

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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| <u>Section 2 - Federal Reimbursements</u> | | | |
|--|--------------|--------------|-----------------------|
| 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 | | | _____ |
| <u>HIGH RATE LUNCHES:</u> | | | |
| Free | | | |
| Reduced | | | |
| Paid | | | |
| Subtotal High Rate Lunches | | | _____ |
| <u>LOW RATE LUNCHES:</u> | | | |
| Free | | | |
| Reduced | | | |
| Paid | | | |
| Subtotal Low Rate Lunches | | | _____ |
| <u>SNACKS/SUPPLEMENTS:</u> | | | |
| Free | | | |
| Reduced | | | |
| Paid | | | |
| Subtotal Snacks/Supplements | | | _____ |
| <u>SPECIAL MILK:</u> | | | |
| Paid | | | |
| Performance Based Reimbursement (if certified): | | | |
| Lunches | | | |
| 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 | | | |
| 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)