

**SNP Fixed Price
Projected Operating Costs**

SFA : _____
FSMC: _____

Contract Begin Date _____
 Contract End Date 06/30/2024
 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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SNP Fixed Price 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			
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			_____
<u>Performance Based Reimbursement (if certified):</u>			
Lunches			
Total Federal Reimbursement			

SNP Fixed Price Projected Operating Costs

SFA Name: _____

Contract Begin Date: _____

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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SNP Fixed Price 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 Fixed Price Projected Operating Costs

SFA Name: _____

Contract Begin Date: _____

Section 7 - FSMC Costs

To be completed by FSMC

Projected Total Meals:

EXPENSES:

COST PER MEAL

Food Cost-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)

Commodity Delivery Charge

Direct Labor and Benefits

FSMC Labor Costs (must equal to grand total on Attachment 4)

FSMC Fringe Costs (must equal to 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
- Staff Training and Certification
- Storage Costs (Food and/or supplies)

SNP Fixed Price Projected Operating Costs

SFA Name: _____

Contract Begin Date: _____

Section 7 - FSMC Costs (continued)

Direct Costs (Continued)

COST PER MEAL

- 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 _____

Less: All costs related to Internal Catering (Special Functions) (enter as a negative number)

Less: All costs related to External Catering (To Outside Organizations) (enter as a negative number)

Less: All costs related to Sponsor-to-Sponsor Agreement(s)(Sold to other Sponsors) (enter as a negative number)

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

Subtotal Administrative Fee _____

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

Subtotal FSMC Cost Per Meal

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

Total FSMC Cost Per Meal _____

SNP Fixed Price Projected Operating Costs

SFA Name: _____

Contract Begin Date: _____

Section 7 - FSMC Costs (continued)

Select the Guarantee Option:

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

Cost per meal x meals
Special Functions
Catering
Sponsor to Sponsor
Commodity

TOTAL COST

Total FSMC Costs

Section 8 - Contract Summary

SUMMARY

Total Revenue Total

SFA Costs Total

FSMC Costs

School Nutrition Program-Profit or (Loss)