 003 1206 4100 01	194014 SUPPLIES		1,000
			<u>481,720</u>
SUPERVISION			
100030 10 E 000 2330 1200 01	194014 CLASSIFIED SALARIES	0.25	8,503
100031 10 E 000 2330 1100 01	194014 CERTIFIED SALARIES	0.40	45,344
222330211 10 E 000 2330 2110 01	194014 EMPLOYER TRS		5,556
222330212 10 E 000 2330 2120 01	194014 IMRF		357
10 E 000 2330 2130 01	194014 FICA		527
10 E 000 2330 2140 01	194014 MEDICARE		781
222330220 10 E 000 2330 2200 01	194014 HEALTH & LIFE		4,684
222330331 10 E 000 2330 3810 01	194014 WC & UC		<u>500</u>
			<u>66,251</u>
	TOTAL DIRECT COST		<u>1,155,830</u>
	REVENUES		
112123231 10 R 000 3001 0000 01 300100 EBF			<u>130,003</u>
			<u>130,003</u>
	TOTAL NET COST		1,025,827

RATE PER MINUTE	\$	3.82
# OF MINUTES		268,465

OT/PT SERVICES
FY 2025
PROGRAM 20

<u>ACCOUNT #</u>						<u>DESCRIPTION</u>	<u>FTE</u>	<u>FY25 BUDGET</u>
133520	10 E 000	2130	1200	01	194001	OT/PT USER FEE SALARIES	61.0	4,868,880
212133520	10 E 000	2130	2120	01	194001	IMRF		204,493
	10 E 000	2130	2130	01	194001	FICA		301,871
	10 E 000	2130	2140	01	194001	MEDICARE		70,599
272130220	10 E 000	2130	2200	01	194001	HEALTH & LIFE INSURANCE		690,908
272130310	10 E 002	2130	3100	01	194001	CONTRACT OT/PT SERVICES		200,000
272130339	10 E 000	2130	3120	01	194001	MTG & REG		12,200
272130323	10 E 000	2130	3230	01	194001	MACHINE MAINTENANCE		
272130332	10 E 000	2130	3320	01	194001	STAFF TRAVEL OT/PT		15,000
272130410	10 E 004	2130	4100	01	194001	OFFICE SUPPLIES		2,500
272130420	10 E 005	2130	4110	01	194001	OT/PT SUPPLIES		22,000
282132540	10 E 000	2130	5000	01	194001	OT/PT EQUIP > \$2,500		20,000
22022700	10 E 000	2130	7000	01	194001	OT/PT EQUIPMENT > \$500		5,000
						TOTAL DIRECT COST		<u>6,413,451</u>
						ALLOCATIONS		
						SIIS ALLOCATION		<u>2,335</u>
								<u>2,335</u>
						REVENUES		
10 R 000	3001 0000 01	300100	EBF					<u>239,794</u>
								<u>239,794</u>
						TOTAL NET COST		6,175,991

BUDGETED RATE PER MINUTE	\$	<u>2.92</u>
# OF OT/PT MINUTES (IEP AND NON IEP)		<u>2,117,472</u>

STUDENT INSTRUCTION INSTRUCTIONAL SUPPORT

FY2025 PROGRAM 21

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>FTE</u>	<u>FY 2025</u>
414910 10 E 000 2210 1100 01	194013 SALARIES - CERTIFIED	9.8	1,081,844
424920 10 E 000 2210 1200 01	194013 SALARIES - NON CERTIFIED	1.0	41,906
422210211 10 E 000 2210 2110 01	194013 TRS		24,729
422210212 10 E 000 2210 2120 01	194013 IMRF		1,760
10 E 000 2210 2130 01	194013 FICA		2,598
10 E 000 2210 2140 01	194013 MEDICARE		16,294
422210220 10 E 000 2210 2200 01	194013 HEALTH & LIFE		140,520
422210332 10 E 000 2210 3320 01	194013 TRAVEL		17,000
422210339 10 E 000 2210 3120 01	194013 MTG & REG		10,500
422210381 10 E 000 2210 3810 01	194013 WC & UC		5,000
362210410 10 E 001 2210 4100 01	194013 SUPPLIES		5,000
TOTAL DIRECT COST			1,347,151
REVENUE			
10 R 000 3001 0000 01 300100	EBF		<u>107,496</u>
			107,496
TOTAL NET COST			1,239,655

Budgeted Rate per Day	\$ 1,167
# of purchased days	1,062

Program Allocations	Days	Amount
VISION	20	23,346
DHH	45	52,528
PATHWAYS	57	66,535
MSP	23	26,848
SLE	207	241,628
TRANSITION	15	17,509
OTPT	2	2,335
TOTAL	369	430,728

10 R 007 1940 0000 01 194013	DISTRICT BILLINGS	693 \$	808,928
	PROGRAM ALLOCATIONS	369 \$	430,728
	TOTAL	1062 \$	1,239,655

**AT BUDGET
FY 2025
PROGRAM 22**

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>FTE</u>	<u>BUDGET FY2025</u>
394010 10 E 000 2210 1100 01	194010 LICENSED STAFF SALARIES	1.0	120,500
392210211 10 E 000 2210 2110 01	194010 TRS		1,506
10 E 000 2210 2140 01	194010 MEDICARE		1,747
10 E 000 2210 2200 01	194010 HEALTH & LIFE		24,783
392210381 10 E 000 2210 3810 01	194010 WC & UC		1,000
392210332 10 E 000 2210 3320 01	194010 STAFF TRAVEL		2,000
392210339 10 E 000 2210 3120 01	194010 MEETINGS & REGISTRATION		1,500
392210410 10 E 003 2210 4100 01	194010 SUPPLIES		5,000

TOTAL DIRECT COST 158,036

REVENUES

10 R 000 3001 0000 01 300100 EBF	<u>10,220</u>
	10,220

TOTAL NET COST 147,816

Budgeted Rate per Day	\$ 750
# of purchased days	197

Program Allocations	Days	Amount
VISION	0	-
DHH	15	11,255
PATHWAYS	0	-
MSP	7	5,252
SLE	63	47,271
TRANSITION	2	1,501
TOTAL	87	65,279

10 R 006 1940 0000 01 194010 DISTRICT BILLINGS	110	82,537
PROGRAM ALLOCATIONS	87	65,279
TOTAL	197	147,816

1:1 TA BUDGET
FY 2025
PROGRAM 23

ACCOUNT #	Description	FTE	FY25Budget
VISION			
10E000 1206 1200 01 194004	SALARIES 1:1 ASSISTANT VI		103,395
10E000 1206 2120 01 194004	VI 1:1 IMRF		4,343
10E000 1206 2130 01 194004	VI 1:1 FICA		6,410
10E000 1206 2140 01 194004	VI 1:1 MEDICARE		1,499
10E000 1206 2200 01 194004	VI 1:1 HEALTH & LIFE		53,734
10E010 1206 3100 01 194004	VI 1:1 CONTRACT AIDE		355,410
			524,791
DHH			
10E000 1207 1200 01 194004	SALARIES 1:1 SIGNING ASSISTANT DHH		172,313
10E000 1207 2120 01 194004	DHH 1:1 IMRF		7,237
10E000 1207 2130 01 194004	DHH 1:1 FICA		10,683
10E000 1207 2140 01 194004	DHH 1:1 MEDICARE		2,499
10E000 1207 2200 01 194004	DHH 1:1 HEALTH & LIFE		75,358
10E010 1207 3100 01 194004	DHH 1:1 CONTRACT AIDE		94,776
			362,867
PATHWAYS			
10E000 1212 1200 01 194004	SALARIES 1:1 ASSISTANT BD		0
10E000 1212 2120 01 194004	BD 1:1 IMRF		0
10E000 1212 2130 01 194004	BD 1:1 FICA		1,509
10E000 1212 2140 01 194004	BD 1:1 MEDICARE		353
10E000 1212 2200 01 194004	BD 1:1 HEALTH & LIFE		0
10E010 1212 3100 01 194004	BD 1:1 CONTRACT AIDE		189,552
			191,414
SLE			
10E000 1220 1200 01 194004	SALARIES 1:1 ASSISTANT SLE		412,151
10E000 1220 2120 01 194004	1:1 IMRF		17,310
10E000 1220 2130 01 194004	1:1 FICA		25,553
10E000 1220 2140 01 194004	1:1 MEDICARE		5,976
10E000 1220 2200 01 194004	1:1 HEALTH & LIFE		204,955
10E010 1220 3100 01 194004	1:1 CONTRACT AIDE		1,374,252
			2,040,198
TRANSITION			
10E000 1221 1200 01 194004	SALARIES 1:1 ASSISTANT TRANSITION		172,669
10E000 1221 2120 01 194004	TRANSITION 1:1 IMRF		7,252
10E000 1221 2130 01 194004	1:1 TRANSITION FICA		10,705
10E000 1221 2140 01 194004	1:1 TRANSITION MEDICARE		2504
10E000 1221 2200 01 194004	1:1 TRANSITION HEALTH & LIFE		62,511
10E010 1221 3100 01 194004	TRANSITION 1:1 CONTRACT AIDE		94,776
			350,417
	TOTAL DIRECT COST	74.50	3,469,687
	REVENUES		
	EVIDENCE BASED FUNDING		0
			0.00
	TOTAL NET COST		3,469,687
	COST PER 1:1 TA		\$ 46,573
	# OF 1:1 TA		74.5

1:1 MATA BUDGET

FY 2025

PROGRAM 24

<u>ACCOUNT #</u>	<u>Description</u>	<u>FTE</u>	<u>FY25 Budget</u>
10E000 2130 1200 01 194009	USER FEE HEALTH - CLASS	23.0	320,699
10E000 2130 2120 01 194009	1:1 NURSE UF IMRF		13,469
10E000 2130 2130 01 194009	1:1 NURS UF FICA		19,883
10E000 2130 2140 01 194009	1:1 UF NURSE MEDICARE		4,650
10E000 2130 2200 01 194009	1:1 NURSE UF HEALTH & LIFE		99,861
10E000 2130 3100 01 194009	USER FEE CONTRACT 1:1 MA		1,399,626
	TOTAL DIRECT COST		<u>1,858,189</u>

REVENUES

EVIDENCE BASED FUNDING	59,948
	<u>59,948</u>

TOTAL NET COST **1,798,241**

COST PER 1:1 MATA	\$ 78,184
# OF 1:1 MATA	23

1:1 INTERPRETER BUDGET

FY 2025

PROGRAM 25

<u>ACCOUNT #</u>	<u>Description</u>	<u>FTE</u>	<u>FY25 Budget</u>
10E000 1207 1200 01 194008	SALARIES USER FEE - INTERPRETER	0.0	0
10E000 1207 2120 01 194008	IMRF		0
10E000 1207 2130 01 194008	FICA		0
10E000 1207 2140 01 194008	MEDICARE		0
10E000 1207 2200 01 194008	HEALTH AND LIFE		0
10E000 1207 3100 01 194008	CONTRACT SRV- INT		0
10E000 1207 3810 01 194008	WC & UC		0
	TOTAL DIRECT COST		0

REVENUES

EVIDENCE BASED FUNDING	0
	0

TOTAL NET COST

-

COST PER INTERPRETER	\$ -
# OF INTERPRETER	0

EXTENDED SCHOOL YEAR (ESY)

FY 2025

PROGRAM 26

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>BUDGET</u> <u>FY2025</u>
603510 10 E 000 1600 1100 01	132201 SUMMER LICENSED STAFF SALARIES	99,603
603110 10 E 000 1600 1100 01	132202 SALARIES - CERTIFIED	56,228
603520 10 E 000 1600 1200 01	132201 SUMMER ESP STAFF SALARIES	40,839
603120 10 E 000 1600 1200 01	132202 SALARIES - NON CERTIFIED	43,265
221600211 10 E 000 1600 2110 01	132201 SUMMER TRS	1,245
141600211 10 E 000 1600 2110 01	132202 EMPLOYER TRS	703
221600212 10 E 000 1600 2120 01	132201 SUMMER IMRF	1,715
212603110 10 E 000 1600 2120 01	132202 IMRF	1,817
10 E 000 1600 2130 01	132201 FICA	2,532
10 E 000 1600 2130 01	132202 FICA	2,682
10 E 000 1600 2140 01	132201 MEDICARE	2,036
10 E 000 1600 2140 01	132202 MEDICARE	1,443
221600220 10 E 000 1600 2200 01	132201 SUMMER CERT SAL LOCAL H&L	0
10 E 000 1600 2200 01	132202 MEDICAL INSURANCE	0
221600310 10 E 000 1600 3100 01	132201 CONTRACT SUMMER SCHOOL	172,278
141600310 10 E 000 1600 3100 01	132202 CONTRACT SUMMER SCHOOL	0
141601310 10 E 000 1600 3110 01	132202 CONTRACT 1-1 SUMMER	0
221600325 10 E 000 1600 3250 01	132201 SUMMER SCHOOL RENT	17,000
141600325 10 E 000 1600 3250 01	132202 SUMMER SCHOOL RENT	17,000
221600332 10 E 000 1600 3320 01	132201 SUMMER STAFF TRAVEL	159
221600411 10 E 001 1600 4100 01	132201 SUMMER MEDICAL SUPPLIES	795
221600410 10 E 003 1600 4100 01	132201 SUMMER SCHOOL SUPPLIES	16,000
141600410 10 E 003 1600 4100 01	132202 REGULAR SUPPLIES	7,500
TOTAL DIRECT COST		<u>484,840</u>
REVENUES		
10 R 000 3001 0000 01 300100	EVIDENCE BASED FUNDING	170,287
		<u>170,287</u>
TOTAL NET COST		314,553
BUDGETED TUITION RATE		<u>\$1,374</u>
# OF STUDENTS		229

ESY CREDIT RECOVERY
FY 2025
PROGRAM 27

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>BUDGET</u> <u>FY2025</u>
603110 10 E 000 1600 1100 01	132203 SALARIES - CERTIFIED	3,780
603120 10 E 000 1600 1200 01	132203 SALARIES - NON CERTIFIED	1,710
141600211 10 E 000 1600 2110 01	132203 EMPLOYER TRS	47
212603110 10 E 000 1600 2120 01	132203 IMRF	72
10 E 000 1600 2130 01	132203 FICA	106
10 E 000 1600 2140 01	132203 MEDICARE	80
10 E 000 1600 2200 01	132203 MEDICAL INSURANCE	339
141600310 10 E 000 1600 3100 01	132203 CONTRACT SUMMER SCHOOL	0
141600410 10 E 003 1600 4100 01	132203 REGULAR SUPPLIES	250
TOTAL DIRECT COST		<u>6,384</u>
REVENUES		
10 R 000 3001 0000 01 300100	EVIDENCE BASED FUNDING	0
		<u>0</u>
TOTAL NET COST		6,384
BUDGETED TUITION RATE		<u>\$709</u>
# OF STUDENTS		9

ESY 1:1 MATA BUDGET

FY 2025

PROGRAM 28

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>BUDGET FY2025</u>
603520 10 E 000 1600 1200 01	194001 SUMMER ESP STAFF SALARIES	1,989
221600212 10 E 000 1600 2120 01	194001 SUMMER IMRF	84
10 E 000 1600 2130 01	194001 FICA	123
10 E 000 1600 2140 01	194001 MEDICARE	29
10 E 000 1600 3100 01	194001 CONTRACT SUMMER SCHOOL	11,934
	TOTAL DIRECT COST	<u>14,159</u>
	REVENUES	
10 R 000 3001 0000 01	300100 EVIDENCE BASED FUNDING	<u>0</u>
		<u>0</u>
	TOTAL NET COST	14,159
	BUDGETED TUITION RATE	<u>\$4,720</u>
	# OF 1:1 MATA	3

CAPITAL PROJECTS

FY 2025

PROGRAM 35

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>BUDGET</u> <u>FY2025</u>
20 E 000 2540 3100 01 000000	PURCHASED SERVICES	141,232
20 E 000 2540 5300 01 254000	SE BLDG CAPITAL PROJECTS	1,765,400
TOTAL DIRECT COST		<u>1,906,632</u>

	Includes
	Alternate 1
	gymnasium air
	handler
HVAC PROJECT AT SOUTHEAST	
F.E. Moran (M-1, M-2, M-3 Plenum, 3 Rooftc	\$ 1,759,000
Prasino - Commissioning	\$ 6,400
Architect/Engineering Fees 8%	\$ 141,232
Total	\$ 1,906,632

**DRS YOUTH SERVICES COORDINATOR GRANT
FY 2025
PROGRAM 36**

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>BUDGET FY2025</u>
712420 10 E 000 1459 1200 02	499800 VAC CLASSIFIED SALARIES	65,086
713440 10 E 000 1220 1200 02	194003 VAC CLASSIFIED SALARIES LOCAL	43,651
212712410 10 E 000 1459 2120 02	499800 IMRF	2,734
251220212 10 E 000 1220 2120 02	194003 IMRF LOCAL	1,833
10 E 000 1459 2130 02	499800 FICA	4,035
10 E 000 1220 2130 02	194003 FICA LOCAL	2,706
10 E 000 1459 2140 02	499800 MEDICARE	944
10 E 000 1220 2140 02	194003 MEDICARE LOCAL	633
461711220 10 E 000 1459 2200 02	499800 HEALTH & LIFE INSURANCE	15,909
251220220 10 E 000 1220 2200 02	194003 HEALTH AND LIFE INSURANCE LOCAL	10,669
461711332 10 E 000 1459 3320 02	499800 STAFF TRAVEL	299
251220332 10 E 000 1220 3320 02	194003 STAFF TRAVEL VAC LOCAL	201
10 E 000 1459 4100 02	499800 STEP REINFORCERS	-
10 E 000 1220 4100 02	194003 STEP REINFORCERS LOCAL	-
	TOTAL DIRECT COST	<u>148,700</u>
REVENUES		
10 R 006 4998 0000 02	499800 YOUTH SERVICES COORDINATOR GRANT	92,000
		<u>92,000</u>
10 R 006 1940 0000 01	194003 NET COST TO BILL TO SASSED, NDSEC, D200	56,700

\$92,765 - ANYTHING OVER \$92,765 JE TO VAC LOCAL

THEN GRAND TOTAL OF VAC LOCAL ALLOC TO SASSED,NDSEC,D200 Based on headcount

%	Enrollment	District	Amount
38%	71	SASED	21,644
5%	9	NDSEC	2,744
57%	106	200	32,313
100%	186		56,700

**DRS BASE PLUS GRANT
FY 2025
PROGRAM 37**

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>Prior Year Balance</u>	<u>FY25 Allocation</u>	<u>BUDGET FY2025</u>
1041200310 10 E 005 1459 3100 02 499800	VAC SE Alternative School	46,313		46,313
1091200310 10 E 009 1459 3100 02 499800	VAC - VI Program	46,777		46,777
1081200310 10 E 008 1459 3100 02 499800	VAC - SASSED Transition	14,074		14,074
10 E 035 1459 3100 02 499800	VAC COVID SASSED SE	5,200		5,200
10 E 038 1459 3100 02 499800	VAC COVID SASSED TRANSITION	5,000		5,000
10 E 039 1459 3100 02 499800	VAC COVID SASSED VISION	9,800		9,800
1001200310 10 E 001 1459 3100 02 499800	VAC Wheaton North	124,619		124,619
1011200310 10 E 003 1459 3100 02 499800	VAC Wheaton Transition	169,330		169,330
1021200310 10 E 002 1459 3100 02 499800	VAC Wheaton South	254,360		254,360
1031200310 10 E 004 1459 3100 02 499800	VAC NDSEC	38,335		38,335
10 E 006 1459 3100 02 499800	VAC - WEST CHICAGO	57,291		57,291
10 E 007 1459 3100 02 499800	VAC - WESTMONT 201	8,236		8,236
1101200310 10 E 011 1459 3100 02 499800	VAC COVID WHEATON NORTH	-		-
1311200310 10 E 033 1459 3100 02 499800	VAC COVID WHEATON TRANSITION	34,108		34,108
10 E 032 1459 3100 02 499800	VAC COVID WHEATON SOUTH	64,650		64,650
10 E 034 1459 3100 02 499800	VAC COVID NDSEC	3,000		3,000
1661200310 10 E 036 1459 3100 02 499800	VAC COVID WEST CHICAGO	50,468		50,468
10 E 037 1459 3100 02 499800	VAC COVID WESTMONT 201	1,200		1,200
10 E 000 1459 3100 02 499800	VAC EXPENDITURES HOLDING ACCT		325,000	325,000
TOTAL DIRECT COST		<u>932,760</u>	<u>325,000</u>	<u>1,257,760</u>
REVENUES				
10 R 006 4998 0000 02 499800	DRS BASE PLUS GRANT			<u>325,000</u>
				<u>325,000</u>
NET COST				932,760

EARLY CHOICES GRANT

FY 2025

PROGRAM 38

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>BUDGET FY2025</u>
10 E 000 2520 1200 02 460501	SALARIES	\$234,932.48
10 E 000 2520 2120 02 460501	BENEFITS	\$50,525.28
10 E 000 2210 3100 02 460501	PURCHASED SERVICES	\$92,612.24
10 E 000 2520 4100 02 460501	SUPPLIES	\$6,396.00
	TOTAL DIRECT COST	384,466
	INDIRECT COST - BUSINESS	24,534
	TOTAL COST	<u>409,000</u>
	REVENUES	
10 R 007 4605 0000 02 460501	EARLY CHOICES GRANT	384,466
	INDIRECT COST - BUSINESS	24,534
	TOTAL REVENUE	<u>409,000</u>
	NET COST	-

ESSER GRANT

FY 2025

PROGRAM 39

<u>ACCOUNT #</u>							<u>DESCRIPTION</u>	<u>BUDGET</u> <u>FY2025</u>
498115	10	E	130	1200	1100	01	499810 ESSER III AFTERSCHOOL CERT SAL	
498120	10	E	100	1600	1200	01	499810 ESSER III SUM ENR CLASS SAL	
498125	10	E	130	1200	1200	01	499810 E-3 AFTER SCHOOL CLASS SAL	
498130211	10	E	130	1200	2110	01	499810 E-3 AFTER SCHOOL TRS	
498100212	10	E	100	1600	2120	01	499810 ESSER III SUM ENRICH IMRF	
498130212	10	E	130	1200	2120	01	499810 E-3 AFTER SCHOOL IMRF	
498100213	10	E	100	1600	2130	01	499810 ESSER II SUM ENRICH FICA	
498130213	10	E	130	1200	2130	01	499810 E-3 AFTER SCHOOL FICA	
498100214	10	E	100	1600	2140	01	499810 ESSER III SUM ENRICH MEDICARE	
498130214	10	E	130	1200	2140	01	499810 E-3 AFTER SCHOOL MEDICARE	
498120310	10	E	120	1200	3100	01	499810 ESSER III LL PURCH SVS	27,898.00
498120410	10	E	120	1200	4100	01	499810 ESSER III LL SUPPLIES	27,600.00
498130410	10	E	130	1200	4100	01	499810 E-3 AFTER SCHOOL SUPPLIES	
498100410	10	E	100	1200	5000	01	499810 ESSER III CAPITAL EQUIP- INSTRUCTIONAL	30,425.00
499253500	10	E	130	2150	5000	01	499810 ESSER III CAPITAL EQUIP	20,000.00
							TOTAL COST	<u>105,923</u>
10	R	000	4998	0000	01	499810	TOTAL ESSER GRANT	105,923
							NET COST	-

STUDENT ACTIVITY FUND

FY 2025

PROGRAM 40

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>BUDGET FY2025</u>
10 E 000 1221 4100 01 134220	MICRO BUSINESS SUPPLIES	\$2,500.00
	TOTAL DIRECT COST	<u>2,500</u>
	REVENUES	
10 R 000 3200 0000 01 134220	STUDENT ACTIVITY	<u>5,000</u>
	NET COST	(2,500)

District 20 FY 24-25 Participation in SASSED's Programs and Services

	Actual Students FY 23/24	FY24 BILLED Tuition Rate	FY24 Total Program Cost	Projected Students FY 24/25	FY25 Tuition Rate	FY25 Overhead 18.47%	FY25 Total Program Rate	FY25 Total Program Cost
STUDENT PROGRAMS								
DWC Visually Impaired Program	0	49,001	-	0	43,281	7,994	51,275	-
DWC Hearing Impaired Program	1	52,573	52,573	2	46,905	8,663	55,568	111,137
Transition Program	0	57,822	-	0	34,574	6,386	40,960	-
Project Search Program	0	8,068	-	0	9,286	1,715	11,001	-
Structured Learning Environment Program (SLE)				8	36,261	6,697	42,958	343,664
Supportive Medical Needs Program (SMN)				1	43,115	7,963	51,079	51,079
STARS Program	0	38,404	-					-
Multi-Needs Program	8.22	46,573	382,830					-
Pathways Program				1	40,382	7,459	47,840	47,840
Directions Program	0	34,495	-					
Southeast Alternative School	2.11	44,627	94,163			-		
Summer School				TBD		-		
BD Credit Recovery						-		
ITINERANTS - DIRECT SERVICE/CONSULT SERVICE MINUTES (IEP)								
Itinerant/Hearing Impaired	2,160	3.99	8,618	2,340.00	3.82	0.71	4.53	10,593
Itinerant - Visually Impaired		3.99			3.82	0.71	4.53	-
Itinerant - Vision Orientation & Mobility		3.99			3.82	0.71	4.53	-
Itinerant - OT/PT	89,130.9	2.99	266,501	94,065.84	2.92	0.54	3.46	325,034
*Non IEP time for all itinerant services will be billed on a referral basis (evaluations, screenings, ect.)								
USER FEE SERVICES								
1:1 Aide	7.7	42,000	323,400	3	46,573	8,602	55,175	165,525
1:1 Medical Assistant	0.77	71,400	54,978	1	78,184	14,441	92,625	92,625
1:1 Interpreter	0	52,160		0				-
1:1 Summer School Aide				TBD				-
1:1 Summer School Medical Assistant				TBD				-
OT/PT ESY				TBD				-
Audiological Evaluation		842		TBD	936	173	1,109	-
Assisted Technology	5	893	4,465	5	750	139	889	4,443
School Improvement & IST Services	20	952	19,040	20	1,167	216	1,383	27,658
Embrace IEP Billing				TBD		-	-	-
Private Facility Contract & Billing Assistance				TBD	-			-
IDEA	28964.8	1	\$28,964.80					-
TOTAL PROJECTED COST FY24			1,235,534	TOTAL PROJECTED COST FY25				1,179,599

District 25 FY 24-25 Participation in SASED's Programs and Services

	Actual Students FY 23/24	FY24 BILLED Tuition Rate	FY24 Total Program Cost	Projected Students FY 24/25	FY25 Tuition Rate	FY25 Overhead 18.47%	FY25 Total Program Rate	FY25 Total Program Cost
STUDENT PROGRAMS								
DWC Visually Impaired Program	0	49,001		0	43,281	7,994	51,275	-
DWC Hearing Impaired Program	2	52,573	105,146	2	46,905	8,663	55,568	111,137
Transition Program	0	57,822		0	34,574	6,386	40,960	-
Project Search Program	0	8,068		0	9,286	1,715	11,001	-
Structured Learning Environment Program (SLE)				1	36,261	6,697	42,958	42,958
Supportive Medical Needs Program (SMN)				2	43,115	7,963	51,079	102,158
STARS Program	0	38,404						-
Multi-Needs Program	1.95	46,573	90,817					-
Pathways Program				0	40,382	7,459	47,840	-
Directions Program	0	34,495						-
Southeast Alternative School	0	44,627						-
Summer School				TBD				-
BD Credit Recovery								-
ITINERANTS - DIRECT SERVICE/CONSULT SERVICE MINUTES (IEP)								
Itinerant/Hearing Impaired	1,260.0	3.99	5,027	1,260.0	3.82	0.71	4.53	5,704
Itinerant - Visually Impaired		3.99	-		3.82	0.71	4.53	-
Itinerant - Vision Orientation & Mobility		3.99	-		3.82	0.71	4.53	-
Itinerant - OT/PT	26,535.0	2.99	79,340	25,380.0	2.92	0.54	3.46	87,698
*Non IEP time for all itinerant services will be billed on a referral basis (evaluations, screenings, ect.)								
USER FEE SERVICES								
1:1 Aide	0.51	42,000	21,420	0	46,573	8,602	55,175	-
1:1 Medical Assistant	0.99	71,400	70,686	1	78,184	14,441	92,625	92,625
1:1 Interpreter	0	52,160		0				-
1:1 Summer School Aide				TBD				-
1:1 Summer School Medical Assistant				TBD				-
OT/PT ESY				TBD				-
Audiological Evaluation		842		TBD	936	173	1,109	-
Assisted Technology	0	893		0	750	139	889	-
School Improvement & IST Services	3	952	2,856	5	1,167	216	1,383	6,914
Embrace IEP Billing				TBD				-
Private Facility Contract & Billing Assistance				TBD				-
IDEA	12153.18	1	12,153					-
TOTAL PROJECTED COST FY24			387,446	TOTAL PROJECTED COST FY25				449,194

District 33 FY 24-25 Participation in SASED's Programs and Services

	Actual Students FY 23/24	FY24 BILLED Tuition Rate	FY24 Total Program Cost	Projected Students FY 24/25	FY25 Tuition Rate	FY25 Overhead 18.47%	FY25 Total Program Rate	FY25 Total Program Cost	
STUDENT PROGRAMS									
DWC Visually Impaired Program	0	49,001	-	1	43,281	7,994	51,275	51,275	
DWC Hearing Impaired Program	2.64	52,573	138,793	2	46,905	8,663	55,568	111,137	
Transition Program	0	57,822	-	0	34,574	6,386	40,960	-	
Project Search Program	0	8,068	-	0	9,286	1,715	11,001	-	
Structured Learning Environment Program (SLE)			-	2	36,261	6,697	42,958	85,916	
Supportive Medical Needs Program (SMN)			-	0	43,115	7,963	51,079	-	
STARS Program	0.54	38,404	20,738					-	
Multi-Needs Program	1	46,573	46,573					-	
Pathways Program			-	6	40,382	7,459	47,840	287,040	
Directions Program	0	34,495	-					-	
Southeast Alternative School	9.56	44,627	426,634					-	
Summer School			0	TBD				-	
BD Credit Recovery			0					-	
ITINERANTS - DIRECT SERVICE/CONSULT SERVICE MINUTES (IEP)									
Itinerant - Vision and Hearing Impaired	23,929.00	3.99	95,477		3.82	0.71	4.53	-	
Itinerant/Hearing Impaired		3.99	-	14,220.00	3.82	0.71	4.53	64,372	
Itinerant - Visually Impaired		3.99	-	4,474.80	3.82	0.71	4.53	20,257	
Itinerant - Vision Orientation & Mobility		3.99	-	1,620.00	3.82	0.71	4.53	7,333	
Itinerant - OT/PT	241,493.20	2.99	722,065	241,709.76	2.92	0.54	3.46	835,202	
*Non IEP time for all itinerant services will be billed on a referral basis (evaluations, screenings, ect.)									
USER FEE SERVICES									
1:1 Aide	1.43	42,000	60,060	1	46,573	8,602	55,175	55,175	
1:1 Medical Assistant	0	71,400	-	0	78,184	14,441	92,625	-	
1:1 Interpreter	0	52,160	-	0				-	
1:1 Summer School Aide			-	TBD				-	
1:1 Summer School Medical Assistant			-	TBD				-	
OT/PT ESY			-	TBD				-	
Audiological Evaluation		842	-	TBD	936	173	1,109	-	
Assisted Technology	50	893	44,650	10	750	139	889	8,889	
School Improvement & IST Services	100	952	95,200	80	1,167	216	1,383	110,630	
Embrace IEP Billing			-	TBD		-	-	-	
Private Facility Contract & Billing Assistance			-	TBD				-	
IDEA	72,794	1	72,794					-	
TOTAL PROJECTED COST FY24			1,722,984					TOTAL PROJECTED COST FY25	1,637,226

District 34 FY 24-25 Participation in SASED's Programs and Services

	Actual Students FY 23/24	FY24 BILLED Tuition Rate	FY24 Total Program Cost	Projected Students FY 24/25	FY25 Tuition Rate	FY25 Overhead 18.47%	FY25 Total Program Rate	FY25 Total Program Cost
STUDENT PROGRAMS								
DWC Visually Impaired Program	0	49,001	-	0	43,281	7,994	51,275	-
DWC Hearing Impaired Program	0	52,573	-	0	46,905	8,663	55,568	-
Transition Program	0	57,822	-	0	34,574	6,386	40,960	-
Project Search Program	0	8,068	-	0	9,286	1,715	11,001	-
Structured Learning Environment Program (SLE)			-	1	36,261	6,697	42,958	42,958
Supportive Medical Needs Program (SMN)			-	0	43,115	7,963	51,079	-
STARS Program	0.74	38,404	28,419					-
Multi-Needs Program	0	46,573	-					-
Pathways Program			-	4	40,382	7,459	47,840	191,360
Directions Program	1	34,495	34,495					-
Southeast Alternative School	2.37	44,627	105,766					-
Summer School			-	TBD				-
BD Credit Recovery			-			-		-
ITINERANTS - DIRECT SERVICE/CONSULT SERVICE MINUTES (IEP)								
Itinerant/Hearing Impaired	3,780.00	3.99	15,082	3,780.00	3.82	0.71	4.53	17,111
Itinerant - Visually Impaired		3.99	-		3.82	0.71	4.53	-
Itinerant - Vision Orientation & Mobility		3.99	-		3.82	0.71	4.53	-
Itinerant - OT/PT	19,455.00	2.99	58,170	20,655.00	2.92	0.54	3.46	71,371
*Non IEP time for all itinerant services will be billed on a referral basis (evaluations, screenings, ect.)								
USER FEE SERVICES								
1:1 Aide	0.49	42,000	20,580	1	46,573	8,602	55,175	55,175
1:1 Medical Assistant	0	71,400	-	0	78,184	14,441	92,625	-
1:1 Interpreter	1	52,160	52,160	0				-
1:1 Summer School Aide			-	TBD				-
1:1 Summer School Medical Assistant			-	TBD				-
OT/PT ESY			-	TBD				-
Audiological Evaluation		842	-	TBD	936	173	1,109	-
Assisted Technology	3	893	2,679	2	750	139	889	1,778
School Improvement & IST Services	15	952	14,280	20	1,167	216	1,383	27,658
Embrace IEP Billing			-	TBD		-	-	-
Private Facility Contract & Billing Assistance			-	TBD		-	-	-
IDEA	8,739	1	8,739					-
TOTAL PROJECTED COST FY24			340,371				TOTAL PROJECTED COST FY25	407,411

District 45 FY 24-25 Participation in SASSED's Programs and Services

	Actual Students FY 23/24	FY24 BILLED Tuition Rate	FY24 Total Program Cost	Projected Students FY 24/25	FY25 Tuition Rate	FY25 Overhead 18.47%	FY25 Total Program Rate	FY25 Total Program Cost
STUDENT PROGRAMS								
DWC Visually Impaired Program	2	49,001	98,002	1	43,281	7,994	51,275	51,275
DWC Hearing Impaired Program	1	52,573	52,573	2	46,905	8,663	55,568	111,137
Transition Program	0	57,822	-	0	34,574	6,386	40,960	-
Project Search Program	0	8,068	-	0	9,286	1,715	11,001	-
Structured Learning Environment Program (SLE)				4	36,261	6,697	42,958	171,832
Supportive Medical Needs Program (SMN)				1	43,115	7,963	51,079	51,079
STARS Program	0	38,404	-					-
Multi-Needs Program	3	46,573	139,719					-
Pathways Program			-	9	40,382	7,459	47,840	430,561
Directions Program	1.7	34,495	58,642			-		-
Southeast Alternative School	6.58	44,627	293,646			-		-
Summer School				TBD		-		-
BD Credit Recovery						-		-
ITINERANTS - DIRECT SERVICE/CONSULT SERVICE MINUTES (IEP)								
Itinerant/Hearing Impaired	17,048.8	3.99	68,025	19,208.80	3.82	0.71	4.53	86,955
Itinerant - Visually Impaired	14,558.20	3.99	58,087	10,616.40	3.82	0.71	4.53	48,059
Itinerant - Vision Orientation & Mobility		3.99	-	936.00	3.82	0.71	4.53	4,237
Itinerant - OT/PT	188,490.7	2.99	563,587	220,495.32	2.92	0.54	3.46	761,898
*Non IEP time for all itinerant services will be billed on a referral basis (evaluations, screenings, ect.)								
USER FEE SERVICES								
1:1 Aide	1.25	42,000	52,500	3	46,573	8,602	55,175	165,525
1:1 Medical Assistant	0	71,400	-	1	78,184	14,441	92,625	92,625
1:1 Interpreter	0	52,160	-	0				-
1:1 Summer School Aide				TBD				-
1:1 Summer School Medical Assistant				TBD				-
OT/PT ESY				TBD				-
Audiological Evaluation		842	-	TBD	936	173	1,109	-
Assisted Technology	20	893	17,860	20	750	139	889	17,778
School Improvement & IST Services	145	952	138,040	100	1,167	216	1,383	138,288
Embrace IEP Billing				TBD		-	-	-
Private Facility Contract & Billing Assistance				TBD		-	-	-
IDEA	72173.1	1	72,173					-
TOTAL PROJECTED COST FY24			1,612,853				TOTAL PROJECTED COST FY25	2,131,248

District 48 FY 24-25 Participation in SASSED's Programs and Services

	Actual Students FY 23/24	FY24 BILLED Tuition Rate	FY24 Total Program Cost	Projected Students FY 24/25	FY25 Tuition Rate	FY25 Overhead 18.47%	FY25 Total Program Rate	FY25 Total Program Cost
STUDENT PROGRAMS								
DWC Visually Impaired Program	1	49,001	49,001	1	43,281	7,994	51,275	51,275
DWC Hearing Impaired Program	1	52,573	52,573	1	46,905	8,663	55,568	55,568
Transition Program	0	57,822	-	0	34,574	6,386	40,960	-
Project Search Program	0	8,068	-	0	9,286	1,715	11,001	-
Structured Learning Environment Program (SLE)				10	36,261	6,697	42,958	429,580
Supportive Medical Needs Program (SMN)				0	43,115	7,963	51,079	-
STARS Program	6	38,404	230,424					-
Multi-Needs Program	3	46,573	139,719					-
Pathways Program				2	40,382	7,459	47,840	95,680
Directions Program	0	34,495	-					-
Southeast Alternative School	2.08	44,627	92,824					-
Summer School				TBD				-
BD Credit Recovery								-
ITINERANTS - DIRECT SERVICE/CONSULT SERVICE MINUTES (IEP)								
Itinerant - Vision and Hearing Impaired	3,746.25	3.99	14,948	-	3.82	0.71	4.53	-
Itinerant/Hearing Impaired	-	3.99	-	495.00	3.82	0.71	4.53	2,241
Itinerant - Visually Impaired	-	3.99	-	720.00	3.82	0.71	4.53	3,259
Itinerant - Vision Orientation & Mobility		3.99	-		3.82	0.71	4.53	-
Itinerant - OT/PT	10,410.95	2.99	31,129	15,225.12	2.92	0.54	3.46	52,609
*Non IEP time for all itinerant services will be billed on a referral basis (evaluations, screenings, ect.)								
USER FEE SERVICES								
1:1 Aide	4.83	42,000	202860	3	46,573	8,602	55,175	165,525
1:1 Medical Assistant	0	71,400	0	0	78,184	14,441	92,625	-
1:1 Interpreter	0	52,160	0	0				-
1:1 Summer School Aide				TBD				-
1:1 Summer School Medical Assistant				TBD				-
OT/PT ESY				TBD				-
Audiological Evaluation		842	0	TBD	936	173	1,109	-
Assisted Technology	2	893	1786	3	750	139	889	2,667
School Improvement & IST Services	12	952	11424	13	1,167	216	1,383	17,977
Embrace IEP Billing				TBD		-	-	-
Private Facility Contract & Billing Assistance				TBD				-
IDEA	19525	1	19525					-
TOTAL PROJECTED COST FY24			846,212	TOTAL PROJECTED COST FY25			876,382	

District 58 FY 24-25 Participation in SASED's Programs and Services

	Actual Students FY 23/24	FY24 BILLED Tuition Rate	FY24 Total Program Cost	Projected Students FY 24/25	FY25 Tuition Rate	FY25 Overhead 18.47%	FY25 Total Program Rate	FY25 Total Program Cost
STUDENT PROGRAMS								
DWC Visually Impaired Program	1	49,001	49,001	1	43,281	7,994	51,275	51,275
DWC Hearing Impaired Program	1	52,573	52,573	0	46,905	8,663	55,568	-
Transition Program	0	57,822	-	0	34,574	6,386	40,960	-
Project Search Program	0	8,068	-	0	9,286	1,715	11,001	-
Structured Learning Environment Program (SLE)				25	36,261	6,697	42,958	1,073,951
Supportive Medical Needs Program (SMN)				6	43,115	7,963	51,079	306,473
STARS Program	9.53	38,404	365,990					-
Multi-Needs Program	16.37	46,573	762,400					-
Pathways Program				7	40,382	7,459	47,840	334,880
Directions Program	3	34,495	103,485					-
Southeast Alternative School	2.96	44,627	132,096					-
Summer School				TBD				-
BD Credit Recovery						-		-
ITINERANTS - DIRECT SERVICE/CONSULT SERVICE MINUTES (IEP)								
Itinerant - Vision and Hearing Impaired	47,130.00	3.99	188,049	-	3.82	0.71	4.53	-
Itinerant/Hearing Impaired		3.99	-	17,887.60	3.82	0.71	4.53	80,974
Itinerant - Visually Impaired		3.99	-	44,892.00	3.82	0.71	4.53	203,219
Itinerant - Vision Orientation & Mobility		3.99	-	7,452.00	3.82	0.71	4.53	33,734
Itinerant - OT/PT	158,197.50	2.99	473,011	185,509.08	2.92	0.54	3.46	641,007
*Non IEP time for all itinerant services will be billed on a referral basis (evaluations, screenings, ect.)								
USER FEE SERVICES								
1:1 Aide	12.24	42,000	514,080	8	46,573	8,602	55,175	441,400
1:1 Medical Assistant	2.83	71,400	202,062	1	78,184	14,441	92,625	92,625
1:1 Interpreter	0	52,160	-	0				-
1:1 Summer School Aide				TBD				-
1:1 Summer School Medical Assistant				TBD				-
OT/PT ESY				TBD				-
Audiological Evaluation		842	-	TBD	936	173	1,109	-
Assisted Technology	12	893	10,716	12	750	139	889	10,667
School Improvement & IST Services	30	952	28,560	30	1,167	216	1,383	41,486
Embrace IEP Billing				TBD		-	-	-
Private Facility Contract & Billing Assistance				TBD				-
IDEA	102840.2	1	102,840					-
TOTAL PROJECTED COST FY24			2,984,862					3,311,692

District 60 FY 24-25 Participation in SASED's Programs and Services

	Actual Students FY 23/24	FY24 BILLED Tuition Rate	FY24 Total Program Cost	Projected Students FY 24/25	FY25 Tuition Rate	FY25 Overhead 18.47%	FY25 Total Program Rate	FY25 Total Program Cost
STUDENT PROGRAMS								
DWC Visually Impaired Program	0	49,001	-	0	43,281	7,994	51,275	-
DWC Hearing Impaired Program	0	52,573	-	0	46,905	8,663	55,568	-
Transition Program	0	57,822	-	0	34,574	6,386	40,960	-
Project Search Program	0	8,068	-	0	9,286	1,715	11,001	-
Structured Learning Environment Program (SLE)				16	36,261	6,697	42,958	687,329
Supportive Medical Needs Program (SMN)				2	43,115	7,963	51,079	102,158
STARS Program	7	38,404	268,828					-
Multi-Needs Program	11.24	46,573	523,481					-
Pathways Program				3	40,382	7,459	47,840	143,520
Directions Program	0	34,495	-					-
Southeast Alternative School	4.83	44,627	215,548					-
Summer School				TBD				-
BD Credit Recovery						-		-
ITINERANTS - DIRECT SERVICE/CONSULT SERVICE MINUTES (IEP)								
Itinerant - Vision and Hearing Impaired	1,890.00	3.99	7,541	-	3.82	0.71	4.53	-
Itinerant/Hearing Impaired		3.99	-	855.00	3.82	0.71	4.53	3,870
Itinerant - Visually Impaired		3.99	-	900.00	3.82	0.71	4.53	4,074
Itinerant - Vision Orientation & Mobility		3.99	-		3.82	0.71	4.53	-
Itinerant - OT/PT	72,287.50	2.99	216,140	87,210.00	2.92	0.54	3.46	301,345
*Non IEP time for all itinerant services will be billed on a referral basis (evaluations, screenings, ect.)								
USER FEE SERVICES								
1:1 Aide	8.5	42,000	357,000	5	46,573	8,602	55,175	275,875
1:1 Medical Assistant	0.99	71,400	70,686	2	78,184	14,441	92,625	185,250
1:1 Interpreter	0	52,160	-					-
1:1 Summer School Aide				TBD				-
1:1 Summer School Medical Assistant				TBD				-
OT/PT ESY				TBD				-
Audiological Evaluation		842	-	TBD	936	173	1,109	-
Assisted Technology	12	893	10,716	6	750	139	889	5,334
School Improvement & IST Services	78	952	74,256	45	1,167	216	1,383	62,230
Embrace IEP Billing				TBD		-	-	-
Private Facility Contract & Billing Assistance				TBD				-
IDEA	26371.98	1	26,372					-
TOTAL PROJECTED COST FY24			1,770,568	TOTAL PROJECTED COST FY25				1,770,984

District 63 FY 24-25 Participation in SASED's Programs and Services

	Actual Students FY 23/24	FY24 BILLED Tuition Rate	FY24 Total Program Cost	Projected Students FY 24/25	FY25 Tuition Rate	FY25 Overhead 18.47%	FY25 Total Program Rate	FY25 Total Program Cost
STUDENT PROGRAMS								
DWC Visually Impaired Program	0	49,001	-	0	43,281	7,994	51,275	-
DWC Hearing Impaired Program	1	52,573	52,573	1	46,905	8,663	55,568	55,568
Transition Program	0	57,822	-	0	34,574	6,386	40,960	-
Project Search Program	0	8,068	-	0	9,286	1,715	11,001	-
Structured Learning Environment Program (SLE)				9	36,261	6,697	42,958	386,622
Supportive Medical Needs Program (SMN)				1	43,115	7,963	51,079	51,079
STARS Program	6.64	38,404	255,003					-
Multi-Needs Program	3.53	46,573	164,403					-
Pathways Program				3	40,382	7,459	47,840	143,520
Directions Program	0.5	34,495	17,248					-
Southeast Alternative School	2.15	44,627	95,948					-
Summer School				TBD				-
BD Credit Recovery						-		-
ITINERANTS - DIRECT SERVICE/CONSULT SERVICE MINUTES (IEP)								
Itinerant/Hearing Impaired	3,570.00	3.99	14,244	2,700.00	3.82	0.71	4.53	12,222
Itinerant - Visually Impaired		3.99	-		3.82	0.71	4.53	-
Itinerant - Vision Orientation & Mobility		3.99	-		3.82	0.71	4.53	-
Itinerant - OT/PT	16,470.00	2.99	49,245	28,710.00	2.92	0.54	3.46	99,204
*Non IEP time for all itinerant services will be billed on a referral basis (evaluations, screenings, ect.)								
USER FEE SERVICES								
1:1 Aide	5.44	42,000	228,480	0	46,573	8,602	55,175	-
1:1 Medical Assistant	0	71,400	-	0	78,184	14,441	92,625	-
1:1 Interpreter	0	52,160	-					-
1:1 Summer School Aide				TBD				-
1:1 Summer School Medical Assistant				TBD				-
OT/PT ESY				TBD				-
Audiological Evaluation		842		TBD	936	173	1,109	-
Assisted Technology	2	893	1,786	3	750	139	889	2,667
School Improvement & IST Services	10	952	9,520	10	1,167	216	1,383	13,829
Embrace IEP Billing				TBD		-	-	-
Private Facility Contract & Billing Assistance				TBD				-
IDEA	16206.25	1	16,206					-
TOTAL PROJECTED COST FY24			904,656	TOTAL PROJECTED COST FY25				764,712

District 66 FY 24-25 Participation in SASED's Programs and Services

	Actual Students FY 23/24	FY24 BILLED Tuition Rate	FY24 Total Program Cost	Projected Students FY 24/25	FY25 Tuition Rate	FY25 Overhead 18.47%	FY25 Total Program Rate	FY25 Total Program Cost
STUDENT PROGRAMS								
DWC Visually Impaired Program	0	49,001	-	0	43,281	7,994	51,275	-
DWC Hearing Impaired Program	0	52,573	-	0	46,905	8,663	55,568	-
Transition Program	0	57,822	-	0	34,574	6,386	40,960	-
Project Search Program	0	8,068	-	0	9,286	1,715	11,001	-
Structured Learning Environment Program (SLE)				5	36,261	6,697	42,958	214,790
Supportive Medical Needs Program (SMN)				1	43,115	7,963	51,079	51,079
STARS Program	1	38,404	38,404					-
Multi-Needs Program	3.53	46,573	164,403					-
Pathways Program			-	1	40,382	7,459	47,840	47,840
Directions Program	0	34,495	-					-
Southeast Alternative School	0.22	44,627	9,818					-
Summer School				TBD				-
BD Credit Recovery						-		-
ITINERANTS - DIRECT SERVICE/CONSULT SERVICE MINUTES (IEP)								
Itinerant - Vision and Hearing Impaired	1,368.00	3.99	5,458	-	3.82	0.71	4.53	-
Itinerant/Hearing Impaired		3.99	-	1,080.00	3.82	0.71	4.53	4,889
Itinerant - Visually Impaired	-	3.99	-	270.00	3.82	0.71	4.53	1,222
Itinerant - Vision Orientation & Mobility		3.99	-		3.82	0.71	4.53	-
Itinerant - OT/PT	51,813.75	2.99	154,923	59,220.00	2.92	0.54	3.46	204,628
*Non IEP time for all itinerant services will be billed on a referral basis (evaluations, screenings, ect.)								
USER FEE SERVICES								
1:1 Aide	2.89	42,000	121,380	2	46,573	8,602	55,175	110,350
1:1 Medical Assistant	0	71,400	-	1	78,184	14,441	92,625	92,625
1:1 Interpreter	0	52,160	-					-
1:1 Summer School Aide				TBD				-
1:1 Summer School Medical Assistant				TBD				-
OT/PT ESY				TBD				-
Audiological Evaluation		842	-	TBD	936	173	1,109	-
Assisted Technology	6	893	5,358	6	750	139	889	5,334
School Improvement & IST Services	25	952	23,800	25	1,167	216	1,383	34,572
Embrace IEP Billing				TBD		-	-	-
Private Facility Contract & Billing Assistance				TBD	-			-
IDEA	19081.6	1	19,082					-
TOTAL PROJECTED COST FY24			542,626	TOTAL PROJECTED COST FY25			767,329	

District 68 FY 24-25 Participation in SASED's Programs and Services

	Actual Students FY 23/24	FY24 BILLED Tuition Rate	FY24 Total Program Cost	Projected Students FY 24/25	FY25 Tuition Rate	FY25 Overhead 18.47%	FY25 Total Program Rate	FY25 Total Program Cost
STUDENT PROGRAMS								
DWC Visually Impaired Program	0	49,001	-	0	43,281	7,994	51,275	-
DWC Hearing Impaired Program	0	52,573	-	0	46,905	8,663	55,568	-
Transition Program	0	57,822	-	0	34,574	6,386	40,960	-
Project Search Program	0	8,068	-	0	9,286	1,715	11,001	-
Structured Learning Environment Program (SLE)			-	15	36,261	6,697	42,958	644,371
Supportive Medical Needs Program (SMN)			-	2	43,115	7,963	51,079	102,158
STARS Program	7.81	38,404	299,935					-
Multi-Needs Program	11.75	46,573	547,233					-
Pathways Program			-	9	40,382	7,459	47,840	430,561
Directions Program	0	34,495	-					-
Southeast Alternative School	6.68	44,627	298,108					-
Summer School			-	TBD				-
BD Credit Recovery			-					-
ITINERANTS - DIRECT SERVICE/CONSULT SERVICE MINUTES (IEP)								
Itinerant - Vision and Hearing Impaired	14,760.00	3.99	58,892		3.82	0.71	4.53	-
Itinerant/Hearing Impaired		3.99	-	12,000.00	3.82	0.71	4.53	54,322
Itinerant - Visually Impaired		3.99	-	1,710.00	3.82	0.71	4.53	7,741
Itinerant - Vision Orientation & Mobility		3.99	-		3.82	0.71	4.53	-
Itinerant - OT/PT	29,752.38	2.99	88,960	45,563.76	2.92	0.54	3.46	157,441
*Non IEP time for all itinerant services will be billed on a referral basis (evaluations, screenings, ect.)								
USER FEE SERVICES								
1:1 Aide	11.43	42,000	480,060	6	46,573	8,602	55,175	331,050
1:1 Medical Assistant	2.92	71,400	208,488	2	78,184	14,441	92,625	185,250
1:1 Interpreter	0	52,160	-					-
1:1 Summer School Aide				TBD				-
1:1 Summer School Medical Assistant				TBD				-
OT/PT ESY				TBD				-
Audiological Evaluation		842	-	TBD	936	173	1,109	-
Assisted Technology	2	893	1,786	2	750	139	889	1,778
School Improvement & IST Services	0	952	-	25	1,167	216	1,383	34,572
Embrace IEP Billing				TBD		-	-	-
Private Facility Contract & Billing Assistance				TBD				-
IDEA	55136.2	1	55,136					-
TOTAL PROJECTED COST FY24			2,038,599	TOTAL PROJECTED COST FY25			1,949,242	

District 88 FY 24-25 Participation in SASSED's Programs and Services

	Actual Students FY 23/24	FY24 BILLED Tuition Rate	FY24 Total Program Cost	Projected Students FY 24/25	FY25 Tuition Rate	FY25 Overhead 18.47%	FY25 Total Program Rate	FY25 Total Program Cost
STUDENT PROGRAMS								
DWC Visually Impaired Program	1	49,001	49,001	1	43,281	7,994	51,275	51,275
DWC Hearing Impaired Program	0	52,573	-	0	46,905	8,663	55,568	-
Transition Program	2	57,822	115,644	5	34,574	6,386	40,960	204,800
Project Search Program	0	8,068	-	1	9,286	1,715	11,001	11,001
Structured Learning Environment Program (SLE)				5	36,261	6,697	42,958	214,790
Supportive Medical Needs Program (SMN)				1	43,115	7,963	51,079	51,079
STARS Program	0	38,404	-					-
Multi-Needs Program	9	46,573	419,157					-
Pathways Program				6	40,382	7,459	47,840	287,040
Directions Program	0.95	34,495	32,770					-
Southeast Alternative School	4	44,627	178,508					-
Summer School				TBD				-
BD Credit Recovery								-
ITINERANTS - DIRECT SERVICE/CONSULT SERVICE MINUTES (IEP)								
Itinerant - Vision and Hearing Impaired	14,413.88	3.99	57,511		3.82	0.71	4.53	-
Itinerant/Hearing Impaired		3.99	-	7,938.00	3.82	0.71	4.53	35,934
Itinerant - Visually Impaired	-	3.99	-	3,618.00	3.82	0.71	4.53	16,378
Itinerant - Vision Orientation & Mobility		3.99	-	4,500.00	3.82	0.71	4.53	20,371
Itinerant - OT/PT	28,455.00	2.99	85,080	28,204.92	2.92	0.54	3.46	97,459
*Non IEP time for all itinerant services will be billed on a referral basis (evaluations, screenings, ect.)								
USER FEE SERVICES								
1:1 Aide	5.03	42,000	211,260	1	46,573	8,602	55,175	55,175
1:1 Medical Assistant	1.51	71,400	107,814	2	78,184	14,441	92,625	185,250
1:1 Interpreter	0	52,160	-	0				-
1:1 Summer School Aide				TBD				-
1:1 Summer School Medical Assistant				TBD				-
OT/PT ESY				TBD				-
Audiological Evaluation		842	-	TBD	936	173	1,109	-
Assisted Technology	5	893	4,465	10	750	139	889	8,889
School Improvement & IST Services	20	952	19,040	15	1,167	216	1,383	20,743
Embrace IEP Billing				TBD		-	-	-
Private Facility Contract & Billing Assistance				TBD				-
IDEA	78753.68	1	78,754					-
TOTAL PROJECTED COST FY24			1,359,005	TOTAL PROJECTED COST FY25			1,260,185	

District 94 FY 24-25 Participation in SASED's Programs and Services

	Actual Students FY 23/24	FY24 BILLED Tuition Rate	FY24 Total Program Cost	Projected Students FY 24/25	FY25 Tuition Rate	FY25 Overhead 18.47%	FY25 Total Program Rate	FY25 Total Program Cost
STUDENT PROGRAMS								
DWC Visually Impaired Program	0	49,001	-	0	43,281	7,994	51,275	-
DWC Hearing Impaired Program	0	52,573	-	0	46,905	8,663	55,568	-
Transition Program	2	57,822	115,644	2	34,574	6,386	40,960	81,920
Project Search Program	3	8,068	24,204	0	9,286	1,715	11,001	-
Structured Learning Environment Program (SLE)				1	36,261	6,697	42,958	42,958
Supportive Medical Needs Program (SMN)				0	43,115	7,963	51,079	-
STARS Program	0	38,404	-					-
Multi-Needs Program	0.22	46,573	10,246					-
Pathways Program				11	40,382	7,459	47,840	526,241
Directions Program	2.16	34,495	74,509					-
Southeast Alternative School	6.54	44,627	291,861					-
Summer School				TBD				-
BD Credit Recovery						-		-
ITINERANTS - DIRECT SERVICE/CONSULT SERVICE MINUTES (IEP)								
Itinerant - Vision and Hearing Impaired	8,025.60	3.99	32,022		3.82	0.71	4.53	-
Itinerant/Hearing Impaired		3.99	-	8,523.00	3.82	0.71	4.53	38,582
Itinerant - Visually Impaired		3.99	-	360.00	3.82	0.71	4.53	1,630
Itinerant - Vision Orientation & Mobility		3.99	-		3.82	0.71	4.53	-
Itinerant - OT/PT	23,032.58	2.99	68,867	23,520.24	2.92	0.54	3.46	81,272
*Non IEP time for all itinerant services will be billed on a referral basis (evaluations, screenings, ect.)								
USER FEE SERVICES								
1:1 Aide	1.66	42,000	69,720	1	46,573	8,602	55,175	55,175
1:1 Medical Assistant	0	71,400	-	0	78,184	14,441	92,625	-
1:1 Interpreter	0	52,160	-	0				-
1:1 Summer School Aide				TBD				-
1:1 Summer School Medical Assistant				TBD				-
OT/PT ESY				TBD				-
Audiological Evaluation		842	-	TBD	936	173	1,109	-
Assisted Technology	6	893	5,358	6	750	139	889	5,334
School Improvement & IST Services	30	952	28,560	15	1,167	216	1,383	20,743
Embrace IEP Billing				TBD		-	-	-
Private Facility Contract & Billing Assistance				TBD		-	-	-
IDEA	41770.35	1	41,770					-
TOTAL PROJECTED COST FY24			762,762	TOTAL PROJECTED COST FY25				853,854

District 99 FY 24-25 Participation in SASSED's Programs and Services

	Actual Students FY 23/24	FY24 BILLED Tuition Rate	FY24 Total Program Cost	Projected Students FY 24/25	FY25 Tuition Rate	FY25 Overhead 18.47%	FY25 Total Program Rate	FY25 Total Program Cost
STUDENT PROGRAMS								
DWC Visually Impaired Program	4	49,001	196,004	1	43,281	7,994	51,275	51,275
DWC Hearing Impaired Program	0	52,573	-	0	46,905	8,663	55,568	-
Transition Program	3	57,822	173,466	4	34,574	6,386	40,960	163,840
Project Search Program	0	8,068	-	1	9,286	1,715	11,001	11,001
Structured Learning Environment Program (SLE)				7	36,261	6,697	42,958	300,706
Supportive Medical Needs Program (SMN)				2	43,115	7,963	51,079	102,158
STARS Program	0	38,404	-					-
Multi-Needs Program	6	46,573	279,438					-
Pathways Program				10	40,382	7,459	47,840	478,401
Directions Program	3.5	34,495	120,733					-
Southeast Alternative School	10.78	44,627	481,079					-
Summer School				TBD				-
BD Credit Recovery						-		-
ITINERANTS - DIRECT SERVICE/CONSULT SERVICE MINUTES (IEP)								
Itinerant Vision and Hearing Impaired	11,181.60	3.99	44,614.58	-	3.82	0.71	4.53	-
Itinerant/Hearing Impaired		3.99	-	2,838.60	3.82	0.71	4.53	12,850
Itinerant - Visually Impaired		3.99	-	6,984.00	3.82	0.71	4.53	31,615
Itinerant - Vision Orientation & Mobility		3.99	-	3,776.00	3.82	0.71	4.53	17,093
Itinerant - OT/PT	11,252.50	2.99	33,644.98	9,450.00	2.92	0.54	3.46	32,653
*Non IEP time for all itinerant services will be billed on a referral basis (evaluations, screenings, ect.)								
USER FEE SERVICES								
1:1 Aide	6.33	42,000	265,860	2.5	46,573	8,602	55,175	137,938
1:1 Medical Assistant	1.79	71,400	127,806	2	78,184	14,441	92,625	185,250
1:1 Interpreter	0	52,160	-	0				-
1:1 Summer School Aide				TBD				-
1:1 Summer School Medical Assistant				TBD				-
OT/PT ESY				TBD				-
Audiological Evaluation		842	-	TBD	936	173	1,109	-
Assisted Technology	0	893	-	0	750	139	889	-
School Improvement & IST Services	8	952	7,616	10	1,167	216	1,383	13,829
Embrace IEP Billing				TBD		-	-	-
Private Facility Contract & Billing Assistance				TBD		-	-	-
IDEA	84,689	1	84,689					-
TOTAL PROJECTED COST FY24			1,814,950	TOTAL PROJECTED COST FY25			1,538,609	

District 180 FY 24-25 Participation in SASED's Programs and Services

	Actual Students FY 23/24	FY24 BILLED Tuition Rate	FY24 Total Program Cost	Projected Students FY 24/25	FY25 Tuition Rate	FY25 Overhead 18.47%	FY25 Total Program Rate	FY25 Total Program Cost
STUDENT PROGRAMS								
DWC Visually Impaired Program	2	49,001	98,002	2	43,281	7,994	51,275	102,549
DWC Hearing Impaired Program	0	52,573	-	0	46,905	8,663	55,568	-
Transition Program	0	57,822	-	0	34,574	6,386	40,960	-
Project Search Program	0	8,068	-	0	9,286	1,715	11,001	-
Structured Learning Environment Program (SLE)				12	36,261	6,697	42,958	515,496
Supportive Medical Needs Program (SMN)				3	43,115	7,963	51,079	153,237
STARS Program	4.14	38,404	158,993					-
Multi-Needs Program	7.4	46,573	344,640					-
Pathways Program				5	40,382	7,459	47,840	239,200
Directions Program	0.17	34,495	5,864					-
Southeast Alternative School	5.97	44,627	266,423					-
Summer School				TBD				-
BD Credit Recovery						-		-
ITINERANTS - DIRECT SERVICE/CONSULT SERVICE MINUTES (IEP)								
Itinerant/Hearing Impaired		3.99	-		3.82	0.71	4.53	-
Itinerant - Visually Impaired	2,160.00	3.99	8,618	90.00	3.82	0.71	4.53	407
Itinerant - Vision Orientation & Mobility		3.99	-	36.00	3.82	0.71	4.53	163
Itinerant - OT/PT	43,740.00	2.99	130,783	36,585.00	2.92	0.54	3.46	126,416
*Non IEP time for all itinerant services will be billed on a referral basis (evaluations, screenings, ect.)								
USER FEE SERVICES								
1:1 Aide	5.06	42,000	212,520	4.5	46,573	8,602	55,175	248,288
1:1 Medical Assistant	0.72	71,400	51,408	3	78,184	14,441	92,625	277,875
1:1 Interpreter	0	52,160	-					-
1:1 Summer School Aide				TBD				-
1:1 Summer School Medical Assistant				TBD				-
OT/PT ESY				TBD				-
Audiological Evaluation		842		TBD	936	173	1,109	-
Assisted Technology	0	893	-	0	750	139	889	-
School Improvement & IST Services	10	952	9,520	10	1,167	216	1,383	13,829
Embrace IEP Billing				TBD		-	-	-
Private Facility Contract & Billing Assistance				TBD		-	-	-
IDEA	11834.2	1	11,834					-
TOTAL PROJECTED COST FY24			1,298,605	TOTAL PROJECTED COST FY25			1,677,460	

District 201 FY 24-25 Participation in SASSED's Programs and Services

	Actual Students FY 23/24	FY24 BILLED Tuition Rate	FY24 Total Program Cost	Projected Students FY 24/25	FY25 Tuition Rate	FY25 Overhead 18.47%	FY25 Total Program Rate	FY25 Total Program Cost
STUDENT PROGRAMS								
DWC Visually Impaired Program	0	49,001	-	1	43,281	7,994	51,275	51,275
DWC Hearing Impaired Program	0	52,573	-	0	46,905	8,663	55,568	-
Transition Program	3	57,822	173,466	3	34,574	6,386	40,960	122,880
Project Search Program	0	8,068	-	0	9,286	1,715	11,001	-
Structured Learning Environment Program (SLE)				5	36,261	6,697	42,958	214,790
Supportive Medical Needs Program (SMN)				2	43,115	7,963	51,079	102,158
STARS Program	0	38,404	-					-
Multi-Needs Program	6	46,573	279,438					-
Pathways Program				1	40,382	7,459	47,840	47,840
Directions Program	0	34,495	-					-
Southeast Alternative School	0.64	44,627	28,561					-
Summer School				TBD				-
BD Credit Recovery						-		-
ITINERANTS - DIRECT SERVICE/CONSULT SERVICE MINUTES (IEP)								
Itinerant/Hearing Impaired	5,852.00	3.99	23,349	5,940.00	3.82	0.71	4.53	26,889
Itinerant - Visually Impaired		3.99	-		3.82	0.71	4.53	-
Itinerant - Vision Orientation & Mobility		3.99	-		3.82	0.71	4.53	-
Itinerant - OT/PT	67,492.34	2.99	201,802	84,915.36	2.92	0.54	3.46	293,416
*Non IEP time for all itinerant services will be billed on a referral basis (evaluations, screenings, ect.)								
USER FEE SERVICES								
1:1 Aide	4.04	42,000	169,680	2.5	46,573	8,602	55,175	137,938
1:1 Medical Assistant	0.25	71,400	17,850	0	78,184	14,441	92,625	-
1:1 Interpreter	0	52,160	-	0				-
1:1 Summer School Aide				TBD				-
1:1 Summer School Medical Assistant				TBD				-
OT/PT ESY				TBD				-
Audiological Evaluation		842	-	TBD	936	173	1,109	-
Assisted Technology	64	893	57,152	15	750	139	889	13,334
School Improvement & IST Services	10	952	9,520	45	1,167	216	1,383	62,230
Embrace IEP Billing				TBD		-	-	-
Private Facility Contract & Billing Assistance				TBD				-
IDEA	30283.15	1	30,283					-
TOTAL PROJECTED COST FY24			991,102	TOTAL PROJECTED COST FY25				1,072,749

District 202 FY 24-25 Participation in SASED's Programs and Services

	Actual Students FY 23/24	FY24 BILLED Tuition Rate	FY24 Total Program Cost	Projected Students FY 24/25	FY25 Tuition Rate	FY25 Overhead 18.47%	FY25 Total Program Rate	FY25 Total Program Cost
STUDENT PROGRAMS								
DWC Visually Impaired Program	0	49,001	-	0	43,281	7,994	51,275	-
DWC Hearing Impaired Program	0	52,573	-	0	46,905	8,663	55,568	-
Transition Program	7	57,822	404,754	3	34,574	6,386	40,960	122,880
Project Search Program	0	8,068	-	0	9,286	1,715	11,001	-
Structured Learning Environment Program (SLE)				15	36,261	6,697	42,958	644,371
Supportive Medical Needs Program (SMN)				1	43,115	7,963	51,079	51,079
STARS Program	0	38,404	-					-
Multi-Needs Program	13.5	46,573	628,736					-
Pathways Program				3	40,382	7,459	47,840	143,520
Directions Program	1.11	34,495	38,289					-
Southeast Alternative School	1	44,627	44,627					-
Summer School				TBD				-
BD Credit Recovery						-		-
ITINERANTS - DIRECT SERVICE/CONSULT SERVICE MINUTES (IEP)								
Itinerant Vision and Hearing Impaired	2,746.00	3.99	10,957		3.82	0.71	4.53	-
Itinerant/Hearing Impaired		3.99	-	1,173.00	3.82	0.71	4.53	5,310
Itinerant - Visually Impaired		3.99	-	2,304.00	3.82	0.71	4.53	10,430
Itinerant - Vision Orientation & Mobility		3.99	-	1,080.00	3.82	0.71	4.53	4,889
Itinerant - OT/PT	94,447.38	2.99	282,398	98,279.64	2.92	0.54	3.46	339,595
*Non IEP time for all itinerant services will be billed on a referral basis (evaluations, screenings, ect.)								
USER FEE SERVICES								
1:1 Aide	5.37	42,000	225,540	8	46,573	8,602	55,175	441,400
1:1 Medical Assistant	3.29	71,400	234,906	4	78,184	14,441	92,625	370,500
1:1 Interpreter	0	52,160	-					-
1:1 Summer School Aide				TBD				-
1:1 Summer School Medical Assistant				TBD				-
OT/PT ESY				TBD				-
Audiological Evaluation		842	-	TBD	936	173	1,109	-
Assisted Technology	5	893	4,465	5	750	139	889	4,445
School Improvement & IST Services	25	952	23,800	45	1,167	216	1,383	62,230
Embrace IEP Billing				TBD		-	-	-
Private Facility Contract & Billing Assistance				TBD				-
IDEA	47582.63	1	47,583					-
TOTAL PROJECTED COST FY24			1,946,054	TOTAL PROJECTED COST FY25				2,200,648

District 205 FY 24-25 Participation in SASED's Programs and Services

	Actual Students FY 23/24	FY24 BILLED Tuition Rate	FY24 Total Program Cost	Projected Students FY 24/25	FY25 Tuition Rate	FY25 Overhead 18.47%	FY25 Total Program Rate	FY25 Total Program Cost	
STUDENT PROGRAMS									
DWC Visually Impaired Program	1	49,001	49,001	0	43,281	7,994	51,275	-	
DWC Hearing Impaired Program	1	52,573	52,573	1	46,905	8,663	55,568	55,568	
Transition Program	0	57,822	-	1	34,574	6,386	40,960	40,960	
Project Search Program	1	8,068	8,068	1	9,286	1,715	11,001	11,001	
Structured Learning Environment Program (SLE)				1	36,261	6,697	42,958	42,958	
Supportive Medical Needs Program (SMN)				0	43,115	7,963	51,079	-	
STARS Program	0	38,404	-					-	
Multi-Needs Program	1	46,573	46,573					-	
Pathways Program				5	40,382	7,459	47,840	239,200	
Directions Program	0	34,495	-					-	
Southeast Alternative School	5.73	44,627	255,713					-	
Summer School				TBD				-	
BD Credit Recovery						-		-	
ITINERANTS - DIRECT SERVICE/CONSULT SERVICE MINUTES (IEP)									
Itinerant - Vision and Hearing Impaired	57,888.68	3.99	230,976		3.82	0.71	4.53	-	
Itinerant/Hearing Impaired		3.99	-	25,997.60	3.82	0.71	4.53	117,687	
Itinerant - Visually Impaired		3.99	-	19,577.88	3.82	0.71	4.53	88,626	
Itinerant - Vision Orientation & Mobility		3.99	-	10,863.00	3.82	0.71	4.53	49,175	
Itinerant - OT/PT	543,390.01	2.99	1,624,736	595,561.68	2.92	0.54	3.46	2,057,899	
*Non IEP time for all itinerant services will be billed on a referral basis (evaluations, screenings, ect.)									
USER FEE SERVICES									
1:1 Aide	1.68	42,000	70,560	0	46,573	8,602	55,175	-	
1:1 Medical Assistant	0	71,400	-	0	78,184	14,441	92,625	-	
1:1 Interpreter	0	52,160	-	0				-	
1:1 Summer School Aide				TBD				-	
1:1 Summer School Medical Assistant				TBD				-	
OT/PT ESY				TBD				-	
Audiological Evaluation		842	-	TBD	936	173	1,109	-	
Assisted Technology	5	893	4,465	0	750	139	889	-	
School Improvement & IST Services	160	952	152,320	160	1,167	216	1,383	221,261	
Embrace IEP Billing				TBD		-	-	-	
Private Facility Contract & Billing Assistance				TBD				-	
IDEA	140326.95	1	140,327					-	
TOTAL PROJECTED COST FY24			2,635,312					TOTAL PROJECTED COST FY25	2,924,336

COST BY DISTRICT FY25 COMPARISON TO FY24

FY25 RATE	\$51,275	\$55,568	\$47,840	\$51,079	\$42,958	\$40,960	\$11,001	\$3.46	\$4.53	\$55,175	\$92,625	\$889	\$1,383				
District	Vision	DHH	Pathways	MSP	SLE	Transition	Project Search	OTPT	Itinerant	1:1 TA	1:1 MATA	AT	SIIS	*TOTAL FY25 COST	TOTAL FY24 CURRENT	Dollar Difference	Percent Difference
20	\$0	\$111,137	\$47,840	\$51,079	\$343,664	\$0	\$0	\$325,034	\$10,593	\$165,525	\$92,625	\$4,445	\$27,658	\$1,179,599	\$1,235,534	(\$55,934)	-5%
25	\$0	\$111,137	\$0	\$102,158	\$42,958	\$0	\$0	\$87,698	\$5,704	\$0	\$92,625	\$0	\$6,914	\$449,194	\$387,446	\$61,748	16%
33	\$51,275	\$111,137	\$287,040	\$0	\$85,916	\$0	\$0	\$835,202	\$91,962	\$55,175	\$0	\$8,889	\$110,630	\$1,637,226	\$1,722,984	(\$85,758)	-5%
34	\$0	\$0	\$191,360	\$0	\$42,958	\$0	\$0	\$71,371	\$17,111	\$55,175	\$0	\$1,778	\$27,658	\$407,411	\$340,371	\$67,041	20%
45	\$51,275	\$111,137	\$430,561	\$51,079	\$171,832	\$0	\$0	\$761,898	\$139,251	\$165,525	\$92,625	\$17,778	\$138,288	\$2,131,248	\$1,612,854	\$518,394	32%
48	\$51,275	\$55,568	\$95,680	\$0	\$429,580	\$0	\$0	\$52,609	\$5,500	\$165,525	\$0	\$2,667	\$17,977	\$876,382	\$846,213	\$30,168	4%
58	\$51,275	\$0	\$334,880	\$306,473	\$1,073,951	\$0	\$0	\$641,007	\$317,927	\$441,400	\$92,625	\$10,667	\$41,486	\$3,311,692	\$2,984,862	\$326,829	11%
60	\$0	\$0	\$143,520	\$102,158	\$687,329	\$0	\$0	\$301,345	\$7,945	\$275,875	\$185,250	\$5,334	\$62,230	\$1,770,984	\$1,770,568	\$417	0%
63	\$0	\$55,568	\$143,520	\$51,079	\$386,622	\$0	\$0	\$99,204	\$12,222	\$0	\$0	\$2,667	\$13,829	\$764,712	\$904,656	(\$139,944)	-15%
66	\$0	\$0	\$47,840	\$51,079	\$214,790	\$0	\$0	\$204,628	\$6,111	\$110,350	\$92,625	\$5,334	\$34,572	\$767,329	\$542,626	\$224,704	41%
68	\$0	\$0	\$430,561	\$102,158	\$644,371	\$0	\$0	\$157,441	\$62,063	\$331,050	\$185,250	\$1,778	\$34,572	\$1,949,242	\$2,038,599	(\$89,356)	-4%
88	\$51,275	\$0	\$287,040	\$51,079	\$214,790	\$204,800	\$11,001	\$97,459	\$72,683	\$55,175	\$185,250	\$8,889	\$20,743	\$1,260,185	\$1,359,005	(\$98,820)	-7%
94	\$0	\$0	\$526,241	\$0	\$42,958	\$81,920	\$0	\$81,272	\$40,212	\$55,175	\$0	\$5,334	\$20,743	\$853,854	\$762,762	\$91,092	12%
99	\$51,275	\$0	\$478,401	\$102,158	\$300,706	\$163,840	\$11,001	\$32,653	\$61,559	\$137,938	\$185,250	\$0	\$13,829	\$1,538,609	\$1,814,950	(\$276,341)	-15%
180	\$102,549	\$0	\$239,200	\$153,237	\$515,496	\$0	\$0	\$126,416	\$570	\$248,288	\$277,875	\$0	\$13,829	\$1,677,460	\$1,298,605	\$378,855	29%
201	\$51,275	\$0	\$47,840	\$102,158	\$214,790	\$122,880	\$0	\$293,416	\$26,889	\$137,938	\$0	\$13,334	\$62,230	\$1,072,749	\$991,102	\$81,647	8%
202	\$0	\$0	\$143,520	\$51,079	\$644,371	\$122,880	\$0	\$339,595	\$20,629	\$441,400	\$370,500	\$4,445	\$62,230	\$2,200,648	\$1,946,054	\$254,594	13%
205	\$0	\$55,568	\$239,200	\$0	\$42,958	\$40,960	\$11,001	\$2,057,899	\$255,488	\$0	\$0	\$0	\$221,261	\$2,924,336	\$2,635,312	\$289,024	11%
TOTAL	\$461,471	\$611,251	\$4,114,245	\$1,276,972	\$6,100,042	\$737,281	\$33,002	\$6,566,146	\$1,154,419	\$2,841,513	\$1,852,501	\$93,337	\$930,679	\$26,772,859	\$25,194,500	\$1,578,359	6.3%

*FY25 IDEA FUNDS WILL REMAIN WITH THE DISTRICTS

Reminder; all Medicaid FFS and Admin Outreach flows back to member districts.

MEMORANDUM OF UNDERSTANDING

The Board of Directors (“the Board”) of the School Association for Special Education in DuPage (“SASED”) and the School Association for Special Education in DuPage Support Staff Association, IEA-NEA (“the Association”) hereby agree as follows:

1. The Board and the Association are parties to a collective bargaining agreement (“CBA”) for the time period from FY 2024 to FY 2026.
2. The parties agree that in Appendix A (“New Hire Pay Rates”) of the CBA, the last section shall be amended to add “Teaching Assistant with Registered Behavior Therapist (RBT) Certification” as follows:

TEACHING ASSISTANT WITH REGISTERED BEHAVIOR THERAPIST (RBT)
CERTIFICATION and MOVEMENT SPECIALIST – HOURLY RATES FOR NEW
HIRES

Follow the Teacher Assistant starting rate schedule and add 20% to the hourly rate.

3. The Board and the Association agree that this Memorandum of Understanding shall not modify any provision of the CBA except as set forth herein, and shall not require either party to bargain over any provision of the CBA during the term of the CBA, unless such bargaining is otherwise required by law.
4. This Memorandum of Understanding is not subject to the grievance/arbitration provisions of the CBA.
5. This Memorandum of Understanding is not precedential in effect.
6. The terms of this Memorandum of Understanding shall not be deemed a violation or misapplication of the terms of the CBA.
7. To the extent of any conflict or inconsistency between this Memorandum of Understanding and the CBA, the provisions of this Memorandum of Understanding shall control. The CBA shall otherwise remain in full force and effect.

BOARD OF DIRECTORS OF THE SCHOOL ASSOCIATION
FOR SPECIAL EDUCATION IN DUPAGE

By: _____
Chairperson

Date: _____

Attest: _____
Secretary

Date: _____

SASED SUPPORT STAFF ASSOCIATION, IEA-NEA

By: *Paul E. Edwards*
(SSSA President)

Date: 5-22-24



School Association for Special Education in DuPage County

To: SASED Board of Directors
From: Matthew B. Layton, Ed.S. – Director of Programs and Services *MBL*
Date: Wednesday, June 12, 2024
Re: 2024-2025 Program Locations and Projected Enrollment

SASED program locations are subject to change each year based on available space within the membership and adjusting for differences in student placement.

The projected opening enrollment for the 2024-25 school year is 392 students across 59 classrooms. This represents 30 more students and 1 fewer classroom than the opening of the 2023-24 school year.

SASED Program	Host District	Host School	Number of Classrooms	Projected Enrollment
Deaf/Hard of Hearing	45	North School	5	30
Deaf/Hard of Hearing	45	Early Childhood Center	2	8
Deaf/Hard of Hearing	201	Westmont Junior High School	2	15
Total DHH Program Classrooms			9	53
Structure Learning (SLE)	20	Waterbury Elementary School	2	9
Structure Learning (SLE)	34	Winfield Primary School	3	20
Structure Learning (SLE)	34	Winfield Central School	1	6
Structure Learning (SLE)	58	Hillcrest Elementary School	1	9
Structure Learning (SLE)	58	Kingsley Elementary School	2	15
Structure Learning (SLE)	60	Holmes Primary School	4	25
Structure Learning (SLE)	60	Maercker Intermediate School	1	10
Structure Learning (SLE)	63	Cass Junior High School	2	20
Structure Learning (SLE)	66	Prairieview Elementary School	2	16
Structure Learning (SLE)	88	Willowbrook High School	2	16
Total SLE Program Classrooms			20	148
Vision	48	Salt Creek Primary School	1	3
Vision	48	Stella May Swartz School	1	8
Vision	48	Albright Middle School	2	10
Vision	88	Addison Trail High School	3	15
Total Vision Program Classrooms			7	36
Total Classroom Locations and Projected Enrollment in Member Districts			36	237

SASED Program	Location	Number of Classrooms	Projected Enrollment
Pathways	SASED Southeast School	13	89
Supportive Medical Needs	SASED – Lisle Location	5	25
Transition	SASED Transition Center @ SAC	4	30
Project Search	Central DuPage Hospital	1	11
Total Classroom Locations and Projected Enrollment in SASED Locations		23	155
Total Classroom Locations and Projected Enrollment		59	392



School Association for Special Education in DuPage County

To: SASED Board of Directors
From: Matthew B. Layton, Ed.S. – Director of Programs and Services *MBL*
Date: Wednesday, June 12, 2024
Re: 2023-24 SASED Summative Program Data

Attached is the SASED Summative Program Data Report for the 2023-2024 school year. This document is designed to provide an overview of the students served and the critical data points tracked, which align closely with the ISBE State Report Card.

Key Data Points Included:

- **Enrollment:** A breakdown of student enrollment by program and grade bands.
- **Student Demographics:** Detailed demographic information, including race/ethnicity and gender distribution.
- **Disability Identification:** A summary of students' primary eligibility categories under IDEA.
- **Attendance and Discipline:** Data on student attendance, suspension incidents, and the number of students involved in restraint and time-out (RTO) events.
- **Academic Performance:** Analysis of student performance on local, state, and national assessments, including FastBridge, Illinois Assessment of Readiness (IAR)*, Dynamic Learning Maps (DLM)*, and PSAT/SAT scores over the prior 3-4 school years. **(*Note: 23-24 IAR and DLM test results are pending ISBE release.)**

This snapshot provides a comprehensive overview of the key metrics we track and serves as one critical tool for assessing our programs' effectiveness and identifying areas for improvement.



2023-24 SASED SUMMATIVE PROGRAM DATA

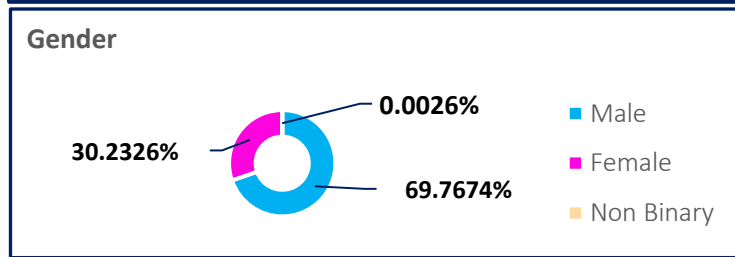
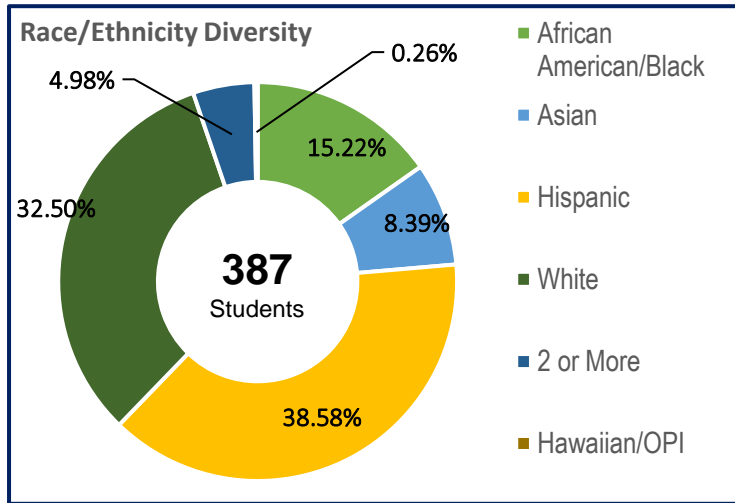
STUDENT ENROLLMENT BY PROGRAM AND GRADE BANDS

(source: Synergy)

	SASED	DHH	DIR	MN	SE	STARS	Project Search	Transition	Vision	Grade-Band Enrollment	
8.14.23	362	48	18	104	74	41	11	29	37	Early Childhood	42
Entry (+)	+ 88	+12	+ 7	+25	+28	+8	0	0	+8	Elementary	164
Exit (-)	- 63	-5	-4	-17	-23	-3	-3	-2	-6	Middle School	78
5.31.24	387	55	21	112	77	46	8	27	39	High School	71
										Transition	35

STUDENT DEMOGRAPHIC INFORMATION

(source: Synergy)



IDEA PRIMARY ELIGIBILITY
(source: Embrace)

Code	Disability Category	%
O	Autism	25.90%
K	Emotional Disability	13.73%
E	Visually Impaired/Blindness	11.48%
A	Intellectual Disability	10.81%
N	Developmental Delay	9.01%
F	Hearing Impairment	7.88%
L	Other Health Impairment	6.53%
M	Multiple Disabilities	5.18%
G	Deafness	4.50%
D	Specific Learning Disability	4.05%
H	Deaf/Blindness	0.22%
P	Traumatic Brain Injury	0.22%
C	Orthopedic Impairment	0.22%
I	Speech/Language Impairment	0.22%

Low Income
54.5%

English Learners
26.9%

STUDENT ATTENDANCE, SUSPENSION, AND RTO DATA

(source: Synergy)

Average Attendance Rate 86.9%

Chronic Absenteeism Rate 48.26%
 • Illinois law defines "chronic absenteeism" as a student who misses greater than or equal to 10 percent of school days within an academic year.

Tuancy Rate 12.14%
 • Illinois law defines "truancy" as a student who misses between 1 and 5 percent of school days within an academic year without a valid excuse.

Chronic Truancy Rate 19.49%
 • Illinois law defines "chronic truant" as a student who misses 5 percent or more of school days within an academic year without a valid excuse.

DISCIPLINE INCIDENTS

DISCIPLINE INCIDENTS		Student Count	
Total # of days	27	ISS	OSS
		0	27
1 Day Suspension	2-3 Day Suspension	4-10 Day Suspension	
9	4	1	

RESTRAINT AND TIME-OUT EVENTS

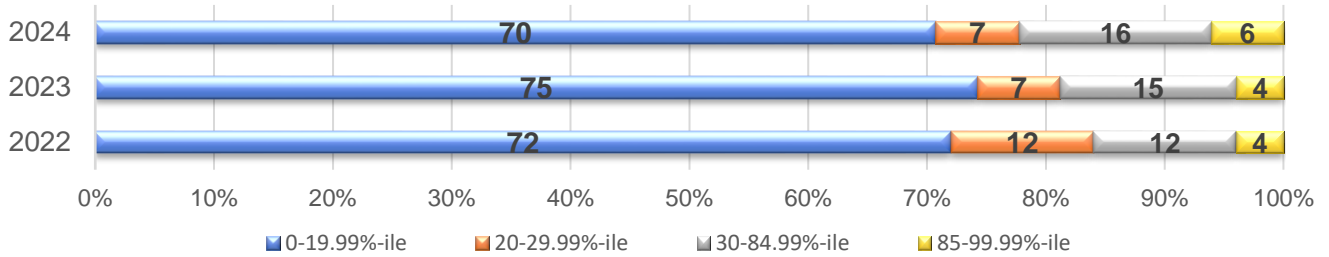
RTO Events Type and Count		Students with an RTO event
Restrains 363	Time-Outs 0	45
Students w/ 1 RTO Event	Students with 2 - 4 RTO Events	Students with 5 or more RTO Events
16	10	19



2023-24 SASED SUMMATIVE PROGRAM DATA

STUDENT ACADEMIC PROGRESS

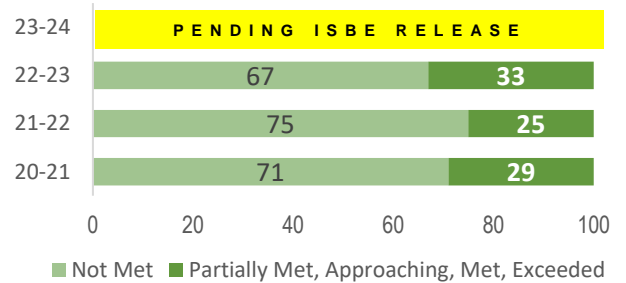
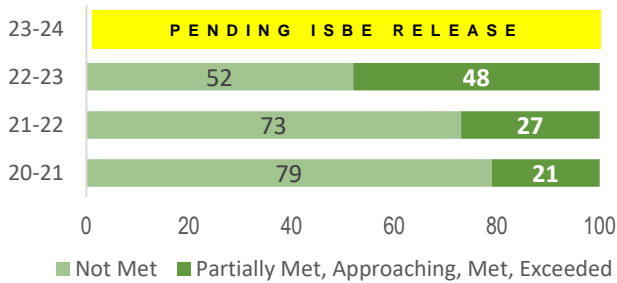
FastBridge Spring ELA Benchmark (SASED Local Assessment)



Illinois Assessment of Readiness Grades 3 – 8

ELA

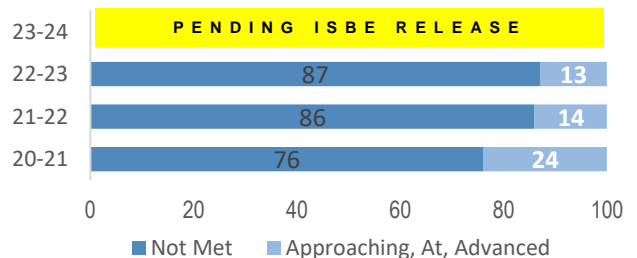
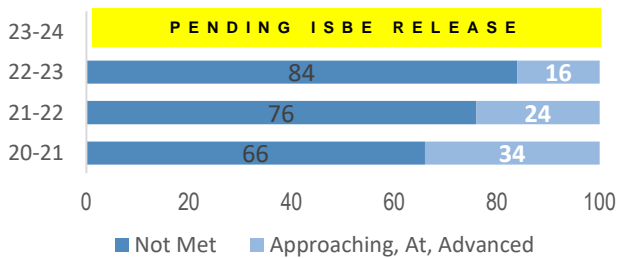
Math



Dynamic Learning Maps (DLM) Grades 3 – 11

ELA

Math



PSAT / SAT



20-21

21-22

22-23

23-24

PSAT 8/9

N/A

N = 5
Range: 520 - 880

N = 6
Range: 530 - 780

N = 10
Range: 400 - 820

PSAT 10

N/A

N = 5
Range: 690 - 760

N = 7
Range: 700 - 920

N = 5
Range: 570 - 920

SAT

N = 4
Range: 680 - 820

N = 11
Range: 600 - 930

N = 10
Range: 520 - 850

N = 9
Range: 460 - 910



Claim: Original
Certify Date: 03/01/2023 11:14 AM
Certify User: Aikens, Donna (daikens@sased.org)
Approve Date: 05/10/2024 9:39 AM
Approve User: Burger, Joan (jburger@sased.org)
Sign Date: 05/10/2024 9:40 AM
Sign User: Burger, Joan (jburger@sased.org)

District Name: SCH ASSOC SPEC ED DUPAGE
Cost Report Period: Jul 01, 2021 - Jun 30, 2022

NPI: 362919494001
Medicaid Provider ID Number:

Cost Settlement Summary

1. TOTAL COMPUTABLE MEDICAID DIRECT SERVICE COST:	\$1,180,948.56
2. TOTAL COMPUTABLE MEDICAID DIRECT MEDICAL SERVICES PURSUANT TO OTHER MEDICAL PLAN OF CARE:	\$127,386.96
3. TOTAL COMPUTABLE MEDICAID TRANSPORTATION SERVICE COST:	\$0.00
4. TOTAL COMPUTABLE FROM MEDICAID COST REPORT:	\$1,308,335.52
5. LESS MEDICAID INTERIM PAYMENTS FOR SCHOOL BASED SERVICES *From Medicaid Management Information System:	\$275,842.52
6. COST SETTLEMENT AMOUNT DUE TO OR FROM PROVIDER:	\$1,032,493.00
7. STATE ADMINISTRATIVE FEE:	\$0.00
8. COST SETTLEMENT AMOUNT DUE TO ADMINISTRATIVE FEE:	\$1,032,493.00



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Certify User: Burger, Joan (jburger@sased.org)
Approve Date: 05/10/2024 9:31 AM
Approve User: Burger, Joan (jburger@sased.org)
Sign Date: 05/10/2024 9:31 AM
Sign User: Burger, Joan (jburger@sased.org)

District Name: BENJAMIN SCHOOL DISTRICT 25
Cost Report Period: Jul 01, 2021 - Jun 30, 2022

NPI: 366004489001
Medicaid Provider ID Number:

Cost Settlement Summary

1. TOTAL COMPUTABLE MEDICAID DIRECT SERVICE COST:	\$59,566.22
2. TOTAL COMPUTABLE MEDICAID DIRECT MEDICAL SERVICES PURSUANT TO OTHER MEDICAL PLAN OF CARE:	\$4,517.13
3. TOTAL COMPUTABLE MEDICAID TRANSPORTATION SERVICE COST:	\$849.90
4. TOTAL COMPUTABLE FROM MEDICAID COST REPORT:	\$64,933.25
5. LESS MEDICAID INTERIM PAYMENTS FOR SCHOOL BASED SERVICES *From Medicaid Management Information System:	\$16,863.70
6. COST SETTLEMENT AMOUNT DUE TO OR FROM PROVIDER:	\$48,069.55
7. STATE ADMINISTRATIVE FEE:	\$0.00
8. COST SETTLEMENT AMOUNT DUE TO ADMINISTRATIVE FEE:	\$48,069.55



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Approve User: Burger, Joan (jburger@sased.org)
Sign Date: 05/10/2024 9:33 AM
Sign User: Burger, Joan (jburger@sased.org)

District Name: CASS SCHOOL DISTRICT 63
Cost Report Period: Jul 01, 2021 - Jun 30, 2022

NPI: 366004514001
Medicaid Provider ID Number:

Cost Settlement Summary

1. TOTAL COMPUTABLE MEDICAID DIRECT SERVICE COST:	\$22,839.07
2. TOTAL COMPUTABLE MEDICAID DIRECT MEDICAL SERVICES PURSUANT TO OTHER MEDICAL PLAN OF CARE:	\$2,878.16
3. TOTAL COMPUTABLE MEDICAID TRANSPORTATION SERVICE COST:	\$50.92
4. TOTAL COMPUTABLE FROM MEDICAID COST REPORT:	\$25,768.15
5. LESS MEDICAID INTERIM PAYMENTS FOR SCHOOL BASED SERVICES *From Medicaid Management Information System:	\$4,633.13
6. COST SETTLEMENT AMOUNT DUE TO OR FROM PROVIDER:	\$21,135.02
7. STATE ADMINISTRATIVE FEE:	\$0.00
8. COST SETTLEMENT AMOUNT DUE TO ADMINISTRATIVE FEE:	\$21,135.02



Claim: Original
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Approve Date: 05/10/2024 9:33 AM
Approve User: Burger, Joan (jburger@sased.org)
Sign Date: 05/10/2024 9:33 AM
Sign User: Burger, Joan (jburger@sased.org)

District Name: CENTER CASS SCHOOL DISTRICT 66
Cost Report Period: Jul 01, 2021 - Jun 30, 2022

NPI: 366004516001
Medicaid Provider ID Number:

Cost Settlement Summary

1. TOTAL COMPUTABLE MEDICAID DIRECT SERVICE COST:	\$63,254.14
2. TOTAL COMPUTABLE MEDICAID DIRECT MEDICAL SERVICES PURSUANT TO OTHER MEDICAL PLAN OF CARE:	\$5,010.93
3. TOTAL COMPUTABLE MEDICAID TRANSPORTATION SERVICE COST:	\$22.39
4. TOTAL COMPUTABLE FROM MEDICAID COST REPORT:	\$68,287.46
5. LESS MEDICAID INTERIM PAYMENTS FOR SCHOOL BASED SERVICES *From Medicaid Management Information System:	\$16,711.28
6. COST SETTLEMENT AMOUNT DUE TO OR FROM PROVIDER:	\$51,576.18
7. STATE ADMINISTRATIVE FEE:	\$0.00
8. COST SETTLEMENT AMOUNT DUE TO ADMINISTRATIVE FEE:	\$51,576.18



Claim: Original
Certify Date: 05/03/2024 5:39 PM
Certify User: Bobb, Lori (lbobb@pcgus.com)
Approve Date: 05/10/2024 9:34 AM
Approve User: Burger, Joan (jburger@sased.org)
Sign Date: 05/10/2024 9:34 AM
Sign User: Burger, Joan (jburger@sased.org)

District Name: COMMUNITY CONSOL SCH DIST 180
Cost Report Period: Jul 01, 2021 - Jun 30, 2022

NPI: 366004535001
Medicaid Provider ID Number:

Cost Settlement Summary

1. TOTAL COMPUTABLE MEDICAID DIRECT SERVICE COST:	\$74,887.03
2. TOTAL COMPUTABLE MEDICAID DIRECT MEDICAL SERVICES PURSUANT TO OTHER MEDICAL PLAN OF CARE:	\$8,547.55
3. TOTAL COMPUTABLE MEDICAID TRANSPORTATION SERVICE COST:	\$2,028.26
4. TOTAL COMPUTABLE FROM MEDICAID COST REPORT:	\$85,462.84
5. LESS MEDICAID INTERIM PAYMENTS FOR SCHOOL BASED SERVICES *From Medicaid Management Information System:	\$33,616.04
6. COST SETTLEMENT AMOUNT DUE TO OR FROM PROVIDER:	\$51,846.80
7. STATE ADMINISTRATIVE FEE:	\$0.00
8. COST SETTLEMENT AMOUNT DUE TO ADMINISTRATIVE FEE:	\$51,846.80



Claim: Original
Certify Date: 03/21/2023 11:33 AM
Certify User: Burger, Joan (jburger@sased.org)
Approve Date: 05/10/2024 9:34 AM
Approve User: Burger, Joan (jburger@sased.org)
Sign Date: 05/10/2024 9:34 AM
Sign User: Burger, Joan (jburger@sased.org)

District Name: COMMUNITY HIGH SCHOOL DIST 94
Cost Report Period: Jul 01, 2021 - Jun 30, 2022

NPI: 366004531001
Medicaid Provider ID Number:

Cost Settlement Summary

1. TOTAL COMPUTABLE MEDICAID DIRECT SERVICE COST:	\$96,817.31
2. TOTAL COMPUTABLE MEDICAID DIRECT MEDICAL SERVICES PURSUANT TO OTHER MEDICAL PLAN OF CARE:	\$11,488.36
3. TOTAL COMPUTABLE MEDICAID TRANSPORTATION SERVICE COST:	\$909.52
4. TOTAL COMPUTABLE FROM MEDICAID COST REPORT:	\$109,215.19
5. LESS MEDICAID INTERIM PAYMENTS FOR SCHOOL BASED SERVICES *From Medicaid Management Information System:	\$40,431.71
6. COST SETTLEMENT AMOUNT DUE TO OR FROM PROVIDER:	\$68,783.48
7. STATE ADMINISTRATIVE FEE:	\$0.00
8. COST SETTLEMENT AMOUNT DUE TO ADMINISTRATIVE FEE:	\$68,783.48



Claim: Original
Certify Date: 04/13/2023 5:26 PM
Certify User: Burger, Joan (jburger@sased.org)
Approve Date: 05/10/2024 9:35 AM
Approve User: Burger, Joan (jburger@sased.org)
Sign Date: 05/10/2024 9:35 AM
Sign User: Burger, Joan (jburger@sased.org)

District Name: COMMUNITY HIGH SCHOOL DIST 99
Cost Report Period: Jul 01, 2021 - Jun 30, 2022

NPI: 366004533001
Medicaid Provider ID Number:

Cost Settlement Summary

1. TOTAL COMPUTABLE MEDICAID DIRECT SERVICE COST:	\$298,117.06
2. TOTAL COMPUTABLE MEDICAID DIRECT MEDICAL SERVICES PURSUANT TO OTHER MEDICAL PLAN OF CARE:	\$22,922.62
3. TOTAL COMPUTABLE MEDICAID TRANSPORTATION SERVICE COST:	\$394.68
4. TOTAL COMPUTABLE FROM MEDICAID COST REPORT:	\$321,434.36
5. LESS MEDICAID INTERIM PAYMENTS FOR SCHOOL BASED SERVICES *From Medicaid Management Information System:	\$20,548.39
6. COST SETTLEMENT AMOUNT DUE TO OR FROM PROVIDER:	\$300,885.97
7. STATE ADMINISTRATIVE FEE:	\$0.00
8. COST SETTLEMENT AMOUNT DUE TO ADMINISTRATIVE FEE:	\$300,885.97



Claim: Original
Certify Date: 04/11/2023 4:24 PM
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Approve Date: 05/10/2024 9:36 AM
Approve User: Burger, Joan (jburger@sased.org)
Sign Date: 05/10/2024 9:36 AM
Sign User: Burger, Joan (jburger@sased.org)

District Name: DOWNERS GROVE GDE SCH DIST 58
Cost Report Period: Jul 01, 2021 - Jun 30, 2022

NPI: 366005410001
Medicaid Provider ID Number:

Cost Settlement Summary

1. TOTAL COMPUTABLE MEDICAID DIRECT SERVICE COST:	\$201,264.96
2. TOTAL COMPUTABLE MEDICAID DIRECT MEDICAL SERVICES PURSUANT TO OTHER MEDICAL PLAN OF CARE:	\$16,949.08
3. TOTAL COMPUTABLE MEDICAID TRANSPORTATION SERVICE COST:	\$1,049.66
4. TOTAL COMPUTABLE FROM MEDICAID COST REPORT:	\$219,263.70
5. LESS MEDICAID INTERIM PAYMENTS FOR SCHOOL BASED SERVICES *From Medicaid Management Information System:	\$20,991.23
6. COST SETTLEMENT AMOUNT DUE TO OR FROM PROVIDER:	\$198,272.47
7. STATE ADMINISTRATIVE FEE:	\$0.00
8. COST SETTLEMENT AMOUNT DUE TO ADMINISTRATIVE FEE:	\$198,272.47



Claim: Original
Certify Date: 04/05/2023 9:33 AM
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Approve User: Burger, Joan (jburger@sased.org)
Sign Date: 05/10/2024 9:36 AM
Sign User: Burger, Joan (jburger@sased.org)

District Name: DUPAGE HIGH SCH DIST 88
Cost Report Period: Jul 01, 2021 - Jun 30, 2022

NPI: 366004527001
Medicaid Provider ID Number:

Cost Settlement Summary

1. TOTAL COMPUTABLE MEDICAID DIRECT SERVICE COST:	\$176,124.19
2. TOTAL COMPUTABLE MEDICAID DIRECT MEDICAL SERVICES PURSUANT TO OTHER MEDICAL PLAN OF CARE:	\$17,927.98
3. TOTAL COMPUTABLE MEDICAID TRANSPORTATION SERVICE COST:	\$3,143.06
4. TOTAL COMPUTABLE FROM MEDICAID COST REPORT:	\$197,195.23
5. LESS MEDICAID INTERIM PAYMENTS FOR SCHOOL BASED SERVICES *From Medicaid Management Information System:	\$47,472.75
6. COST SETTLEMENT AMOUNT DUE TO OR FROM PROVIDER:	\$149,722.48
7. STATE ADMINISTRATIVE FEE:	\$0.00
8. COST SETTLEMENT AMOUNT DUE TO ADMINISTRATIVE FEE:	\$149,722.48



Claim: Original
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Certify User: Burger, Joan (jburger@sased.org)
Approve Date: 05/10/2024 9:37 AM
Approve User: Burger, Joan (jburger@sased.org)
Sign Date: 05/10/2024 9:37 AM
Sign User: Burger, Joan (jburger@sased.org)

District Name: ELMHURST PUBLIC SCH DIST 205
Cost Report Period: Jul 01, 2021 - Jun 30, 2022

NPI: 362799886001
Medicaid Provider ID Number:

Cost Settlement Summary

1. TOTAL COMPUTABLE MEDICAID DIRECT SERVICE COST:	\$332,831.60
2. TOTAL COMPUTABLE MEDICAID DIRECT MEDICAL SERVICES PURSUANT TO OTHER MEDICAL PLAN OF CARE:	\$30,236.94
3. TOTAL COMPUTABLE MEDICAID TRANSPORTATION SERVICE COST:	\$2,918.51
4. TOTAL COMPUTABLE FROM MEDICAID COST REPORT:	\$365,987.05
5. LESS MEDICAID INTERIM PAYMENTS FOR SCHOOL BASED SERVICES *From Medicaid Management Information System:	\$139,689.44
6. COST SETTLEMENT AMOUNT DUE TO OR FROM PROVIDER:	\$226,297.61
7. STATE ADMINISTRATIVE FEE:	\$0.00
8. COST SETTLEMENT AMOUNT DUE TO ADMINISTRATIVE FEE:	\$226,297.61



Claim: Original
Certify Date: 03/22/2023 9:40 AM
Certify User: Burger, Joan (jburger@sased.org)
Approve Date: 05/13/2024 9:22 AM
Approve User: Burger, Joan (jburger@sased.org)
Sign Date: 05/13/2024 9:22 AM
Sign User: Burger, Joan (jburger@sased.org)

District Name: KEENEYVILLE SCHOOL DISTRICT 20
Cost Report Period: Jul 01, 2021 - Jun 30, 2022

NPI: 366004487001
Medicaid Provider ID Number:

Cost Settlement Summary

1. TOTAL COMPUTABLE MEDICAID DIRECT SERVICE COST:	\$135,563.25
2. TOTAL COMPUTABLE MEDICAID DIRECT MEDICAL SERVICES PURSUANT TO OTHER MEDICAL PLAN OF CARE:	\$16,191.29
3. TOTAL COMPUTABLE MEDICAID TRANSPORTATION SERVICE COST:	\$117.80
4. TOTAL COMPUTABLE FROM MEDICAID COST REPORT:	\$151,872.34
5. LESS MEDICAID INTERIM PAYMENTS FOR SCHOOL BASED SERVICES *From Medicaid Management Information System:	\$57,757.81
6. COST SETTLEMENT AMOUNT DUE TO OR FROM PROVIDER:	\$94,114.53
7. STATE ADMINISTRATIVE FEE:	\$0.00
8. COST SETTLEMENT AMOUNT DUE TO ADMINISTRATIVE FEE:	\$94,114.53



Claim: Original
Certify Date: 04/12/2023 9:35 AM
Certify User: Burger, Joan (jburger@sased.org)
Approve Date: 05/13/2024 9:22 AM
Approve User: Burger, Joan (jburger@sased.org)
Sign Date: 05/13/2024 9:23 AM
Sign User: Burger, Joan (jburger@sased.org)

District Name: LISLE C U SCHOOL DISTRICT 202
Cost Report Period: Jul 01, 2021 - Jun 30, 2022

NPI: 362742192001
Medicaid Provider ID Number:

Cost Settlement Summary

1. TOTAL COMPUTABLE MEDICAID DIRECT SERVICE COST:	\$156,136.53
2. TOTAL COMPUTABLE MEDICAID DIRECT MEDICAL SERVICES PURSUANT TO OTHER MEDICAL PLAN OF CARE:	\$15,375.36
3. TOTAL COMPUTABLE MEDICAID TRANSPORTATION SERVICE COST:	\$27,288.46
4. TOTAL COMPUTABLE FROM MEDICAID COST REPORT:	\$198,800.35
5. LESS MEDICAID INTERIM PAYMENTS FOR SCHOOL BASED SERVICES *From Medicaid Management Information System:	\$89,103.92
6. COST SETTLEMENT AMOUNT DUE TO OR FROM PROVIDER:	\$109,696.43
7. STATE ADMINISTRATIVE FEE:	\$0.00
8. COST SETTLEMENT AMOUNT DUE TO ADMINISTRATIVE FEE:	\$109,696.43



Claim: Original
Certify Date: 04/11/2023 5:06 PM
Certify User: Burger, Joan (jburger@sased.org)
Approve Date: 05/13/2024 9:21 AM
Approve User: Burger, Joan (jburger@sased.org)
Sign Date: 05/13/2024 9:22 AM
Sign User: Burger, Joan (jburger@sased.org)

District Name: MAERCKER DISTRICT 60
Cost Report Period: Jul 01, 2021 - Jun 30, 2022

NPI: 366004511001
Medicaid Provider ID Number:

Cost Settlement Summary

1. TOTAL COMPUTABLE MEDICAID DIRECT SERVICE COST:	\$106,752.66
2. TOTAL COMPUTABLE MEDICAID DIRECT MEDICAL SERVICES PURSUANT TO OTHER MEDICAL PLAN OF CARE:	\$10,693.00
3. TOTAL COMPUTABLE MEDICAID TRANSPORTATION SERVICE COST:	\$2,210.06
4. TOTAL COMPUTABLE FROM MEDICAID COST REPORT:	\$119,655.72
5. LESS MEDICAID INTERIM PAYMENTS FOR SCHOOL BASED SERVICES *From Medicaid Management Information System:	\$45,374.84
6. COST SETTLEMENT AMOUNT DUE TO OR FROM PROVIDER:	\$74,280.88
7. STATE ADMINISTRATIVE FEE:	\$0.00
8. COST SETTLEMENT AMOUNT DUE TO ADMINISTRATIVE FEE:	\$74,280.88



Claim: Original
Certify Date: 03/22/2023 10:37 AM
Certify User: Burger, Joan (jburger@sased.org)
Approve Date: 05/10/2024 9:39 AM
Approve User: Burger, Joan (jburger@sased.org)
Sign Date: 05/10/2024 9:39 AM
Sign User: Burger, Joan (jburger@sased.org)

District Name: SALT CREEK SCH DIST 48
Cost Report Period: Jul 01, 2021 - Jun 30, 2022

NPI: 366004507002
Medicaid Provider ID Number:

Cost Settlement Summary

1. TOTAL COMPUTABLE MEDICAID DIRECT SERVICE COST:	\$79,217.54
2. TOTAL COMPUTABLE MEDICAID DIRECT MEDICAL SERVICES PURSUANT TO OTHER MEDICAL PLAN OF CARE:	\$6,872.07
3. TOTAL COMPUTABLE MEDICAID TRANSPORTATION SERVICE COST:	\$0.00
4. TOTAL COMPUTABLE FROM MEDICAID COST REPORT:	\$86,089.61
5. LESS MEDICAID INTERIM PAYMENTS FOR SCHOOL BASED SERVICES *From Medicaid Management Information System:	\$22,340.46
6. COST SETTLEMENT AMOUNT DUE TO OR FROM PROVIDER:	\$63,749.15
7. STATE ADMINISTRATIVE FEE:	\$0.00
8. COST SETTLEMENT AMOUNT DUE TO ADMINISTRATIVE FEE:	\$63,749.15



Claim: Original
Certify Date: 04/13/2023 3:16 PM
Certify User: Burger, Joan (jburger@sased.org)
Approve Date: 05/10/2024 9:40 AM
Approve User: Burger, Joan (jburger@sased.org)
Sign Date: 05/10/2024 9:40 AM
Sign User: Burger, Joan (jburger@sased.org)

District Name: VILLA PARK SCHOOL DISTRICT 45
Cost Report Period: Jul 01, 2021 - Jun 30, 2022

NPI: 366004505001
Medicaid Provider ID Number:

Cost Settlement Summary

1. TOTAL COMPUTABLE MEDICAID DIRECT SERVICE COST:	\$551,969.35
2. TOTAL COMPUTABLE MEDICAID DIRECT MEDICAL SERVICES PURSUANT TO OTHER MEDICAL PLAN OF CARE:	\$61,977.69
3. TOTAL COMPUTABLE MEDICAID TRANSPORTATION SERVICE COST:	\$15,205.30
4. TOTAL COMPUTABLE FROM MEDICAID COST REPORT:	\$629,152.34
5. LESS MEDICAID INTERIM PAYMENTS FOR SCHOOL BASED SERVICES *From Medicaid Management Information System:	\$322,828.39
6. COST SETTLEMENT AMOUNT DUE TO OR FROM PROVIDER:	\$306,323.95
7. STATE ADMINISTRATIVE FEE:	\$0.00
8. COST SETTLEMENT AMOUNT DUE TO ADMINISTRATIVE FEE:	\$306,323.95



Claim: Original
Certify Date: 04/06/2023 12:54 PM
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Approve User: Burger, Joan (jburger@sased.org)
Sign Date: 05/10/2024 9:41 AM
Sign User: Burger, Joan (jburger@sased.org)

District Name: WEST CHICAGO EL SCHOOL DIST 33
Cost Report Period: Jul 01, 2021 - Jun 30, 2022

NPI: 366004442001
Medicaid Provider ID Number:

Cost Settlement Summary

1. TOTAL COMPUTABLE MEDICAID DIRECT SERVICE COST:	\$627,238.80
2. TOTAL COMPUTABLE MEDICAID DIRECT MEDICAL SERVICES PURSUANT TO OTHER MEDICAL PLAN OF CARE:	\$86,615.20
3. TOTAL COMPUTABLE MEDICAID TRANSPORTATION SERVICE COST:	\$0.00
4. TOTAL COMPUTABLE FROM MEDICAID COST REPORT:	\$713,854.00
5. LESS MEDICAID INTERIM PAYMENTS FOR SCHOOL BASED SERVICES *From Medicaid Management Information System:	\$152,015.06
6. COST SETTLEMENT AMOUNT DUE TO OR FROM PROVIDER:	\$561,838.94
7. STATE ADMINISTRATIVE FEE:	\$0.00
8. COST SETTLEMENT AMOUNT DUE TO ADMINISTRATIVE FEE:	\$561,838.94



Claim: Original
Certify Date: 04/05/2023 4:03 PM
Certify User: Burger, Joan (jburger@sased.org)
Approve Date: 05/10/2024 9:41 AM
Approve User: Burger, Joan (jburger@sased.org)
Sign Date: 05/10/2024 9:41 AM
Sign User: Burger, Joan (jburger@sased.org)

District Name: WESTMONT COMM UNIT SCH DIST201
Cost Report Period: Jul 01, 2021 - Jun 30, 2022

NPI: 366004509001
Medicaid Provider ID Number:

Cost Settlement Summary

1. TOTAL COMPUTABLE MEDICAID DIRECT SERVICE COST:	\$125,056.71
2. TOTAL COMPUTABLE MEDICAID DIRECT MEDICAL SERVICES PURSUANT TO OTHER MEDICAL PLAN OF CARE:	\$14,051.55
3. TOTAL COMPUTABLE MEDICAID TRANSPORTATION SERVICE COST:	\$342.84
4. TOTAL COMPUTABLE FROM MEDICAID COST REPORT:	\$139,451.10
5. LESS MEDICAID INTERIM PAYMENTS FOR SCHOOL BASED SERVICES *From Medicaid Management Information System:	\$6,058.40
6. COST SETTLEMENT AMOUNT DUE TO OR FROM PROVIDER:	\$133,392.70
7. STATE ADMINISTRATIVE FEE:	\$0.00
8. COST SETTLEMENT AMOUNT DUE TO ADMINISTRATIVE FEE:	\$133,392.70



Claim: Original
Certify Date: 03/23/2023 3:57 PM
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Approve User: Burger, Joan (jburger@sased.org)
Sign Date: 05/10/2024 9:41 AM
Sign User: Burger, Joan (jburger@sased.org)

District Name: WINFIELD SCHOOL DISTRICT 34
Cost Report Period: Jul 01, 2021 - Jun 30, 2022

NPI: 366004497001
Medicaid Provider ID Number:

Cost Settlement Summary

1. TOTAL COMPUTABLE MEDICAID DIRECT SERVICE COST:	\$19,368.47
2. TOTAL COMPUTABLE MEDICAID DIRECT MEDICAL SERVICES PURSUANT TO OTHER MEDICAL PLAN OF CARE:	\$2,497.15
3. TOTAL COMPUTABLE MEDICAID TRANSPORTATION SERVICE COST:	\$0.00
4. TOTAL COMPUTABLE FROM MEDICAID COST REPORT:	\$21,865.62
5. LESS MEDICAID INTERIM PAYMENTS FOR SCHOOL BASED SERVICES *From Medicaid Management Information System:	\$7,250.13
6. COST SETTLEMENT AMOUNT DUE TO OR FROM PROVIDER:	\$14,615.49
7. STATE ADMINISTRATIVE FEE:	\$0.00
8. COST SETTLEMENT AMOUNT DUE TO ADMINISTRATIVE FEE:	\$14,615.49



Claim: Original
Certify Date: 03/20/2023 4:40 PM
Certify User: Burger, Joan (jburger@sased.org)
Approve Date: 05/10/2024 9:42 AM
Approve User: Burger, Joan (jburger@sased.org)
Sign Date: 05/10/2024 9:42 AM
Sign User: Burger, Joan (jburger@sased.org)

District Name: WOODRIDGE ELEM SCH DIST 68
Cost Report Period: Jul 01, 2021 - Jun 30, 2022

NPI: 366004517001
Medicaid Provider ID Number:

Cost Settlement Summary

1. TOTAL COMPUTABLE MEDICAID DIRECT SERVICE COST:	\$266,011.77
2. TOTAL COMPUTABLE MEDICAID DIRECT MEDICAL SERVICES PURSUANT TO OTHER MEDICAL PLAN OF CARE:	\$28,763.22
3. TOTAL COMPUTABLE MEDICAID TRANSPORTATION SERVICE COST:	\$2,989.41
4. TOTAL COMPUTABLE FROM MEDICAID COST REPORT:	\$297,764.40
5. LESS MEDICAID INTERIM PAYMENTS FOR SCHOOL BASED SERVICES *From Medicaid Management Information System:	\$149,295.32
6. COST SETTLEMENT AMOUNT DUE TO OR FROM PROVIDER:	\$148,469.08
7. STATE ADMINISTRATIVE FEE:	\$0.00
8. COST SETTLEMENT AMOUNT DUE TO ADMINISTRATIVE FEE:	\$148,469.08

TOTAL MEDICAID DISTRIBUTION TO DISTRICTS 7/2022 THROU 5/24/2024

		ADMIN	
	FFS	OUTREACH	TOTAL
KEENEYVILLE #20	141,576.29	137,278.55	278,854.84
BENJAMIN #25	141,576.29	26,235.79	167,812.08
WEST CHICAGO #33	550,865.53	543,590.38	1,094,455.91
WINFIELD #34	25,249.67	15,973.62	41,223.29
VILLA PARK #45	728,716.31	368,609.37	1,097,325.68
SALT CREEK #48	56,603.01	29,557.87	86,160.88
DOWNERS GROVE #58	148,694.03	127,587.38	276,281.41
MAERCKER #60	117,957.90	85,810.88	203,768.78
CASS #63	48,333.32	31,418.85	79,752.17
CENTER CASS #66	52,887.88	31,870.77	84,758.65
WOODRIDGE #68	344,853.22	259,971.01	604,824.23
DUPAGE #88	239,370.61	100,521.81	339,892.42
CHSD #94	93,517.67	70,903.50	164,421.17
CHSD #99	155,197.58	119,726.69	274,924.27
CCSD #180	127,179.57	59,429.46	186,609.03
WESTMONT #201	55,316.65	96,586.76	151,903.41
LISLE #202	193,114.70	94,001.48	287,116.18
ELMHURST #205	363,668.85	168,863.65	532,532.50
TOTAL PAID OUT	3,584,679.08	2,367,937.82	5,952,616.90

School Association for Special Education in DuPage County

Budget Report (accrual basis)

May 2024

<u>Revenues</u>	<u>Monthly Activity</u>	<u>FYTD Activity</u>	<u>Original Budget</u>	<u>% of Budget</u>	<u>% of Budget (prior year)</u>
Tuition and Fees	\$ 17,250	\$ 32,546,728	\$ 31,829,573	102.3%	99.0%
State Revenue	\$ 304,510	\$ 3,183,763	\$ 3,724,607	85.5%	92.0%
Federal Revenue	\$ -	\$ 1,096,447	\$ 1,169,228	93.8%	141.0%
Medicaid Revenue	\$ 623,910	\$ 2,244,556			
Grant Revenue	\$ 111,910	\$ 979,027	\$ 1,524,658	64.2%	88.0%
Total Revenues	\$ 1,057,580	\$ 40,050,520	\$ 38,248,066	98.8%	100.0%
<u>Expenditures</u>					
Payroll	\$ 1,758,328	\$ 16,808,336	\$ 21,488,304	78.2%	79.0%
Benefits	\$ 460,563	\$ 3,902,577	\$ 5,951,032	65.6%	68.0%
Purchased Services	\$ 1,036,035	\$ 8,310,067	\$ 8,755,669	94.9%	110.0%
Supplies	\$ 77,728	\$ 533,088	\$ 892,071	59.8%	49.0%
Capital Outlay	\$ 5,057	\$ 337,110	\$ 1,951,321	17.3%	49.0%
Medicaid Flow Through	\$ 1,007	\$ 1,838,958			
Equipment	\$ 13,740	\$ 134,880	\$ 140,870	95.7%	121.0%
Total Expenses	\$ 3,352,458	\$ 31,865,016	\$ 39,179,267	76.6%	91.0%

Total FYTD revenue when compared to current budget is at 98.8%

Compared to prior year (100%), the total revenue budget for current fiscal year is on track

Total FYTD expenditure when compared to current budget is at 76.6%

Compared to prior year (91%), the total expenditure budget for current fiscal year is on track

Expenditures were comprised primarily of salaries, benefits, and contract staff

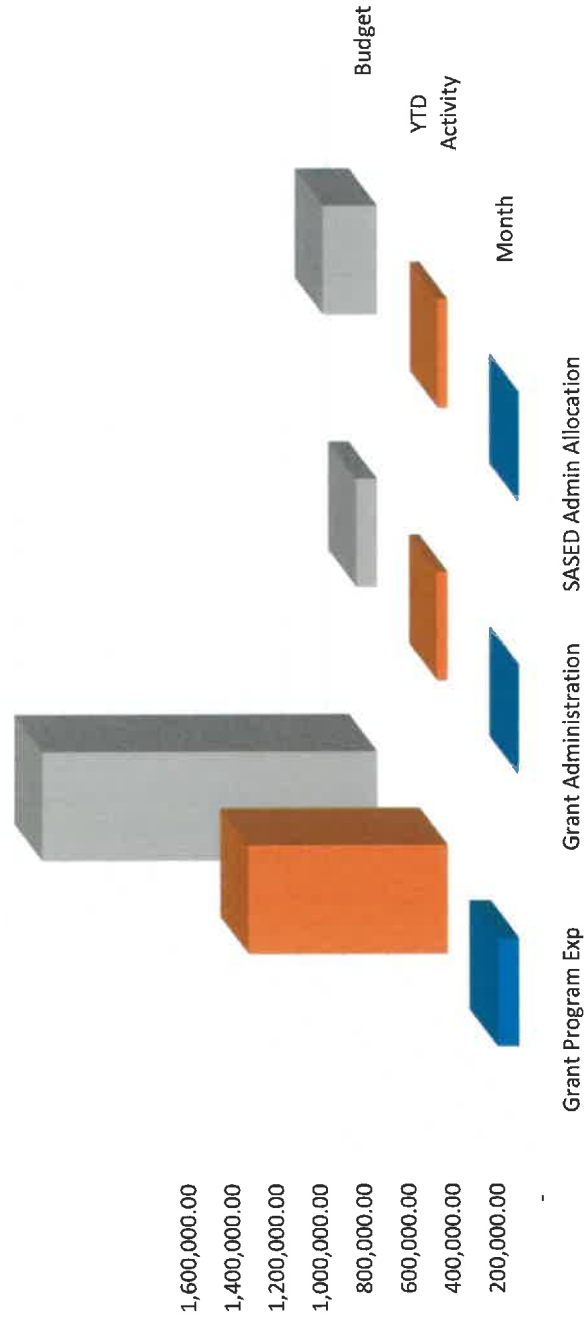
SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE COUNTY MONTHLY EXPENDITURE REPORTING

31-May-24

EXTERNAL GRANT PROGRAMS

<u>Program</u>	<u>May-24</u>	<u>2023-24</u>	<u>2023-24</u>	<u>%</u>
	<u>Monthly Activity</u>	<u>FYTD Activity</u>	<u>Original Budget</u>	<u>YTD</u>
Grant Program Exp	96,220.89	909,195.34	1,525,780.00	<u>59.6%</u>
Grant Administration	4,143.12	48,250.91	93,601.02	<u>51.5%</u>
SASED Admin Allocation	4,222.73	44,713.18	246,519.00	<u>18.1%</u>
Total	<u>104,586.74</u>	<u>1,002,159.43</u>	<u>1,865,900.02</u>	<u>53.7%</u>

EXTERNAL GRANT EXPENDITURES



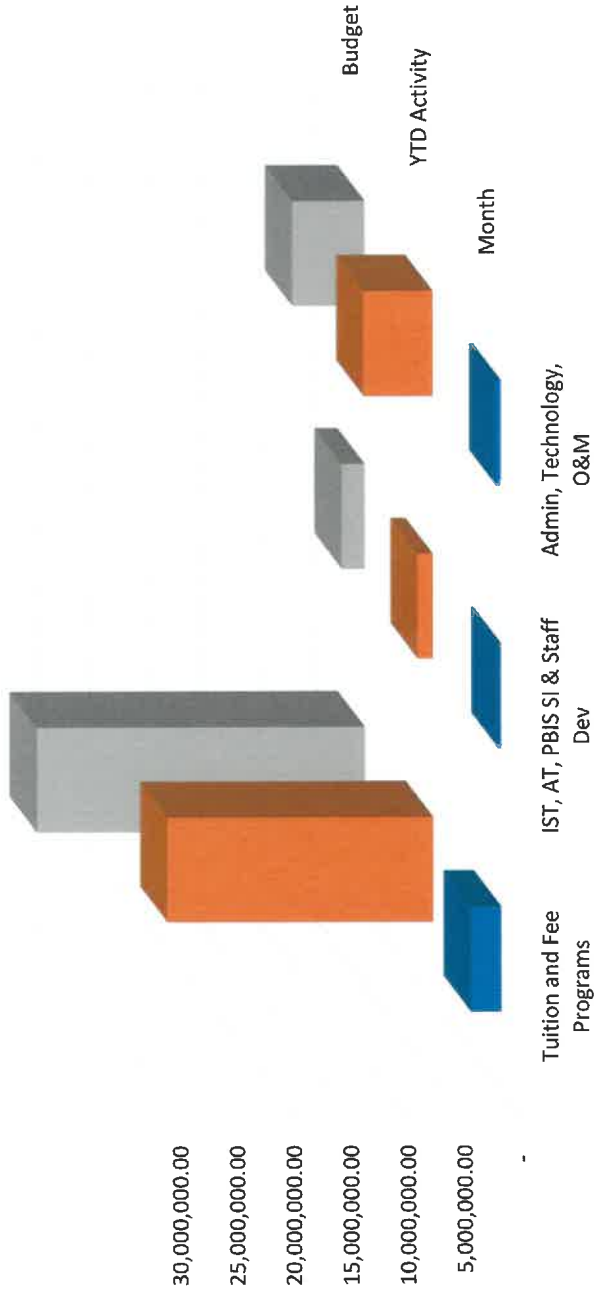
**SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE COUNTY
MONTHLY EXPENDITURE REPORTING**

31-May-24

SASED PROGRAMS

<u>Program</u>	<u>May-24</u>	<u>2023-24</u>	<u>2023-24</u>	<u>%</u>
	<u>Monthly Activity</u>	<u>FYTD Activity</u>	<u>Original Budget</u>	<u>YTD</u>
Tuition and Fee Programs	2,670,047.50	23,384,760.99	28,892,245.91	<u>80.9%</u>
IST, AT, PBIS SI & Staff Dev	193,838.67	1,361,535.78	2,035,279.00	<u>66.9%</u>
Admin, Technology, O&M	383,985.55	6,116,559.64	6,385,842.38	<u>95.8%</u>
	<u>3,247,871.72</u>	<u>30,862,856.41</u>	<u>37,313,367.29</u>	<u>82.7%</u>

SASED PROGRAM EXPENDITURES



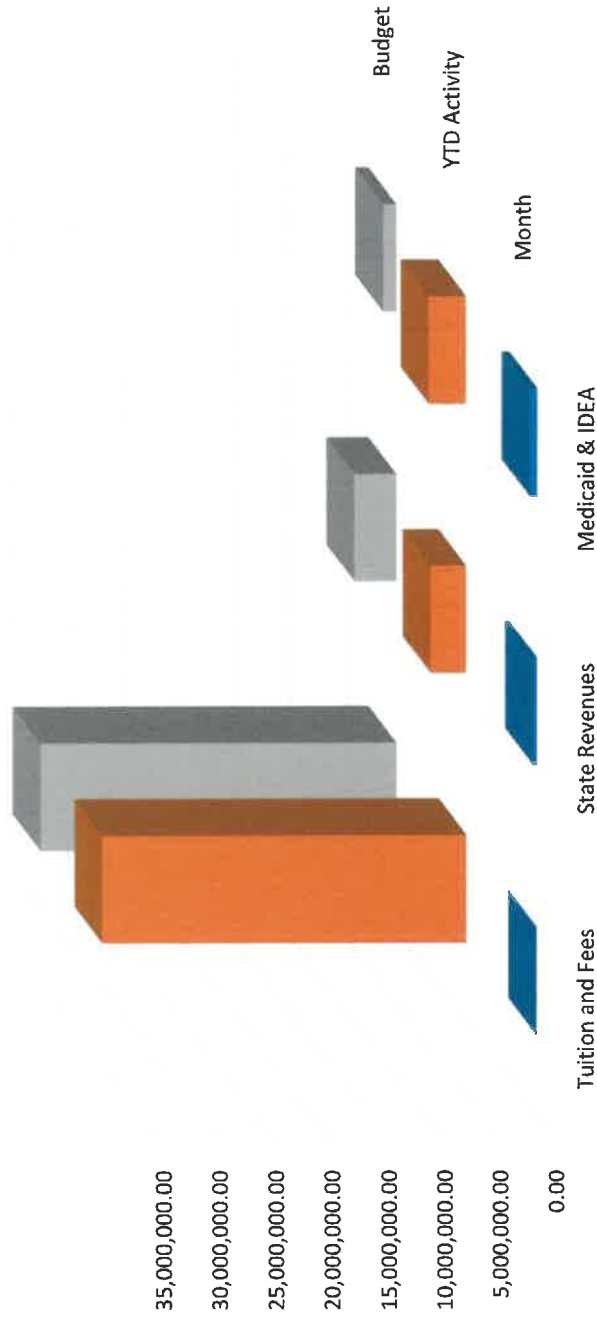
SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE COUNTY MONTHLY REVENUE REPORTING

31-May-24

SASED PROGRAMS

Program	May-24 Monthly Activity	2023-24 FYTD Activity	2023-24 Original Budget	% YTD
Tuition and Fees	17,250.01	32,546,728.09	31,829,573.00	<u>102.3%</u>
State Revenues	304,510.00	3,183,762.75	3,724,607.00	<u>85.5%</u>
Medicaid & IDEA	623,909.97	3,341,002.78	1,169,228.00	<u>285.7%</u>
Total	<u>945,669.98</u>	<u>39,071,493.62</u>	<u>36,723,408.00</u>	<u>106.4%</u>

SASED PROGRAM REVENUE

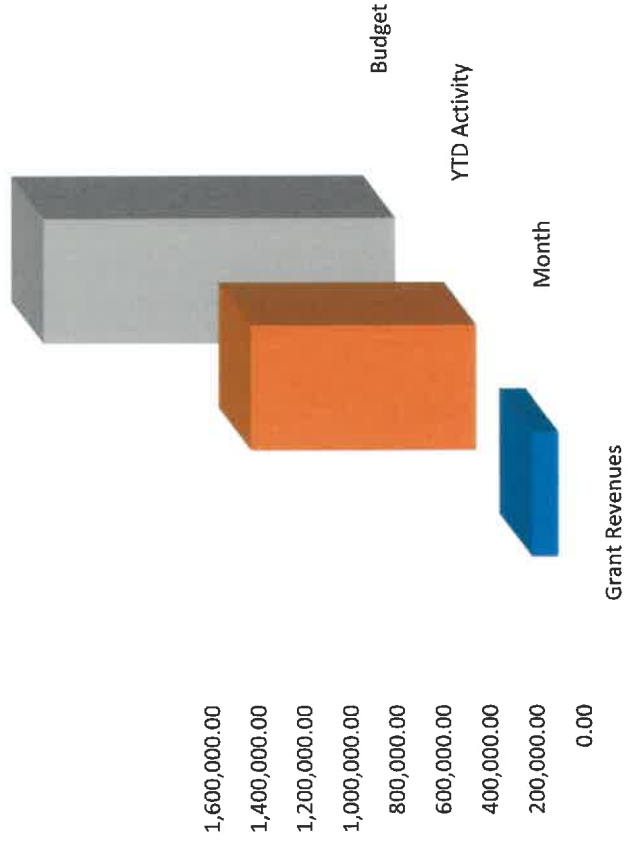


**SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE COUNTY
MONTHLY REVENUE REPORTING
31-May-24**

EXTERNAL GRANT PROGRAMS

<u>Program</u>	<u>May-24</u>	<u>2023-24</u>	<u>2023-24</u>	<u>%</u>
<u>Grant Revenues</u>	<u>Monthly Activity</u>	<u>FYTD Activity</u>	<u>Original Budget</u>	<u>YTD</u>
	<u>111,909.73</u>	<u>979,026.70</u>	<u>1,524,658.00</u>	<u>64.2%</u>

EXTERNAL GRANT REVENUE



School Association for Special Education in DuPage County
 Treasurer's Report
 May 31, 2024

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A + B + C + D</u>
	EDUCATION FUND	SELF FUNDED MEDICAL INSUR	SELF FUNDED DENTAL INSUR	FSA	TOTAL EDUCATION FUND
CASH ACTIVITY REPORT					
Beginning Balance	<u>15,031,015.80</u>	<u>287,512.95</u>	<u>376,721.62</u>	<u>(29,369.90)</u>	<u>15,665,880.47</u>
Investments					
April activity					
Interest Earned	14,041.83				14,041.83
Gains/(Losses) on Sales of Securities					-
Record Health Fund Transfers	439,058.28	(443,184.27)	1,600.94	2,525.05	0.00
Cash Receipts	1,993,349.50	2,974.61	646.30		1,996,970.41
Cash Disbursements - General	(2,090,076.21)			(6,740.43)	(2,096,816.64)
- Payroll	(1,758,328.11)				(1,758,328.11)
Subtotal	<u>(1,401,954.71)</u>	<u>(440,209.66)</u>	<u>2,247.24</u>	<u>(4,215.38)</u>	<u>(1,844,132.51)</u>
Ending Balance	<u>13,629,061.09</u>	<u>(152,696.71)</u>	<u>378,968.86</u>	<u>(33,585.28)</u>	<u>13,821,747.96</u>
Investment - Demand Deposit - Fifth Third Bank	9,211,879.77	(155,671.32)	378,322.56	(26,844.85)	9,407,686.16
IL School District Liquid Asset Fund	22,250.83				22,250.83
Fifth Third Securities	4,391,810.97				4,391,810.97
	<u>13,625,941.57</u>	<u>(155,671.32)</u>	<u>378,322.56</u>	<u>(26,844.85)</u>	<u>13,821,747.96</u>

Rachel Wisniewski

Rachel Wisniewski, Treasurer

SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE COUNTY
SCHEDULE OF INVESTMENTS
5/31/2024

EDUCATION FUND	AMOUNT	INTEREST RATE	TERM	LOCATION	Security/Collateralization
PMA IL School District Liquid Asset Fund	22,250.83	0.482%	Money Market	ISDLAF	Money Market Mutual Fund
Depository Accounts - Liquid		0.482%	Money Market	ISDLAF	Money Market Mutual Fund
Depository Accounts - Liquid - DuPage West Cook	22,250.83				
FIFTH THIRD BANK					
Depository and Demand Deposit Accounts	9,211,879.77	0.65%	N/A	Fifth Third Bank	Collateralized Deposit
Demand Deposit - Health Insurance Reserves	163,446.62	0.65%	N/A	Fifth Third Bank	Collateralized Deposit
Demand Deposit - Health Insurance Reserves	32,359.77	0.65%	N/A	Fifth Third Bank	Collateralized Deposit
	9,407,686.16				
FIFTH THIRD SECURITIES					
Cash & Cash Equivalents	936,810.97	Varies	Money Market	Fifth Third Securities, Custodian	Money Market Mutual Fund
Certificates of Deposit - short-term		Varies	Various, < 1 yr	Fifth Third Securities, Custodian	FDIC Insured
Certificates of Deposit - long-term	2,205,000.00	Varies	Various, > 1 yr	Fifth Third Securities, Custodian	FDIC Insured
U S Treasuries - short-term		Varies	Various	Fifth Third Securities, Custodian	US Gov't. Obligation
U S Treasuries - long term	500,000.00	Varies	Various	Fifth Third Securities, Custodian	US Gov't. Obligation
U S Agencies - Short term		Varies	Various	Fifth Third Securities, Custodian	"Full faith and credit of US..."
U S Agencies - long term	750,000.00	Varies	Various	Fifth Third Securities, Custodian	"Full faith and credit of US..."
Corporate Bonds	-				
Municipal Bonds	-				
Other assets, including prepaid interest	-				
	4,391,810.97				
	13,821,747.96	TOTAL			