

**CONTRACT EXTENSION**

X CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 7 Pages

Renewal (Extension Number) <b>4</b>	Agreement Number (Base year) <b>19-20-01</b>
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1. This Extension Agreement is entered into between the School Food Authority and Contractor named below:

SCHOOL FOOD AUTHORITY'S NAME  
 Cambrian School District

FOOD SERVICE MANAGEMENT COMPANY'S NAME AND FEDERAL TAX IDENTIFICATION NUMBER  
 Sodexo America, LLC; TIN #52-2208632

2. Base year contract term: Effective date: **07-01-2019** Expiration date: **06-30-2020**  
 Extension year: Effective date: **07-01-2023** Expiration date: **06-30-2024**


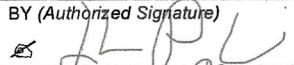
3. The maximum dollar amount of this contract is equal to the fixed cost per meal multiplied by the number of meals:  
**\$722,629 (maximum dollar amount)**

4. The parties mutually agree to this extension as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

**COST PER MEAL (NOTE: prices must NOT include values for USDA Foods)**

LINE ITEM	UNITS*	RATE	TOTAL
Breakfast	151,944	\$ 1.4237	\$ 216,323
Lunch	223,950	\$ 2.2608	\$ 506,306
Nonreimbursable Meals (\$1.00 Meal Equivalent)	-	\$ 0.8000	\$ -
Blended Fixed price per meal	375,894	\$ 1.9224	\$ 722,629

5. Delete all references to Child and Adult Care Feeding (CACFP) in the original Agreement.

FOOD SERVICE MANAGEMENT COMPANY	
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) Sodexo America, LLC	
BY (Authorized Signature) 	DATE SIGNED (Do not type) 4/3/23
PRINTED NAME AND TITLE OF PERSON SIGNING Leslie Milinkovic, Vice President	
ADDRESS 9801 Washingtonian Blvd., Gaithersburg, MD 20878 Attn: Law Department	
SCHOOL FOOD AUTHORITY	
SCHOOL FOOD AUTHORITY NAME Cambrian School District	
BY (Authorized Signature) 	DATE SIGNED (Do not type) 3/23-23
PRINTED NAME AND TITLE OF PERSON SIGNING Dr. John Pappalardo, Chief Financial Officer	
ADDRESS 4115 Jacksol Dr., San Jose, California 95124	

## INSTRUCTIONS FOR USE:

1. Enter renewal number (also known as extension number). The contract can only be extended four times. Indicate the extension by entering 1 for year 1 of the extension from the base year or 2, 3 or 4.
2. Enter agreement number. Every agreement (contract) should have a number assigned to identify that contract. If there is not an agreement number, identify the contract by the year of the contract also known as base year.
3. Item 1: Enter the contractor's and the school food authority's name.
4. Item 2: Enter the base year terms and the current extension terms. The term is the effective and expiration dates
5. Item 3: Enter the maximum dollar amount.
6. Item 4: Indicate **the current cost per meal**. Include the cost per meal table.
7. The contractor's and school food authority's authorized signer should be identified, and signatures provided.

Debarment, Suspension, and Other Responsibility Matters

As required by Executive Order 12549, Debarment and Suspension, for prospective participants/Respondents in primary covered transactions:

- A. The Respondent certifies that it and its principals:
(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
(d) Have not within a three-year period preceding this application had one or more public transactions (federal, state, or local) terminated for cause or default.
B. Where the Respondent is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

Sodexo America, LLC

Contractor/Company Name

Cambrian School District

Award Number, Contract Number, or Project Name

Leslie M. Milinkovic, Vice President

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

Handwritten signature of Leslie M. Milinkovic

Signature(s)

01-19-2023

Date

**Attachment I: Certification 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 any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal grant, the making of any Federal loan, the entering into of 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 Standard Form-LLL, "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 of all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub- recipients 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, United States 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.

Organization: Sodexo America, LLC


Street address: **9801 Washingtonian Blvd.**

City, State, Zip: Gaithersburg, Maryland 20878

Leslie M. Milinkovic

CERTIFIED BY: (type or print)

TITLE: Vice President

  
(Signature)

01-19-2023

(Date)

# DISCLOSURE OF LOBBYING ACTIVITIES

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

<b>1. Type of Federal Action:</b> <input checked="" type="checkbox"/> A a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	<b>2. Status of Federal Actions</b> <input checked="" type="checkbox"/> A/B a. bid/offer/application b. initial award c. post-award	<b>3. Report Types:</b> <input checked="" type="checkbox"/> A a. initial filing b. material change <b>For Material Change Only:</b> Year <input type="text"/> quarter <input type="text"/> Date of last report <input type="text"/>
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<b>4. Name and Address of Reporting Entity:</b> Sodexo Operations, LLC, on behalf of itself and all its subsidiaries. 9801 Washingtonian Blvd., Gaithersburg, Maryland 20878 <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known:	<b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and A</b> <b>Address of Prime:</b> Congressional District, if known: N/A
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<b>6. Federal Department/Agency:</b> U.S. Congress, Department of Defense, White House, EPA, USDA, Department of Labor	<b>7. Federal Program Name/Description</b> CFDA Number, if applicable: <input type="text"/>
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<b>8. Federal Action Number, if known:</b> Unknown	<b>9. Award Amount, if known:</b> \$ <input type="text" value="Unknown"/>
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<b>10. a. Name and Address of Lobbying Entity</b> (if individual, last name, first name, MI): Sodexo Operations, LLC, on behalf of itself and all its affiliates and subsidiaries. 9801 Washingtonian Blvd., Gaithersburg, Maryland 20878	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI): McGlockton, Joan R.
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(attach Continuation Sheet(s) S F-LLL-A, if necessary)

<b>11. Amount of Payment</b> (check all that apply): <input type="checkbox"/> actual <input type="checkbox"/> planned	<b>13. Type of Payment</b> (check all that apply): a. <input type="checkbox"/> retainer b. <input type="checkbox"/> one-time fee c. <input type="checkbox"/> commission d. <input type="checkbox"/> contingent fee e. <input type="checkbox"/> deferred f. <input checked="" type="checkbox"/> other, specify: <input type="text" value="In House Government Affairs Department"/>
<b>12. Form of Payment</b> (check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind;specify: nature <input type="text"/> value <input type="text"/>	

<b>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 on item 11:</b> Sodexo has not conducted any lobbying activities related to this or any other federal contract. Lobbying activities focus on general issues being addressed by the federal government.
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(attach Continuation Sheet(s) SF-LLL-A, if necessary)

<b>15. Continuation Sheet(s) SF-LLL-A attached:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Signature:</b>  <b>Print Name:</b> <input type="text" value="Leslie M Milinkovic"/> <b>Title:</b> <input type="text" value="Senior Vice President"/> <b>Telephone No.:</b> <input type="text" value="(425) 213-4393"/> <b>Date:</b> <input type="text" value="01/09/2023"/>
<b>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.</b>	

Federal Use Only:

Authorized for Local Reproduction Standard Form - LLL

## **INSTRUCTION FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES**

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

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity, Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1<sup>st</sup> tier, Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 check "Subawardee". then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1)). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative Agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First name, and Middle Initial (MI).

11. Enter the amount of compensation paid or reasonable expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box (es). Check all boxes that apply. If payment is made through in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box (es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone *number*.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.