

# SNP Average Daily Participation (ADP)

**SFA:** \_\_\_\_\_

Site Name	Enrollment	Reimbursable Lunches			Selling Price		Reimbursable Breakfasts			Selling Price		Reimbursable After School Snacks			Selling Price		All other cash sales; i.e., milk, a la carte, etc. (do not include special functions)		
		Paid	Free	Reduced	Student	Adult	Paid	Free	Reduced	Student	Adult	Paid	Free	Reduced	Student	Adult			
<b>TOTALS</b>																			

# SNP Average Daily Participation (ADP)

SFA: \_\_\_\_\_

Site Name	Enrollment	Reimbursable Lunches			Selling Price		Reimbursable Breakfasts			Selling Price		Reimbursable After School Snacks			Selling Price		All other cash sales; i.e., milk, a la carte, etc. (do not include special functions)
		Paid	Free	Reduced	Student	Adult	Paid	Free	Reduced	Student	Adult	Paid	Free	Reduced	Student	Adult	
<b>TOTALS</b>																	

## SNP Cost Responsibility

SFA: \_\_\_\_\_

The SFA has deemed the following cost responsibility schedule to be a necessary part of this bid specification. Costs that are not provided for under the standard contract terms and conditions, but are necessary for the effective on-site operation of the food service program and are directly incurred for the SFA's operation, must be assigned by the SFA prior to the bid opening and designated below:

<b>Food:</b>	<b>FSMC</b>	<b>SFA</b>	<b>N/A</b>
Food Purchases			
Commodity Processing Charges			
Processing and Payment Invoices			
<b>Labor for Employees:</b>	<b>FSMC</b>	<b>SFA</b>	<b>N/A</b>
Fringe Benefits and Insurance			
Payroll Taxes			
Preparation and Processing Payroll			
Retirement			
Salaries/Wages			
Unemployment Compensation			
Workers Compensation			
The items listed below with an asterisk (*) are direct cost items that may or may not apply to each SFA. At local discretion, based upon actual practice and need, the SFA should assign cost responsibility for those items applicable to their operation or designate them as not applicable (N/A).			
<b>China/Silverware/Glassware:</b>	<b>FSMC</b>	<b>SFA</b>	<b>N/A</b>
Initial Inventory			
Replacement During Operation			
<b>Telephone:</b>	<b>FSMC</b>	<b>SFA</b>	<b>N/A</b>
Local			
Long Distance			
<b>Trash Removal:</b>	<b>FSMC</b>	<b>SFA</b>	<b>N/A</b>
From Kitchen			
From Dining Area			
From Premises			
<b>Equipment Replacement:</b>	<b>FSMC</b>	<b>SFA</b>	<b>N/A</b>
Expendable			
Non-expendable			
<b>Equipment Repair:</b>	<b>FSMC</b>	<b>SFA</b>	<b>N/A</b>
Kitchen Equipment			
*Vehicle Maintenance			
<b>*Storage Costs:</b>	<b>FSMC</b>	<b>SFA</b>	<b>N/A</b>
Food			
Supplies			
<b>*Employee Recruitment:</b>	<b>FSMC</b>	<b>SFA</b>	<b>N/A</b>
Initial			
Replacement			
<b>*Product and Public Liability:</b>	<b>FSMC</b>	<b>SFA</b>	<b>N/A</b>
Equipment			
Insurance			

**Cost Responsibility Detail Sheet for SFA:** \_\_\_\_\_

<b>*Taxes:</b>	<b>FSMC</b>	<b>SFA</b>	<b>N/A</b>
Sales			
Other			
<b>Other Expenses:</b>	<b>FSMC</b>	<b>SFA</b>	<b>N/A</b>
*Car/Truck Rental (include explanation in RFP)			
Cleaning/Janitorial Supplies			
*Courier Services (i.e., bank deposits, school deliveries)			
Laundry			
*License Fees			
*Linens			
*Office Supplies			
*Paper/Disposable Supplies			
Pest Control			
*Printing			
*Promotional Materials			
*Tickets/Tokens			
Uniforms			
<b>Indirect Costs:</b>	<b>FSMC</b>	<b>SFA</b>	<b>N/A</b>
Utilities			
Indirect Labor			
<b>Other: add other expenses charged to the food service account. Overhead expenses incurred by the FSMC are not allowable</b>	<b>FSMC</b>	<b>SFA</b>	<b>N/A</b>
<b>Cleaning Responsibilities:</b>	<b>FSMC</b>	<b>SFA</b>	<b>N/A</b>
Cafeteria Walls			
Daily Routine Cleaning of Dining Tables and Chairs			
Dining Room Floors			
Duct Work			
Exhaust Fans			
Food Preparation Areas (include equipment)			
Grease Filters			
Grease Traps			
Hoods			
Kitchen Floors			
Kitchen Walls			
Light Fixtures			
Periodic Waxing and Buffing of Dining Room Floors			
Restrooms for Food Service Employees			
Serving Areas			
Thorough Cleaning of Dining Room Tables and Chairs			
Windows			
Window Coverings			
Other: (list)			

## SNP Cost Reimbursable Projected Operating Costs

**SFA :** \_\_\_\_\_  
**FSMC:** \_\_\_\_\_

Contract Begin Date \_\_\_\_\_  
 Contract End Date 06/30/2023  
 Days of Service \_\_\_\_\_

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

## SNP Cost Reimbursable Projected Operating Costs

**SFA Name:** \_\_\_\_\_

**Contract Begin Date:** \_\_\_\_\_

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

## SNP Cost Reimbursable Projected Operating Costs

**SFA Name:** \_\_\_\_\_

**Contract Begin Date:** \_\_\_\_\_

**Section 3 - State Reimbursements**

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

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

**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**

<b>Commodity Usage @</b>		
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## SNP Cost Reimbursable Projected Operating Costs

SFA Name: \_\_\_\_\_

Contract Begin Date: \_\_\_\_\_

### 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**



## SNP Cost Reimbursable Projected Operating Costs

**SFA Name:** \_\_\_\_\_

**Contract Begin Date:** \_\_\_\_\_

<u>Section 7 - FSMC Costs</u>	
To be completed by FSMC	
<u>EXPENSES:</u>	<u>TOTAL COST</u>
<b>Food Costs-Including Commodities</b>	
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)	
<b>Less: Commodity Usage</b>	<b>Subtotal Food Costs</b> _____
<b>Commodity Delivery Charge</b>	
<b>Direct Labor and Benefits</b>	
FSMC Labor Costs (must equal grand total on Attachment 4)	
FSMC Fringe Costs (must equal grand total on Attachment 5)	
	<b>Subtotal Labor and Benefits</b> _____
<b>Direct Costs</b>	
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	

## SNP Cost Reimbursable Projected Operating Costs

**SFA Name:** \_\_\_\_\_

**Contract Begin Date:** \_\_\_\_\_

**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** \_\_\_\_\_

## SNP Cost Reimbursable Projected Operating Costs

SFA Name: \_\_\_\_\_

Contract Begin Date: \_\_\_\_\_

**Section 7 - FSMC Costs (continued)**

**Subtotal FSMC Costs**

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

**Total FSMC Costs** \_\_\_\_\_

**Select whether there is a Guarantee**

**Guarantee to SFA** - If there is a Guarantee, documentation must be provided outlining all formulas, methodologies and contingencies on Attachment; regardless of Guarantee amount.

**Section 8 - Contract Summary**

**SUMMARY**

**Total Revenue**

**SFA Costs**

**Total FSMC Costs**

**School Nutrition Program - Profit or (Loss)**

## Summary of FSMC Labor

Enter the subtotals from the FSMC Labor Worksheets.

**FSMC:**

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**For SFA:**

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- Subtotal Page 1
- Subtotal Page 2
- Subtotal Page 3
- Subtotal Page 4
- Subtotal Page 5
- Subtotal Page 6
- Subtotal Page 7
- Subtotal Page 8
- Subtotal Page 9
- Subtotal Page 10
- Subtotal Page 11
- Subtotal Page 12
- Subtotal Page 13
- Subtotal Page 14
- Subtotal Page 15
- Subtotal Page 16
- Subtotal Page 17
- Subtotal Page 18
- Subtotal Page 19
- Subtotal Page 20

**Total:**

---

### For Fixed Price Contracts

**Number of Meals**

**Cost Per Meal**



## Summary of FSMC Fringe Benefits

Enter the subtotals from the FSMC Fringe Benefits Worksheets.

**FSMC:** \_\_\_\_\_

**For SFA:** \_\_\_\_\_

- Subtotal Page 1
- Subtotal Page 2
- Subtotal Page 3
- Subtotal Page 4
- Subtotal Page 5
- Subtotal Page 6
- Subtotal Page 7
- Subtotal Page 8
- Subtotal Page 9
- Subtotal Page 10
- Subtotal Page 11
- Subtotal Page 12
- Subtotal Page 13
- Subtotal Page 14
- Subtotal Page 15
- Subtotal Page 16
- Subtotal Page 17
- Subtotal Page 18
- Subtotal Page 19
- Subtotal Page 20

**Total:**

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### For Fixed Price Contracts

**Number of Meals**

**Cost Per Meal**



## Summary of SFA Labor

Enter the subtotals from the SFA Labor Worksheets.

SFA:

---

Subtotal Page 1  
Subtotal Page 2  
Subtotal Page 3  
Subtotal Page 4  
Subtotal Page 5  
Subtotal Page 6  
Subtotal Page 7  
Subtotal Page 8  
Subtotal Page 9  
Subtotal Page 10  
Subtotal Page 11  
Subtotal Page 12  
Subtotal Page 13  
Subtotal Page 14  
Subtotal Page 15  
Subtotal Page 16  
Subtotal Page 17  
Subtotal Page 18  
Subtotal Page 19  
Subtotal Page 20

**Total:**



## SFA Labor

Labor to be completed by SFA for SFA Staff

Worksheet must accurately reflect any and all employees employed by the SFA

SFA: \_\_\_\_\_

Site Name	Position	Hourly Rate	Daily Hours	# of Days Paid	Total Wages

Sub Total:

Enter on Summary of SFA Labor Benefits

Page of

## Summary of SFA Fringe Benefits

Enter the subtotals from the SFA Fringe Benefits Worksheets.

SFA: \_\_\_\_\_

Subtotal Page 1  
Subtotal Page 2  
Subtotal Page 3  
Subtotal Page 4  
Subtotal Page 5  
Subtotal Page 6  
Subtotal Page 7  
Subtotal Page 8  
Subtotal Page 9  
Subtotal Page 10  
Subtotal Page 11  
Subtotal Page 12  
Subtotal Page 13  
Subtotal Page 14  
Subtotal Page 15  
Subtotal Page 16  
Subtotal Page 17  
Subtotal Page 18  
Subtotal Page 19  
Subtotal Page 20

**Total:**

# SFA Benefits

**Fringe Benefits to be completed by SFA for SFA Staff  
Worksheet must accurately reflect any and all employees employed by the SFA.**

**SFA:** \_\_\_\_\_

		PLACE AN X IN THE APPROPRIATE BOXES														
Site Name	Position	Single	Single +1	Family	Dental	Disability	Hospitalization	Life	Longevity or Annuity	Retirement	Social Security	Unemployment	Vision	Worker's Comp	Other	Total Fringe Benefits

Sub Total:

**Enter on Summary  
of SFA Fringe Benefits**

Page          of

## SFA Site Listing

### General Data and Services to be Provided

SFA: \_\_\_\_\_

Site Name	Address	Grade Levels	Self-Prep or Satellite	# of Serving Periods (Lunch)	Meal Service Times			Services to be Provided										# of Serving Days				
								Breakfast				Lunch				After School Snack	Special Milk Program					
					Meal	Offer vs. Serve	A la Carte	Adult Meals	Meal	Offer vs. Serve	A la Carte	Adult Meals	Pre-K and/or Kindergarten									

## SFA Site Listing

### General Data and Services to be Provided

SFA: \_\_\_\_\_

Site Name	Address	Grade Levels	Self-Prep or Satellite	# of Serving Periods (Lunch)	Meal Service Times			Services to be Provided									# of Serving Days	
								Breakfast				Lunch				After School Snack		Special Milk Program
					Meal	Offer vs. Serve	A la Carte	Adult Meals	Meal	Offer vs. Serve	A la Carte	Adult Meals						

# SFA Site Listing

## General Data and Services to be Provided

SFA: \_\_\_\_\_

Site Name	Address	Grade Levels	Self-Prep or Satellite	# of Serving Periods (Lunch)	Meal Service Times			Services to be Provided								# of Serving Days		
								Breakfast				Lunch					After School Snack	Special Milk Program
					Meal	Offer vs. Serve	A la Carte	Adult Meals	Meal	Offer vs. Serve	A la Carte	Adult Meals	Pre-K and/or Kindergarten					

## Methodology of Administrative Fees

**SFA:** \_\_\_\_\_ **FSMC:** \_\_\_\_\_

This methodology applies to the initial year contract and any optional renewal years.

## Methodology of Guarantee

**SFA:** \_\_\_\_\_ **FSMC:** \_\_\_\_\_

This methodology applies to the initial year contract and any optional renewal years.







## Equipment Proposals and Payment Terms/Method

**SFA:** \_\_\_\_\_ **FSMC:** \_\_\_\_\_

**Equipment Proposals: Section 14.J of the Request for Proposal**

**To be completed by the SFA:**

The SFA is not requesting the FSMC to propose purchase of equipment.

The SFA is allowing the FSMC to propose equipment necessary for implementation or enhancement of operation but the SFA will purchase.

The SFA is allowing the FSMC to propose equipment necessary for implementation or enhancement of operation and the FSMC will purchase.

Equipment proposal is not to exceed:

The SFA must obtain preapproval from DFN for each item of equipment costing \$5,000 or greater through the Capital Expenditure Request Process if nonprofit school food service account funds are going to be used at any time during the process for the purchase (even if the FSMC purchases).

**To be completed by FSMC:**

The FSMC must specify the equipment it proposes.

Equipment

Cost

Total Investment Proposed:

**Payment Terms/Method - Advance: Section 17.B of the Request for Proposal**

<b>To be completed by the SFA:</b>	
No, the SFA will not consider providing an advance payment to the FSMC.	
Yes, the SFA will consider paying the FSMC an advance on operational expenses to be reconciled by end of the first six months from the start of each school year (July1).	
<b>To be completed by the FSMC:</b>	The FSMC is requesting an advance of:
<b>To be completed by the SFA (after proposal evaluation):</b>	

**Payment Terms/Method - Incentives: Section 17.C of the Request for Proposal**

<b>To be completed by the SFA:</b>	
No, the SFA will not consider any payment incentives such as discounts or credits for prompt payment, electronic payment.	
Yes, the SFA will consider payment incentives such as discounts or credits for prompt payment, electronic payment.	
<b>To be completed by the FSMC:</b>	The FSMC will offer an annual electronic payment credit off of the subsequent invoice after setup of:
A prompt payment is one that is received within                      days of the invoice date.	

## Child and Adult Care Food Program CACFP Projected Operating Costs

SFA: \_\_\_\_\_

FSMC: \_\_\_\_\_

Sponsor Instructions: Indicate whether food will be delivered as Unitized Meals or in Bulk form.  
Complete the Estimated Daily Servings and Serving Days per Year for each meal type.

FSMC Instructions: Complete the Price Per Meal for each Meal Type, as applicable.

**The FSMC agrees to supply meals/snacks, inclusive of milk, to the SFA for the prices listed below:**

Meal Type	Unitized or Bulk Form	Estimated Daily Servings	Serving Days Per Year	Estimated Total Servings	Price Per Meal	Estimated Total
<b>Grand Total</b>						

## Summer Food Service Program SFSP Projected Operating Costs

SFA: \_\_\_\_\_

FSMC: \_\_\_\_\_

- SFA Instructions: Enter the SFSP Operating Dates.  
 Complete the Estimated Daily Servings and Serving Days Per Summer for each Meal type.
- FSMC Instructions: Complete the Price Per Meal for each Meal Type, as applicable.

**If SFSP Operating Dates are before July 1 of the current year, then the contract must be Fully Executed before start of SFSP.**

SFSP Operating Dates:

The FSMC agrees to supply meals/snacks, inclusive of milk or juice to the SFA for the prices listed below:

Meal Type	Estimated Daily Servings	Serving Days Per Summer	Estimated Total Servings	Price Per Meal	Estimated Total
<b>Grand Total</b>					