

## SNP Cost Reimbursable Projected Operating Costs for Participating Sites

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

Contract Begin Date \_\_\_\_\_  
 Contract End Date 06/30/2025  
 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 for Participating Sites

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

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

**Section 2 - Federal Reimbursements**

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

<u><b>BREAKFASTS:</b></u>	<u><b>MEALS</b></u>	<u><b>RATES</b></u>	<u><b>Reimbursements</b></u>
Free			
Free, Severe Need			
Reduced			
Reduced, Severe Need			
Paid			
<b>Subtotal Breakfasts</b>			_____
<hr/>			
<u><b>HIGH RATE LUNCHESES:</b></u>			
Free			
Reduced			
Paid			
<b>Subtotal High Rate Lunches</b>			_____
<hr/>			
<u><b>LOW RATE LUNCHESES:</b></u>			
Free			
Reduced			
Paid			
<b>Subtotal Low Rate Lunches</b>			_____
<hr/>			
<u><b>SNACKS/SUPPLEMENTS:</b></u>			
Free			
Reduced			
Paid			
<b>Subtotal Snacks/Supplements</b>			_____
<hr/>			
<u><b>SPECIAL MILK:</b></u>			
Paid			_____
<hr/>			
<u><b>Performance Based Reimbursement (if certified):</b></u>			
Lunches			
<hr/>			
<b>Total Federal Reimbursement</b>			_____

## SNP Cost Reimbursable Projected Operating Costs for Participating Sites

**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			
Paid, Severe Need			
<b>Subtotal Breakfasts</b>			_____
<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 for Participating Sites

**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**

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**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	

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**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 for Participating Sites

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 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)**