

**SUMMARY END PRODUCT DATA SCHEDULE
WITH COMMERCIAL PRICING**

Quote 1004

PRODUCT: Cheese

PROCESSOR

NAME: Bongards Creameries

- Reflects Change in Formulation
 Additional Products Listed
 Correction


Value Pass

- Direct Sales
 Refund to Recipient Agency
 Net Price Through Distributor
 Fee for Service (billed by Processor)
 Fee for Service (billed by Distributor)

| Information Certified as Accurate from Approved EPDS (requires signature from agency that approved EPDS) | | | | | | | | | | No Distribution UpCharge Included! | | | |
|---|-------------------------------|---------------------|-------------------|------------------------|---|---------------------------------------|--|---|---|------------------------------------|-----------------------------------|----------------|-----------------------|
| End Product Code | Description | Net Weight Per Case | Servings Per Case | Net Weight Per Serving | Commodity Code (Use Commodity code and Short Title) | Commodity Inventory Drawdown per Case | When Applicable Maximum Percent Breeding | BY PRODUCTS Produced (none unless box is checked) | Value per Pound of Commodity (Contract Value) | Delivered Gross Price per Case | Delivered Gross Price Per Portion | Net Price Case | Net Price Per Portion |
| | | | | | | | | | | | | | |
| 402951 | Mozzarella String Stick | 10.5 | 168 | 1 oz | 110242 | 10.50 | | | \$ 1.7375 | \$ 33.05 | \$ 0.1967 | \$ 14.81 | \$ 0.0882 |
| 755911 | Process American Yellow Shred | 20 | 320 | 1 oz | 110242 | 15.23 | | | \$ 1.7375 | \$ 53.11 | \$ 0.1660 | \$ 26.65 | \$ 0.0833 |
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PROCESSOR: *if by products are produced, provide value and method credit will be given

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|---|---|
| Bongards Creameries | |
| Name of Company | Caldwell County Schools Child Nutrition Program |
| Name and Title of Authorized Representative | Name of Company Guy Garner, Director |
| Signature | Name and Title of Authorized Representative |
| Date Signed | Date Signed |

| | |
|---|---|
| Bongards Creameries | |
| Name of Company | Jill Ponder, Director of K12 Sales |
| Name and Title of Authorized Representative | Name and Title of Authorized Representative |
| Signature |  |
| Date Signed | 1/24/2022 |

By my signature I certify that I have read pages 1-13 and agree with all items in quote Document.
Jill.Ponder@Bongards.com