

SNP Cost Reimbursable Projected Operating Costs for Participating Sites

SFA : _____
FSMC: _____

Contract Begin Date _____
 Contract End Date 06/30/2025
 Days of Service _____

Section 1 - Actual "In-School" Revenue			
To be completed by SFA (include SSO Reimbursements, if applicable)			
<u>BREAKFASTS:</u>	<u>MEALS</u>	<u>RATES</u>	<u>REVENUE</u>
Elementary Paid			
Elementary Tiered Paid			
Elementary Reduced Price			
Middle Paid			
Middle Tiered Paid			
Middle Reduced Price			
Secondary Paid			
Secondary Tiered Paid			
Secondary Reduced Price			
Adult Paid			
A la Carte Sales			
Subtotal Breakfasts			_____
<u>LUNCHES:</u>			
Elementary Paid			
Elementary Tiered Paid			
Elementary Reduced Price			
Middle Paid			
Middle Tiered Paid			
Middle Reduced Price			
Secondary Paid			
Secondary Tiered Paid			
Secondary Reduced Price			
Adult Paid			
A la Carte Sales			
Subtotal Lunches			_____
<u>SNACKS/SUPPLEMENTS:</u>			
Paid			
Reduced Price			
Adult Paid			
A la Carte Sales			
Subtotal Snacks/Supplements			_____
<u>OTHER:</u>			
Special Milk			
Vending Machine Sales			
Subtotal Other			_____
Total "In-School" Revenue			

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Section 2 - Federal Reimbursements

To be completed by SFA (include SSO Reimbursements, if applicable)

<u>BREAKFASTS:</u>	<u>MEALS</u>	<u>RATES</u>	<u>Reimbursements</u>
Free			
Free, Severe Need			
Reduced			
Reduced, Severe Need			
Paid			
Subtotal Breakfasts			_____
<hr/>			
<u>HIGH RATE LUNCHESES:</u>			
Free			
Reduced			
Paid			
Subtotal High Rate Lunches			_____
<hr/>			
<u>LOW RATE LUNCHESES:</u>			
Free			
Reduced			
Paid			
Subtotal Low Rate Lunches			_____
<hr/>			
<u>SNACKS/SUPPLEMENTS:</u>			
Free			
Reduced			
Paid			
Subtotal Snacks/Supplements			_____
<hr/>			
<u>SPECIAL MILK:</u>			
Paid			

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<u>Performance Based Reimbursement (if certified):</u>			
Lunches			

<hr/>			
Total Federal Reimbursement			_____

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Section 3 - State Reimbursements

To be completed by SFA (include SSO Reimbursements, if applicable)

<u>BREAKFASTS:</u>	<u>MEALS</u>	<u>RATES</u>	<u>Reimbursements</u>
Free			
Free, Severe Need			
Reduced			
Reduced, Severe Need			
Paid			
Paid, Severe Need			
Subtotal Breakfasts			_____
<u>LUNCHES:</u>			
Free			
Reduced			
Paid			
Additional amount for Lunch if Breakfast participation <=20%			
Additional amount for Lunch if Breakfast participation >20%			
Subtotal Lunches			_____

Total State Reimbursement

Section 4 - Other Income

To be completed by SFA

- Other Income: Internal Catering (Special Functions)
- Other Income: External Catering (To Outside Organizations)
- Other Income: Sponsor-to-Sponsor Agreements (Sold to other Sponsors of Child Nutrition Programs)
- Interest Income

Total Other Income

Revenue Summary

- Total "In-School Revenue"
- Total All Reimbursements
- Total Other Income

Total Revenue

Commodity Usage @		
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Section 5 - Meal Equivalents

A la Carte Meal Equivalents

Federal reimb. - free, high lunch
 Federal reimb. - free, low lunch
 Performance Based reimb.
 State reimb. - free, lunch
 Commodity Usage
Total

A la carte revenue
 Adult meal revenue
 Vending Sales _____

Meal Equivalents
Reimbursable Meals _____
Total Meals

Section 6 - SFA Costs

To be completed by SFA (if applicable)

EXPENSES:

TOTAL COST

Direct Labor and Benefits

SFA Labor Costs (must equal to grand total on Attachment 6)
 SFA Fringe Costs (must equal to grand total on Attachment 7)

Subtotal Labor and Benefits _____

Direct Costs (Must itemize)

Subtotal Direct Costs _____

Indirect Costs (Must Itemize)

Subtotal Indirect Costs _____

Subtotal SFA Costs

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<u>Section 7 - FSMC Costs</u>	
To be completed by FSMC	
<u>EXPENSES:</u>	<u>TOTAL COST</u>
Food Costs-Including Commodities	
Enter the amounts of food and milk purchased and received. Include the Commodity Distribution Assessment Fee, Commodity Value and Bonus Commodity Value (Do not include rebates, discounts and credits)	
Less: Commodity Usage	
	Subtotal Food Costs _____
Commodity Delivery Charge	
Direct Labor and Benefits	
FSMC Labor Costs (must equal grand total on Attachment 4 FSMC Fringe Costs (must equal grand total on Attachment 5)	
	Subtotal Labor and Benefits _____
Direct Costs	
Accounting	
Background Checks, Fingerprinting, and/or Drug Testing	
Car/Truck Rental and/or Mileage	
China, Silverware, Glassware	
Cleaning and Janitorial Supplies	
Computer and Technology	
Courier Services (Air & Ground)	
Dues/Subscriptions	
Employee Meals	
Employee Recruitment and Advertising	
Equipment Depreciation/Rental/Buy Back Investment	
Equipment Maintenance	
Equipment Repairs	
Equipment Replacement - Expendable	
Freight and Delivery Charges	
Insurance (Liability, Workman's Compensation, Vehicle, etc.)	
Licenses and/or Permits	
Office Supplies and Printing	
Paper Products and Disposable Supplies	
Payroll Processing	
Performance Bond	
POS Systems, Support and Service	
Postage	
Promotional Materials (Program Specific)	
Smallware/Replacement Wares	

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Section 7 - FSMC Costs (continued)

- Staff Training and Certification
- Storage Costs (Food and/or supplies)
- Taxes (sales and other)
- Telephone, including Mobile and Internet
- Tickets, tokens
- Trash Removal and Pest Control
- Uniforms, Linens, and Laundry
- Vending Rental
- Wellness Programs and materials

Subtotal Direct Costs _____

Other Costs included in the RFP (Section Q) required of the FSMC by the SFA (Must Itemize)

Subtotal Other Costs _____

- Internal Catering (Special Functions)
- External Catering (To Outside Organizations)
- Sponsor-to-Sponsor (Sold to other Sponsors of Child Nutrition Programs)

Administrative Fee: Cannot include any costs already covered in other categories. Documentation must be provided outlining all methodologies used to calculate the Administrative Fee on Attachment 9.

Billed Over: _____ **Fees charged on the basis of:**

- flat fee
- flat fee
- flat fee
- flat fee
- per-meal fee

Reimb. Meals Plus Equivalents: _____
 Per-Meal Rate: (if applicable) _____
 Total per-meal fees: _____

Subtotal Administrative Fee _____

FSMC Management Fee (enter the fee that will be charged to manage the program)

Billed Over: _____ **Fees charged on the basis of:**

- flat fee
- per-meal fee

Reimb. Meals Plus Equivalents: _____
 Per-Meal Rate: (if applicable) _____
 Total per-meal fees: _____

Subtotal Management Fee _____

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Section 7 - FSMC Costs (continued)

Subtotal FSMC Costs

Less Rebates, Discounts and Applicable Credits (Enter as a negative number)

Total FSMC Costs _____

Select the Guarantee Option:

Enter amount of Guaranteed Loss or Profit (if applicable):

Section 8 - Contract Summary

SUMMARY

Total Revenue

SFA Costs

Total FSMC Costs

School Nutrition Program - Profit or (Loss)