

2016-2017 Alternate Agreement

MICHIGAN DEPARTMENT OF EDUCATION
Office of School Support Services

SPONSOR AGREEMENT NUMBER 82010		LEGAL NAME OF SPONSOR (District, School, etc.) School District of the City of Detroit	
NAME OF CONTACT PERSON (Sponsor) Betti J. Wiggins, CPM		TITLE Executive Director Office of School Nutrition	TELEPHONE NUMBER 313.578.7220
ADDRESS OF SPONSOR 2001 W. Warren Ave.		CITY Detroit	STATE Michigan
			ZIP CODE 48127

BENEFICIARY AGREEMENT NUMBER		LEGAL NAME OF BENEFICIARY (District, School, etc.) Highland Park Public School Academy System	
NAME OF CONTACT PERSON (Beneficiary) Carmen Willingham		TITLE School Leader	TELEPHONE NUMBER 313-957-3005
ADDRESS OF BENEFICIARY 45 E. Buena Vista		CITY Highland Park	STATE MI
			ZIP CODE 48203

ENROLLMENT (Beneficiary)

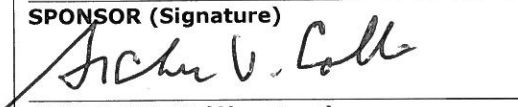
THIS AGREEMENT is made this 9th day of June, 2016,
by School District of the City of Detroit (sponsor) and Highland Park Public School Academy System (beneficiary).
The sponsor agrees to provide the following service(s) to Highland Park Public S (beneficiary):

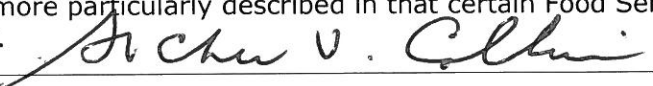
The sponsor will be responsible for ensuring that the food service operation is in conformance with all Federal and State regulations that are applicable to the National School Lunch, School Breakfast and Special Milk Programs.

THIS AGREEMENT **does not** constitute the entire agreement between the parties with respect to subject matter thereof.

THIS AGREEMENT **does not** supersede any or all prior agreements between the parties as they relate to the food service program.

THIS AGREEMENT shall be in effect for the current school year only, or until it is terminated or adjusted by both parties.

SPONSOR (Signature) 	(TITLE) Board President	(DATE) 6-24-2016
BENEFICIARY (Signature)	(TITLE)	(DATE)

List all services and activities:
Complete food service operations as more particularly described in that certain Food Service Agreement Between the Sponsor and Beneficiary. 

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