



THE MANUFACTURER COST-REDUCTION PROGRAM
EXCLUSIVELY THROUGH US FOODS

LETTER OF PARTICIPATION

Please be advised that this facility wishes to participate in the Manufacturer Cost Reduction Program (MCR).

It is our understanding that HGP Group will: track all purchases made from our facility(ies) through US Foods, Inc. (USF); bill all participating manufacturers for all applicable allowances attributable to those purchases; and assure that the participating USF Division returns all monies in the form of either an off-invoice allowance or quarterly rebate in the form of a check or credit memo. Additionally, this facility will be entitled to receive the benefit of reduced pricing for all manufacturer contracted items with deviated pricing, wherever applicable.

A facility may be required to report rebates that it receives to governmental entities. MCR Program participants agree that, if required to do so, they will disclose and appropriately reflect any discount or reduction in price received in any cost report submitted to any governmental agency for the purpose of receiving reimbursement under any governmental program including, without limitation, Medicare and Medicaid.

USF compensates HGP Group for its services of contract development, management and administration of the MCR Program. This is done in order to ensure recurring savings and provide an additional savings to USF customers. This compensation from USF to HGP Group never exceeds 1% of the value of purchases.

There is absolutely no charge to participate in the MCR Program. In order to provide better service, members agree to allow program administrator, HGP Group, to communicate (email, fax, etc) in order to survey participating members, promote new deals, evaluate our service, etc.

It is our understanding that either party may terminate this agreement at any time with 30 day's notice.

MCR PARTICIPANTS & CUSTOMERS		
Signature _____	Date _____	Facility Name _____
Contact Name _____		Address _____
Title _____		City, State & Zip _____
Email _____		Avg Monthly Spend / Current Census _____
Phone _____		Fax _____
US FOODS AMs, DMs & TMs		
Division Name _____	4 Digit Div Code _____	Customer Number _____
USF Sales Rep _____	Phone _____	USF Email _____

SEND COMPLETED FORM TO BOTH HGP & USF:

- enroll@MCRprogram.com OR Fax to HGP Group: 609-395-1007 Attn Patty Buchner
- Local US Foods division – via contract coordinator or Reg Contract Mgr / corporate

For questions or more information, please contact Patty Buchner or Mark Oliva @ 800-575-2667