



pennsylvania
DEPARTMENT OF EDUCATION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF EDUCATION
333 MARKET STREET
HARRISBURG, PA 17126-0333
www.education.pa.gov

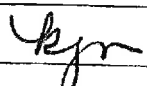
**Food Service Management Company (FSMC)
Renewal Year COST REIMBURSABLE Contract**

**West Shore School District
115-21-900-2**

July 1, 2019 to June 30, 2020

Any School Food Authority (SFA) selecting to renew a contract with their current FSMC must prepare a Renewal Year Contract utilizing this document which may not be re-typed or changed in any way. Addendums to the renewal year contract are not permitted. Should the SFA and FSMC enter into any addendum, the Division of Food and Nutrition (DFN) will not review the addendum and the language in this document prevails as binding.

Division of Food and Nutrition Final Approval Date: ____/____/____

For DFN use only: 

Agreement Page

This bidder certifies that he/she shall operate in accordance with all applicable State and Federal regulations.

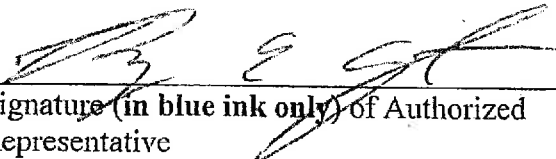
This bidder certifies that all terms and conditions within the Bid Solicitation shall be considered a part of the contract as if incorporated therein.

This Agreement shall be in effect for one year starting **July 1, 2019** and may be renewed by mutual agreement for up to 0 additional one-year period(s).

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be signed by their duly authorized representative the day and year.

West Shore School District

SFA


Signature (in blue ink only) of Authorized Representative

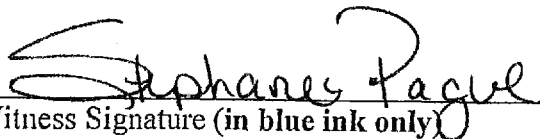
Ryan Argot

Printed Name of Authorized Representative

Director of Federal Programs

Title

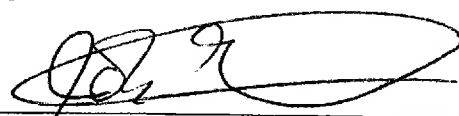
4/17/19
Date Signed


Witness Signature (in blue ink only)

Stephanie Pague
Printed Name of Witness

Sodexo Operations, LLC

FSMC


Signature (in blue ink only) of Authorized Representative

John E. White

Printed Name of Authorized Representative

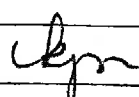
Vice President

Title

5/3/19
Date Signed

Witness Signature (in blue ink only)

Printed Name of Witness

For DFN use only: 

Appendix A

SFA Renewal Certification of Acknowledgement

Please initial below next to each statement certifying that you have read and fully understand the contents of this contract.

- A. I certify that I, Ryan Argot, on behalf of **West Shore School District**, have read and fully understand the contents of this contract. I understand that the SFA must maintain oversight of the food service operations and that these responsibilities will not be delegated to the FSMC. I also understand that the SFA is responsible for closely monitoring the FSMC contract and the FSMC's daily activities.

Initial Here:

- B. I certify that I have chosen a Cost Reimbursable contract, and will follow the according procedures.

Initial Here:

- C. I certify that I will not enter into an agreement with an FSMC that has a real or apparent conflict of interest. This includes FSMCs that provide recommendations, develop or draft specifications, requirements, statements of work, requests for proposals, contract terms and conditions, or other documents for use in conducting procurement.

Initial Here:

- D. I certify that I, nor any employees (including School Board members) of **West Shore School District**, will not solicit or accept donations, gratuities, nor favors from current or potential FSMCs (i.e. gifts, golf outings, meals, etc.).

Initial Here:

- E. I certify that **West Shore School District** has a written Code of Conduct that addresses conflicts of interest and governing the performance of its employees engaged in the selection, award and administration of contracts, and will make sure all employees are aware of said standards.

Initial Here:

- F. I have read and understand what the allowable costs are for all of the applicable CN programs.

Initial Here:

- G. I certify that **West Shore School District** will be legally responsible for the conduct of the food service program, and shall supervise the food service operations in such manner as will ensure compliance with the rules and regulations of PDE and the USDA regarding each of the CN programs covered by this contract.

Initial Here:

- H. I certify that all food service employees and those responsible for the oversight of the contract and FSMC's operations meet the minimum Professional Standards requirements.

Initial Here:

- I. I certify that **West Shore School District** shall retain control of the CN programs' food service account, signature authority, and overall financial responsibility for the CN programs. This includes access to the PEARS account, COMPASS or PrimoEdge Student Eligibility System.

Initial Here:

For DFN use only:

J. I certify that CN programs are the responsibility of **West Shore School District** and **West Shore School District** is responsible for all contractual agreements entered into in connection with the CN programs.

Initial Here: _____

K. I certify that **West Shore School District** will be responsible for determining student eligibility for all applicable programs and that **Sodexo Operations, LLC** will have no involvement in the process.

Initial Here: _____

L. I certify that **West Shore School District** will retain all records for the current year plus the three prior years.

Initial Here: _____

M. I certify that all food will be in compliance with the current meal standards and Local Wellness Policy.

Initial Here: _____

N. I certify that **West Shore School District** will monitor **Sodexo Operations, LLC** in order to ensure compliance with USDA regulations.

Initial Here: _____

O. I certify that **West Shore School District** will create an advisory board composed of students, teachers, and parents to assist in menu planning.

Initial Here: _____

P. I certify that **West Shore School District** will not delegate any of the above responsibilities to the FSMC.

Initial Here: _____

Q. I hereby certify that neither **West Shore School District** nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

Initial Here: _____

R. I further certify that neither **West Shore School District** nor any of its principals /authorized representatives has a reported criminal background that would affect the receipt of Federal funds.

Initial Here: _____

S. I certify that **Sodexo Operations, LLC** is not a paid consultant or contractor with **West Shore School District** in any other capacity than for this contract.

Initial Here: _____

For DFN use only: _____

I certify under penalty of perjury that the information on these forms is true and correct, and that I will immediately report to the state agency any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The state agency may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of **West Shore School District**, I hereby agree to comply with all state and federal laws and regulations governing the CN programs administered by the state agency. In accordance with Federal law and USDA policy, **West Shore School District** does not discriminate on the bases of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

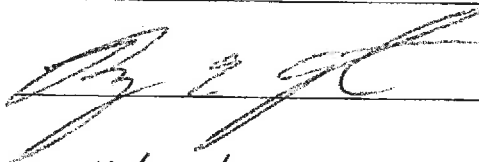
Name of Authorized Representative

Ryan Argot

Title of Authorized Representative

Director of Federal Programs

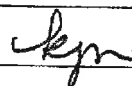
Signature of Authorized Representative
(in blue ink only)



Date Signed

4/17/19

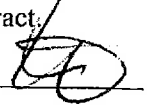
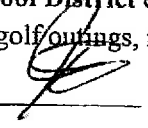
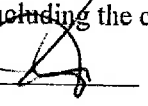
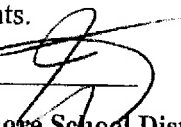
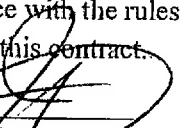
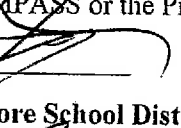
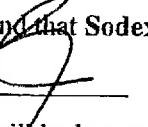
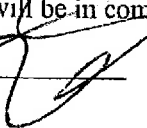
For DFN use only:



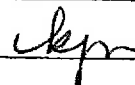
Appendix B

FSMC Certification of Acknowledgement

Please initial below next to each statement certifying that you have read and fully understand the contents of this contract.

- A. I certify that I, John E. White, on behalf of **Sodexo Operations, LLC**, have read and fully understand the contents of this contract.
Initial Here: 
- B. I certify that I, nor any of the employees of **Sodexo Operations, LLC**, have not received any solicitations from any **West Shore School District** employee. In addition, I certify that no gifts, donations, or anything of monetary value (i.e. golf outings, meals, etc.) have been provided.
Initial Here: 
- C. I certify that employees of **Sodexo Operations, LLC** will be trained to understand and comply with all necessary trainings including the current written Code of Conduct authored by **West Shore School District**.
Initial Here: 
- D. I certify that all of **Sodexo Operations, LLC** food service employees meet the minimum Professional Standards requirements.
Initial Here: 
- E. I certify that **West Shore School District** will be legally responsible for the conduct of the food service program, and shall have access to all necessary documents, which will be maintained onsite, including but not limited to all contracts with vendors so that they may supervise the food service operations in such manner as will ensure compliance with the rules and regulations of PDE and the USDA regarding each of the CN programs covered by this contract.
Initial Here: 
- F. I certify that **Sodexo Operations, LLC** will not have control of the CN programs' food service account, signature authority, and overall financial responsibility for the CN programs. This includes access to the PEARS account, COMPASS or the PrimeroEdge Student Eligibility System.
Initial Here: 
- G. I certify that **West Shore School District** will be responsible for determining student eligibility for all applicable programs and that **Sodexo Operations, LLC** will have no involvement in the process.
Initial Here: 
- H. I certify that all food will be in compliance with the current meal standards and Local Wellness Policy.
Initial Here: 

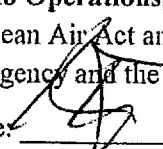
For DFN use only:



I. I hereby certify that neither **Sodexo Operations, LLC** nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

Initial Here: 

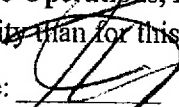
J. I certify that **Sodexo Operations, LLC** will comply with all applicable standards, orders, or requirements issued under the Clean Air Act and the Federal Water Pollution Control Act and will report violations to the Federal awarding agency and the Regional Office of the Environmental Protection Agency.

Initial Here: 

K. I further certify that neither **Sodexo Operations, LLC** nor any of its principals /authorized representatives has a reported criminal background that would affect the involvement in CN programs.

Initial Here: 

L. I certify that **Sodexo Operations, LLC** is not a paid consultant or contractor with **West Shore School District** in any other capacity than for this contract.

Initial Here: 

I certify under penalty of perjury that the information on these forms is true and correct, and that I will immediately report to the SFA any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The state agency may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of **Sodexo Operations, LLC**, I hereby agree to comply with all state and federal laws and regulations governing the CN programs administered by the state agency. In accordance with Federal law and USDA policy, **Sodexo Operations, LLC** does not discriminate on the bases of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Name of Authorized Representative

John E. White

Title of Authorized Representative

Vice President

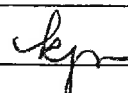
Signature of Authorized Representative
(in blue ink only)



Date Signed

5/3/19

For DFN use only:



Appendix C

Acknowledgement of Personnel Relationships

☐ Yes ☒ No (choose one), the **West Shore School District** employs the same person/people that is/ are employee(s) of the **Sodexo Operations, LLC**.


If Yes, we the undersigned certify that the employee(s):

- Does/will not have a real or apparent conflict of interest.
- Does/will not participate in the selection, award, or administration of the contract.
- Does/will not have access to or control of the food service financial account.
- Does/will not be involved in the establishment of the selling prices for all reimbursable and non-reimbursable meals, a la carte items, adult meals, catering, or vending items.
- Does/will not have access to CN PEARS, COMPASS, or the PrimeroEdge Student Eligibility System.
- Does/will not be involved in the completion, distribution or collection of the parent letters and household applications for free and reduced price meals.
- Does/will not be involved in the determination or verification of eligibility for free and reduced price meals.

Employee Name	SFA Position Title and Job Duties	FSMC Position Title and Job Duties
Enter Name Here	Enter Job Title and Duties Here	Enter Job Title and Duties Here
Enter Name Here	Enter Job Title and Duties Here	Enter Job Title and Duties Here
Enter Name Here	Enter Job Title and Duties Here	Enter Job Title and Duties Here
Enter Name Here	Enter Job Title and Duties Here	Enter Job Title and Duties Here

West Shore School District

SFA


Signature (in blue ink only) of Authorized Representative

Ryan Argot

Printed Name of Authorized Representative


Director of Federal Programs

Title

4/17/19
Date Signed

Sodexo Operations, LLC

FSMC


Signature (in blue ink only) of Authorized Representative

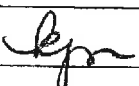
John E. White

Printed Name of Authorized Representative

Vice President

Title

5/5/19
Date Signed

For DFN use only: 

Certification Regarding Debarment and Suspension

This certification is required by the regulations implementing Executive Order 12549 and 12689, "Debarment and Suspension" (Title 2 CFR 180). These regulations restrict awards, subawards, and contracts with certain parties that are debarred, suspended, or otherwise excluded from or ineligible for participation in Federal assistance programs or activities.

- (1) The prospective participant certifies, by submission of this proposal, that neither it nor its principals:
- (a) Are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency;
 - (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.
- (2) Where the prospective participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name of FSMC

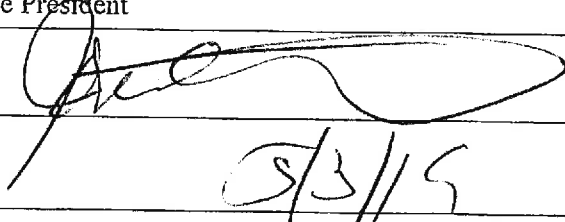
Sodexo Operations, LLC

Name of Authorized Representative

John E. White

Title of Authorized Representative

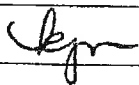
Vice President

Signature of Authorized Representative
(in blue ink only)


Date Signed

5/3/15

For DFN use only:



CERTIFICATION REGARDING LOBBYING

Applicable to Grants, Subgrants, Cooperative Agreements, and Contracts Exceeding \$100,000 in Federal Funds.

Submission of this certification is a prerequisite for making or entering into this transaction and is imposed by section 1352, Title 31, U.S. Code. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of a Federal contract, the making of a Federal grant, the making of a Federal loan, the entering into a cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all covered subawards exceeding \$100,000 in Federal funds at all appropriate tiers and that all subrecipients shall certify and disclose accordingly.

Name of FSMC

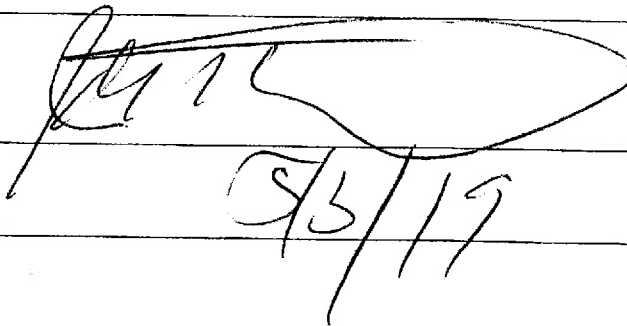
Sodexo Operations, LLC

Name of Authorized Representative

John E. White

Title of Authorized Representative

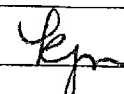
Vice President

Signature of Authorized Representative
(in blue ink only)

Date Signed

5/3/19

For DFN use only:



DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

☐ Applicable ☒ Not Applicable
(This form must be signed regardless of Applicability)

1. Type of Federal Action: <u>A</u> a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance		2. Status of Federal Action: <u>A/R</u> a. bid/offer/application b. initial award c. post-award		3. Report Type: <u>A</u> a. initial filing b. material change For Material Change Only: Year _____ Quarter _____ Date of Last Report _____	
4. Name and Address of Reporting Entity: Prime <input checked="" type="checkbox"/> [Redacted] Subawardee [Redacted] Tier, if known [Redacted] Congressional District, if known [Redacted]		5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known: <u>N/A</u>			
6. Federal Department/Agency: <u>US Congress</u> <u>Dept of Defense</u> <u>US DIA</u>		7. Federal Program Name/Description: CFDA Number, if applicable:			
8. Federal Action Number, if known:		9. Award Amount, if known: \$ <u>unknown</u>			
10. a. Name and Address of Lobbying Entity: (last name, first name, MI) <u>See item 4</u>		10. b. Individuals Performing Services (including address if different from No. 10.a.) [Redacted]			
(Attach Continuation Sheet(s) SF-LLL-A if Necessary) (if individual, last name, first name, middle)					
11. Amount of Payment (check all that apply): \$ _____ Actual \$ _____ Planned		13. Type of payment (check all that apply): <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input checked="" type="checkbox"/> f. other; specify: <u>In house Government Affairs Department</u>			
12. Form of Payment (check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: Nature _____ Actual _____					
14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or member(s) contracted for Payment indicated in Item 11: (Attach Continuation Sheet(s) SF-LLL-A, if necessary)					
15. Are Continuation Sheet(s) SF-LLL-A Attached: Yes _____ (Number _____) No <u>Yes</u>					
16. Information requested through this form is authorized by Title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		Signature: (in blue ink only) <u>[Signature]</u> Name: <u>John E. White</u> Title: <u>Vice President</u> Telephone: [Redacted] Date: <u>3/3/14</u>			

For DFN use only: [Signature]

Reporting Entity: _____ Page ____ of ____

[REDACTED]

[REDACTED]

For DFN use only: *ukm*

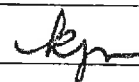
INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use of SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state, and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee; e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state, and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) Number, Invitation for Bid (IFB) Number; grant announcement number; the contract, grant or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes e.g., "RFP-DE-90-001".
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state, and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
(b) Enter the full names of the individual(s) performing services and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check all that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check all that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether a SF-LLL-A Continuation Sheet(s) is attached. List number of sheets, if yes.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-00046), Washington, DC 20503.

For DFN use only:



NSLP COST REIMBURSABLE PROJECTED OPERATING COSTS

School Food Authority
FSMC Name

West Shore School District
Sodexo Operations, LLC

Contract Begin Date 7/1/2019
Contract End Date 6/30/2020
Days of Service 178

Section 1 - Actual "In-School" Revenue

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

BREAKFASTS:

	MEALS		RATES		REVENUE
Elementary Paid	25,917	\$	1.65	\$	42,763.05
Elementary Tiered Paid	-	\$	-	\$	-
Middle Paid	-	\$	-	\$	-
Middle Tiered Paid	-	\$	-	\$	-
Secondary Paid	8,107	\$	1.65	\$	13,376.55
Secondary Tiered Paid	-	\$	-	\$	-
Reduced Price	9,689	\$	0.30	\$	2,906.70
Adult Paid	-	\$	-	\$	-
A la Carte Sales	-	\$	-	\$	-
Subtotal Breakfasts	43,713			\$	59,046.30

LUNCHES:

Elementary Paid	130,466	\$	2.80	\$	365,304.80
Elementary Tiered Paid	-	\$	-	\$	-
Middle Paid	-	\$	-	\$	-
Middle Tiered Paid	-	\$	-	\$	-
Secondary Paid	155,160	\$	2.90	\$	449,964.00
Secondary Tiered Paid	18,397	\$	3.25	\$	59,790.25
Reduced Price	34,747	\$	0.40	\$	13,898.80
Adult Paid	11,890	\$	1.00	\$	11,890.00
A la Carte Sales	435,784	\$	1.00	\$	435,784.20
Subtotal Lunches	786,444			\$	1,336,632.05

SNACKS/SUPPLEMENTS:

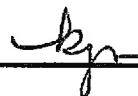
Paid	-	\$	-	\$	-
Reduced Price	-	\$	-	\$	-
Adult Paid	-	\$	-	\$	-
A la Carte Sales	-	\$	-	\$	-
Subtotal Snacks/Supplements	-			\$	-

OTHER:

Special Milk		\$	-	\$	-
Vending Machine Sales		\$	-	\$	-
Special Functions (Internal)		\$		\$	12,890.00
Subtotal Other				\$	12,890.00

Total "In-School" Revenue	830,157			\$	1,408,568.35
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For DFN use only:



NSLP COST REIMBURSABLE PROJECTED OPERATING COSTS

School Food Authority

West Shore School District

Contract Begin Date

7/1/2019

Section 2 - Federal Reimbursements

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

BREAKFASTS:**MEALS****RATES****Reimbursements**

Free	11,219	\$	1.79	\$	20,082.01
Free, Severe Need	107,627	\$	2.14	\$	230,321.78
Reduced	915	\$	1.49	\$	1,363.35
Reduced, Severe Need	8,774	\$	1.84	\$	16,144.16
Paid	34,024	\$	0.31	\$	10,547.44
Subtotal Breakfasts	162,559			\$	278,458.74

HIGH RATE LUNCHES:

Free	-	\$	-	\$	-
Reduced	-	\$	-	\$	-
Paid	-	\$	-	\$	-
Subtotal High Rate Lunches	-			\$	-

LOW RATE LUNCHES:

Free	287,817	\$	3.31	\$	952,674.27
Reduced	34,747	\$	2.91	\$	101,113.77
Paid	304,023	\$	0.31	\$	94,247.13
Subtotal Low Rate Lunches	626,587			\$	1,148,035.17

SNACKS/SUPPLEMENTS:

Free	29,669	\$	0.91	\$	26,998.79
Reduced	-	\$	-	\$	-
Paid	-	\$	-	\$	-
Subtotal Snacks/Supplements	29,669			\$	26,998.79

SPECIAL MILK:

Paid	626,587	\$	0.205	\$	128,450.34
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Performance Based Reimbursement (if certified):

Lunches	626,587	\$	0.06	\$	37,595.22
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Total Federal Reimbursement	789,146			\$	1,619,538.26
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For DFN use only:



NSLP COST REIMBURSABLE PROJECTED OPERATING COSTS

School Food Authority

West Shore School District

Contract Begin Date

7/1/2019

Section 3 - State Reimbursements

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

BREAKFASTS:

	<u>MEALS</u>		<u>RATES</u>	<u>Reimbursements</u>
Free	11,219	\$	0.10	\$ 1,121.90
Free, Severe Need	107,627	\$	0.10	\$ 10,762.70
Reduced	915	\$	0.10	\$ 91.50
Reduced, Severe Need	8,774	\$	0.10	\$ 877.40
Paid	34,024	\$	0.10	\$ 3,402.40
Subtotal Breakfasts	162,559			\$ 16,255.90

LUNCHES:

Free	287,817	\$	0.10	\$ 28,781.70
Reduced	34,747	\$	0.10	\$ 3,474.70
Paid	304,023	\$	0.10	\$ 30,402.30
Additional amount for Lunch if Breakfast participation <=20%	567,410	\$	0.02	\$ 11,348.20
Additional amount for Lunch if Breakfast participation >20%	59,177	\$	0.04	\$ 2,367.08
Subtotal Lunches	626,587			\$ 76,373.98

Total State Reimbursement	789,146		\$ 92,629.88
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Section 4 - Other Income

To be completed by SFA

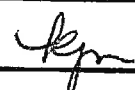
Other Income: Catering (External)	\$	-
Other Income: PDE-3086 Agreements (Sponsor to Sponsor)	\$	-
Interest Income	\$	4,700.00
Total Other Income	\$	4,700.00

Revenue Summary

Total "In-School" Revenue	\$	1,408,568.35
Total All Reimbursements	\$	1,712,168.14
Total Other Income	\$	4,700.00
Total Revenue	\$	3,125,436.49

Commodity Usage @	\$0.2350	626,587	\$ (147,247.95)
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For DFN use only:



NSLP COST REIMBURSABLE PROJECTED OPERATING COSTS

School Food Authority

West Shore School District

Contract Begin Date

7/1/2019

Section 5 - Meal Equivalents

A la Carte Meal Equivalents:

Federal reimb. - free, high lunch \$0.0000
 Federal reimb. - free, low lunch \$3.3100
 Performance Based reimb. \$0.0600
 State reimb. - free, lunch \$0.1000
 Commodity Usage \$0.2350
 Total \$3.7050

A la carte revenue \$ 435,784.20
 Adult meal revenue \$ 11,890.00
 Vending Sales \$ -
\$ 447,674.20

Meal Equivalents 120,830
 Reimbursable Meals 789,146
 Total Meals 909,976

Section 6 - SFA Costs

To be completed by SFA (if applicable)

TOTAL COST

EXPENSES:

Direct Labor and Benefits

SFA Labor Costs (must equal grand total on Attachment CR 6) \$ 1,031,813.84
 SFA Fringe Costs (must equal grand total on Attachment CR 7) 389,268.7

Subtotal Labor and Benefits \$ 1,421,082.54

Direct Costs (Must itemize)

Other professional services, laundry, software licensing, dues & fees \$ 20,000.00
 Repair/Replace/New Equipment and depreciation \$ 166,590.00
 Printing, Binding, Travel \$ 2,475.00
 General supplies \$ 30,000.00
 Food \$ 1,500.00
Subtotal Direct Costs \$ 220,565.00

Indirect Costs (Must Itemize)

\$ -
 \$ -
 \$ -
 \$ -
Subtotal Indirect Costs \$ -

Subtotal SFA Costs \$ 1,641,647.54

For DFN use only:



NSLP COST REIMBURSABLE PROJECTED OPERATING COSTS

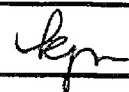
School Food Authority

West Shore School District

Contract Begin Date 7/1/2019

Section 7 - FSMC Costs To be completed by FSMC	
<u>EXPENSES:</u>	<u>TOTAL COST</u>
Food Costs-Including Commodities	\$ 1,391,597.94
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	\$ (147,247.95)
Subtotal Food Costs	\$ 1,244,350.00
Commodity Delivery Charge	\$ -
Direct Labor and Benefits	
FSMC Labor Costs (must equal grand total on Attachment CR4)	\$ 135,771.68
FSMC Fringe Costs (must equal grand total on Attachment CR5)	\$ 36,002.00
Subtotal Labor and Benefits	\$ 171,773.68
Direct Costs	
Accounting	\$ -
Background Checks, Fingerprinting, and/or Drug Testing	\$ -
Car/Truck Rental and/or Mileage	\$ 4,000.00
China, Silverware, Glassware	\$ -
Cleaning and Janitorial Supplies	\$ 18,700.00
Computer and Technology	\$ 3,570.00
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	\$ 515.00
Insurance (Liability, Workman's Compensation, Vehicle, etc.)	\$ 8,725.00
Licenses and/or Permits	\$ -
Office Supplies and Printing	\$ -
Paper Products and Disposable Supplies	\$ 93,210.00
Payroll Processing	\$ 760.00
Performance Bond	\$ -
POS Systems, Support and Service	\$ -
Postage	\$ 825.00
Promotional Materials (Program Specific)	\$ 1,200.00
Smallware/Replacement Wares	\$ 2,575.00

For DFN use only:



NSLP COST REIMBURSABLE PROJECTED OPERATING COSTS

School Food Authority

West Shore School District

Contract Begin Date

7/1/2019

Section 7 - FSMC Costs (continued)

Staff Training and Certification	\$	620.00
Storage Costs (Food and/or supplies)	\$	-
Taxes (sales and other)	\$	-
Telephone, including Mobile and Internet	\$	1,560.00
Tickets, tokens	\$	-
Trash Removal and Pest Control	\$	-
Uniforms, Linens, and Laundry	\$	500.00
Vending Rental	\$	-
Wellness Programs and materials	\$	1,190.00
Subtotal Direct Costs	\$	137,950.00

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

\$ -
\$ -
\$ -
\$ -

Subtotal Other Costs \$ -

Special Functions	\$	-
Catering	\$	4,500.00
PDE-3086 Agreements (Sponsor to Sponsor)	\$	-

Administrative Fee ¹

Months: [] 9 [] 10 [] 11 [X] 12 (check one)

Fees charged on the basis of: (select from drop-down menu)

Per-meal fees only

(Cannot include any costs already covered in other categories)

flat fee \$ -
flat fee \$ -
flat fee \$ -
flat fee \$ -

Reimb. Meals Plus Equivalents:	909,976	per-meal fee \$	77,890.28
Per-meal rate: (if applicable)	\$0.0856	Subtotal Administrative Fee	\$ 77,890.28
Total per-meal fees:	\$77,890.28		

FSMC Management Fee

Months: [] 9 [] 10 [] 11 [X] 12 (check one)

Fees charged on the basis of: (select from drop-down menu)

Per-meal fees only

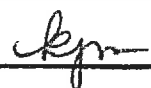
Enter the fee that will be charged to manage the program

flat fee \$ -
per-meal fee \$ 58,324.99

Reimb. Meals Plus Equivalents:	909,976	Subtotal Management Fee	\$ 58,324.99
Per-meal rate: (if applicable)	\$0.0641		
Total per-meal fees:	\$58,324.99		

¹ Documentation must be provided outlining all methodologies used to calculate the Administrative Fees on CR9.

For DFN use only:



NSLP COST REIMBURSABLE PROJECTED OPERATING COSTS

School Food Authority

West Shore School District

Contract Begin Date

7/1/2019

Section 7 - FSMC Costs (continued)

Subtotal FSMC Costs	\$	1,694,788.95
Less Rebates, Discounts and Applicable Credits (Enter as a negative number)	\$	(214,000.00)
TOTAL FSMC COSTS	\$	1,480,788.95

- ☒ There is a Guarantee
☐ There is not a Guarantee, nor will there be one in optional Renewal years

Guarantee to SFA ² \$ 3,000.00

² Guarantee to SFA - If there is a Guarantee, documentation must be provided outlining all formulas, methodologies and contingencies on CR10; regardless of Guarantee amount.

Section 8 - Contract Summary

	<u>SUMMARY</u>
Total Revenue	\$ 3,125,436.49
SFA Costs	\$ 1,641,647.54
Total FSMC Costs	Fact Sheet ³ → \$ 1,480,788.95

³ When entering the Total Contract Cost on the PEARS Fact Sheet, add the CACFP and SFSP Total Cost if applicable.

School Nutrition Program - Profit or (Loss) \$ 3,000.00

For DFN use only:



NSLP Cost Reimbursable

Labor to be completed by FSMC for FSMC Staff

FSMC: Sodexo Operations, LLC.

SFA: West Shore School District

[illegible]

For DFN use only:

By

[illegible]

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

Grand Total \$

MUST EQUAL POC
(Attachment CR3)

Fringe Benefits to be completed by FSMC for FSMC Staff

SFA: West Shore School District

F5MC Benefits

PLACE AN X IN THE APPROPRIATE BOXES

[illegible]

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

Grand Total \$

MUST EQUAL POC
(Attachment CR3)

24 of 35

For DFN use only:

NSLP Cost Reimbursable

Labor to be completed by SFA for SFA Staff

SFA: West Shore School District

Site Name	Position	Hourly Rate	Daily Hours	# of Days Paid	Total Wages
ACE	Secretary of F.S. L-6	\$15.37	7.50	265	\$ 30,547.88
ACE	Admin Asst. L-3	\$11.52	6.50	220	\$ 16,473.60
ACE	Driver L-4	\$13.00	8.00	209	\$ 21,736.00
ACE	Driver L-4	\$13.00	8.00	209	\$ 21,736.00
ACE	FD SVC Worker 4 L-1	9.51	7.00	160	\$ 10,650.42
ACE	FD SVC Worker 4 L-1	\$9.50	9.00	204	\$ 17,442.00
Allen	FD SVC Worker 4 L-1	\$9.50	4.00	204	\$ 7,752.00
Allen	FD SVC Worker 4 L-1	\$9.50	4.00	204	\$ 7,752.00
Allen	Café Manager FS I-M L-7	\$19.23	7.50	206	\$ 29,710.35
Allen	FD SVC Worker 4 L-1	\$9.50	4.00	204	\$ 7,752.00
Allen	Asst. Manager FS 2 L-4	\$13.00	7.00	205	\$ 18,655.00
Allen	FD SVC Worker 4 L-1	\$9.50	4.00	204	\$ 7,752.00
CCHS	FD SVC Worker 3 L-2	\$10.00	6.00	205	\$ 12,300.00
CCHS	FD SVC Worker 4 L-1	\$9.50	4.00	204	\$ 7,752.00
CCHS	FD SVC Worker 4 L-1	\$10.00	4.75	204	\$ 9,690.00
CCHS	FD SVC Worker 4 L-1	\$9.50	4.50	204	\$ 8,721.00
CCHS	FD SVC Worker 4 L-1	\$9.50	4.75	204	\$ 9,205.50
CCHS	Asst. Manager FS 2 L-4	\$13.00	7.00	206	\$ 18,746.00
CCHS	FD SVC Worker 4 L-1	\$11.61	4.75	204	\$ 11,250.09
CCHS	FD SVC Worker 4 L-1	\$12.14	4.00	204	\$ 9,906.24
CCHS	Café Manager FS I-M L-7	\$16.73	8.00	206	\$ 27,571.04
CCHS	FD SVC Worker 3 L-2	\$10.00	6.00	205	\$ 12,300.00
CCHS	FD SVC Worker 4 L-1	\$9.50	4.00	204	\$ 7,752.00
CCHS	FD SVC Worker 4 L-1	\$9.50	4.75	204	\$ 9,205.50
CCHS	FD SVC Worker 4 L-1	\$10.00	5.50	204	\$ 11,220.00
CCHS	FD SVC Worker 3 L-2	\$12.93	7.00	205	\$ 18,554.55
CCHS	FD SVC Worker 4 L-1	\$9.50	4.75	204	\$ 9,205.50
CCHS	FD SVC Worker 4 L-1	\$9.50	4.75	204	\$ 9,205.50
Crossroads					
Crossroads					
Crossroads					
Crossroads					
Crossroads					

Revised January 25, 2019

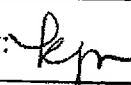
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SFA Labor

Site Name	Position	Hourly Rate	Daily Hours	# of Days Paid	Total Wages
Crossroads	FD SVC Worker 4 L-1	\$9.50	4.00	204	\$ 7,752.00
Crossroads	Café Manager I-I L-6	\$15.02	7.50	206	\$ 23,205.90
Fairview	Unit Lead FS 3 L-3	\$9.50	5.50	205.7	\$ 10,747.83
Fairview	FD SVC Worker 4 L-1	\$9.50	4.00	204	\$ 7,752.00
FishingCreek	Unit Lead FS 3 L-3	\$12.58	6.00	205.7	\$ 15,526.24
FishingCreek	FD SVC Worker 4 L-1	\$9.50	4.00	204	\$ 7,752.00
FishingCreek	FD SVC Worker 4 L-1	\$10.15	5.50	204	\$ 11,388.30
FishingCreek	FD SVC Worker 4 L-1	\$12.32	4.00	204	\$ 10,053.12
Highland	FD SVC Worker 4 L-1	\$9.50	5.50	205	\$ 10,711.25
Highland	FD SVC Worker 4 L-1	\$9.50	4.00	204	\$ 7,752.00
Highland	Unit Lead FS 3 L-3	\$11.00	6.00	205.7	\$ 13,576.20
Highland	FD SVC Worker 4 L-1	\$9.50	4.00	204	\$ 7,752.00
Hillside	FD SVC Worker 4 L-1	\$9.50	4.00	204	\$ 7,752.00
Hillside	FD SVC Worker 4 L-1	\$9.50	4.00	205	\$ 7,790.00
Hillside	Unit Lead FS 3 L-3	\$13.00	6.00	205.7	\$ 16,044.60
Hillside	FD SVC Worker 4 L-1	\$10.00	5.50	204	\$ 11,220.00
Hillside	FD SVC Worker 4 L-1	\$13.10	5.50	204	\$ 14,698.20
Hillside	FD SVC Worker 4 L-1	\$9.50	4.00	204	\$ 7,752.00
Lower Allen	FD SVC Worker 4 L-1	\$10.00	4.00	204	\$ 8,160.00
Lower Allen	Unit Lead FS 3 L-2	\$11.00	5.50	205.7	\$ 12,444.85
New Cumberland	FD SVC Worker 3 L-2	\$9.50	6.00	205.7	\$ 11,724.90
New Cumberland	FD SVC Worker 4 L-1	\$10.00	4.50	204	\$ 9,180.00
New Cumberland	FD SVC Worker 4 L-1	\$9.50	4.50	204	\$ 8,721.00
New Cumberland	FD SVC Worker 4 L-1	\$9.50	5.50	205	\$ 10,711.25
New Cumberland	FD SVC Worker 4 L-1	\$9.50	4.50	204	\$ 8,721.00
New Cumberland	Café Manager I-I L-6	\$15.37	7.50	206	\$ 23,746.65
Newberry	FD SVC Worker 4 L-1	\$10.30	5.25	204	\$ 11,031.30
Newberry	Unit Lead FS 3 L-3	\$15.26	6.00	205.7	\$ 18,833.89
Newberry	FD SVC Worker 4 L-1	\$9.50	4.00	204	\$ 7,752.00
Newberry	FD SVC Worker 4 L-1	\$9.50	4.00	205.7	\$ 7,816.60
Red Land	FD SVC Worker 4 L-1	\$9.50	5.50	205	\$ 10,711.25

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For DFN use only: 

SFA: West Shore School District

Site Name	Position	Hourly Rate	Daily Hours	# of Days Paid	Total Wages
Red Land	FD SVC Worker 4 L-1	\$9.50	4.75	204	\$ 9,205.50
Red Land	FD SVC Worker 4 L-1	\$10.77	4.75	204	\$ 10,436.13
Red Land	FD SVC Worker 4 L-1	\$10.30	4.75	204	\$ 9,980.70
Red Land	Café Manager FS I-M L-7	\$17.16	8.00	206	\$ 28,279.68
Red Land	FD SVC Worker 4 L-1	\$9.50	4.75	204	\$ 9,205.50
Red Land	Asst. Manager FS 2 L-4	\$13.00	7.00	206	\$ 18,746.00
Red Land	FD SVC Worker 4 L-1	\$9.50	4.75	204	\$ 9,205.50
Red Land	FD SVC Worker 4 L-1	\$9.50	4.75	204	\$ 9,205.50
Red Land	FD SVC Worker 3 L-2	\$9.50	6.00	205	\$ 11,685.00
Red Land	FD SVC Worker 4 L-1	\$10.15	4.75	204	\$ 9,835.35
Red Land	FD SVC Worker 4 L-1	\$9.50	4.00	204	\$ 7,752.00
Red Land	FD SVC Worker 4 L-1	\$9.50	4.75	204	\$ 9,205.50
Red Mill	Unit Lead FS 3 L-3	\$15.63	6.00	205.7	\$ 19,290.55
Red Mill	FD SVC Worker 4 L-1	\$9.50	4.00	204	\$ 7,752.00
Red Mill	FD SVC Worker 4 L-1	\$9.50	4.00	204	\$ 7,752.00
Red Mill	FD SVC Worker 4 L-1	\$10.61	5.50	205	\$ 11,962.78
Red Mill	FD SVC Worker 4 L-1	\$10.00	4.75	204	\$ 9,690.00
Red Mill	FD SVC Worker 4 L-1	\$9.50	4.00	204	\$ 7,752.00
Rossmoyne	FD SVC Worker 4 L-1	\$13.77	4.00	204	\$ 11,236.32
Rossmoyne	Unit Lead FS 3 L-2	\$11.00	5.50	205.7	\$ 12,444.85
Washington Heights	FD SVC Worker 4 L-1	\$12.32	5.50	205	\$ 13,890.80
Washington Heights	FD SVC Worker 4 L-1	\$9.50	3.50	204	\$ 6,783.00
Washington Heights	Unit Lead FS 3 L-3	\$11.00	6.00	205.7	\$ 13,576.20
Washington Heights	FD SVC Worker 4 L-1	\$9.50	5.50	204	\$ 10,659.00
Washington Heights	FD SVC Worker 4 L-1	\$9.50	4.00	204	\$ 7,752.00
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -

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For DFN use only

kpr

SFA: West Shore School District

[illegible]

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

Grand Total	\$	<u>1,031,813.84</u>
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MUST EQUAL POC
(Attachment CR3)

NSLP Cost Reimbursable

Fringe Benefits to be completed by SFA for SFA Staff

SFA: West Shore School District

PLACE AN X IN THE APPROPRIATE BOXES															Total Fringe Benefits	
Site Name	Position	Single	Single +1	Family	Dental	Disability	Hospitalization	Life	Longevity or Annuity	Retirement	Social Security	Unemployment	Vision	Workman's Comp		Other
ACE	Secretary of F.S., L-6			X	X		X	X		X	X	X		X	X	13415.15
ACE	Admin Asst. L-3							X		X	X	X		X	X	3667.07
ACE	Driver L-4							X		X	X	X		X	X	5575.98
ACE	Driver L-4			X	X		X	X		X	X	X		X	X	14043.78
ACE	FD SVC Worker 4 L-1									X	X			X		2449.81
ACE	FD SVC Worker 4 L-1									X	X			X		3701.19
Allen	FD SVC Worker 4 L-1							X		X	X	X		X	X	1794.97
Allen	FD SVC Worker 4 L-1							X		X	X	X		X	X	1794.97
Allen	Café Manager FS I-M L-7		X	X	X		X	X		X	X	X		X	X	16059.81
Allen	FD SVC Worker 4 L-1							X		X	X	X		X	X	1794.97
Allen	Asst. Manager FS 2 L-4		X		X		X	X		X	X	X		X	X	10556.67
Allen	FD SVC Worker 4 L-1							X		X	X	X		X	X	1794.97
CCHS	FD SVC Worker 3 L-2			X	X		X	X		X	X	X		X	X	12041.46
CCHS	FD SVC Worker 4 L-1							X		X	X	X		X	X	1794.97
CCHS	FD SVC Worker 4 L-1							X		X	X	X		X	X	2206.22
CCHS	FD SVC Worker 4 L-1							X		X	X	X		X	X	2000.6
CCHS	FD SVC Worker 4 L-1							X		X	X	X		X	X	2103.41
CCHS	Asst. Manager FS 2 L-4							X		X	X	X		X	X	13409.3
CCHS	FD SVC Worker 4 L-1							X		X	X	X		X	X	2536.27
CCHS	FD SVC Worker 4 L-1							X		X	X	X		X	X	2252.1
CCHS	Café Manager FS I-M L-7		X	X	X		X	X		X	X	X		X	X	15283.23
CCHS	FD SVC Worker 3 L-2		X	X	X		X	X		X	X	X		X	X	12041.46
CCHS	FD SVC Worker 4 L-1							X		X	X	X		X	X	1794.97
CCHS	FD SVC Worker 4 L-1							X		X	X	X		X	X	2103.41

SFA Benefits

Revised January 25, 2019

SFA: West Shore School District

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	Workman's Comp	Other	Total Fringe Benefits
Crossroads	FD SVC Worker 4 L-1							X		X	X	X		X	X	2103.41
Crossroads	FD SVC WORKER 4 L-1							X		X	X	X		X	X	2530.88
Crossroads	FD SVC Worker 3 L-2						X	X		X	X	X		X	X	13184.48
Crossroads	FD SVC Worker 4 L-1			X	X			X		X	X	X		X	X	2103.41
Crossroads	FD SVC Worker 4 L-1							X		X	X	X		X	X	2103.41
Crossroads	FD SVC Worker 4 L-1							X		X	X	X		X	X	1794.97
Crossroads	Café Manager I-I L-6	X			X		X	X		X	X	X		X	X	5887.11
Fairview	Unit Lead FS 3 L-3							X		X	X	X		X	X	2430.69
Fairview	FD SVC Worker 4 L-1							X		X	X	X		X	X	1794.97
FishingCreek	Unit Lead FS 3 L-3			X	X		X	X		X	X	X		X	X	12726.07
FishingCreek	FD SVC Worker 4 L-1							X		X	X	X		X	X	1794.97
FishingCreek	FD SVC Worker 4 L-1							X		X	X	X		X	X	2566.6
FishingCreek	FD SVC Worker 4 L-1							X		X	X	X		X	X	2283.27
Highland	FD SVC Worker 4 L-1							X		X	X	X		X	X	2422.93
Highland	FD SVC Worker 4 L-1							X		X	X	X		X	X	1794.97
Highland	FD SVC Worker 4 L-1							X		X	X	X		X	X	3030.87
Highland	Unit Lead FS 3 L-3							X		X	X	X		X	X	1794.97
Hillside	FD SVC Worker 4 L-1							X		X	X	X		X	X	1794.97
Hillside	FD SVC Worker 4 L-1							X		X	X	X		X	X	1794.97
Hillside	FD SVC Worker 4 L-1							X		X	X	X		X	X	1803.04
Hillside	Unit Lead FS 3 L-3							X		X	X	X		X	X	12820.7
Hillside	FD SVC Worker 4 L-1							X		X	X	X		X	X	2530.88
Hillside	FD SVC Worker 4 L-1			X	X		X	X		X	X	X		X	X	12366.16
Hillside	FD SVC Worker 4 L-1							X		X	X	X		X	X	1794.97
Lower Allen	FD SVC Worker 4 L-1							X		X	X	X		X	X	1881.55
Lower Allen	Unit Lead FS 3 L-2							X		X	X	X		X	X	2790.8
New Cumberland	FD SVC Worker 3 L-2			X	X		X	X		X	X	X		X	X	12243.42

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SFA: West Shore School District

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	Workman's Comp	Other	Total Fringe Benefits
New Cumberland	FD SVC Worker 4 L-1							X		X	X	X		X	X	2098
New Cumberland	FD SVC Worker 4 L-1							X		X	X	X		X	X	2000.6
New Cumberland	FD SVC Worker 4 L-1							X		X	X	X		X	X	2422.93
New Cumberland	FD SVC Worker 4 L-1							X		X	X	X		X	X	2000.6
New Cumberland	Café Manager I-I L-6	X			X		X	X		X	X	X		X	X	5189.43
Newberry	FD SVC Worker 4 L-1							X		X	X	X		X	X	2490.84
Newberry	Unit Lead FS 3 L-3		X		X		X	X		X	X	X		X	X	10918.83
Newberry	FD SVC Worker 4 L-1							X		X	X	X		X	X	1794.97
Newberry	FD SVC Worker 4 L-1							X		X	X	X		X	X	1808.68
Red Land	FD SVC Worker 4 L-1							X		X	X	X		X	X	2422.93
Red Land	FD SVC Worker 4 L-1							X		X	X	X		X	X	2103.41
Red Land	FD SVC Worker 4 L-1							X		X	X	X		X	X	2364.55
Red Land	FD SVC Worker 4 L-1							X		X	X	X		X	X	2267.9
Red Land	Café Manager FS I-M L-7	X			X		X	X		X	X	X		X	X	6217.19
Red Land	FD SVC Worker 4 L-1							X		X	X	X		X	X	2103.41
Red Land	Asst. Manager FS 2 L-4							X		X	X	X		X	X	4143.26
Red Land	FD SVC Worker 4 L-1							X		X	X	X		X	X	2103.41
Red Land	FD SVC Worker 4 L-1							X		X	X	X		X	X	2103.41
Red Land	FD SVC Worker 3 L-2		X		X		X	X		X	X	X		X	X	9062.28
Red Land	FD SVC Worker 4 L-1							X		X	X	X		X	X	2237.06
Red Land	FD SVC Worker 4 L-1							X		X	X	X		X	X	1794.97
Red Land	FD SVC Worker 4 L-1							X		X	X	X		X	X	2103.41
Red Mill	Unit Lead FS 3 L-3			X	X		X	X		X	X	X		X	X	13016.65
Red Mill	FD SVC Worker 4 L-1							X		X	X	X		X	X	1794.97
Red Mill	FD SVC Worker 4 L-1							X		X	X	X		X	X	1794.97
Red Mill	FD SVC Worker 4 L-1							X		X	X	X		X	X	11461.7

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For DFN use only: *[Signature]*

For DFN use only: *kr*

Revised January 25, 2019

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

Grand Total \$ 389,268.70

MUST EQUAL POC
(Attachment CR3)

SFA Site Listing

General Data and Services to be Provided

SFA: West Shore School District

Site Name	Address	Grade Levels ¹	Self-Prep or Satellite ²	# of Serving Periods (Lunch)	Meal Service Times			Services to be Provided								# of Serving Days
					Breakfast	Lunch	Afterschool Snack	Breakfast			Lunch			After School Snack	Special Milk Program	
								Meal ³	Offer vs. Serve	A la Carte	Adult Meals	Meal ³	Offer vs. Serve			
Fairview Elementary	480 Lewisberry Rd. NC	K - 5	bk	5	8:30 - 8:45	11:15-12:45		y	y	y	y	y	y	y		178
Fishing Creek Elementary	510 Fishing Creek Rd.	K - 5	SP	5	8:30 - 8:55	10:50-1:10		y	y	y	y	y	y	y		178
Highland Elementary	1325 Carlisle Rd., CH	K - 5	SP	5	8:20 - 8:45	10:45-11:15	3:30	y	y	y	y	y	y	y		178
Hillside Elementary	516 Seventh St. NC 17070	K - 5	SP	6	8:15 - 9:00	11:00-1:00	3:30	y	y	y	y	y	y	y		178
Lower Allen Elementary	4100 Gettysburg Rd., CH	K - 2	bk	3	8:20 - 8:45	11:30-12:45	3:30	y	y	y	y	y	y	y		178
Newberry Elementary	2055 Old Trail Rd., Eiters	K - 5	SP	6	8:30 - 9:00	10:40-1:30	3:30	y	y	y	y	y	y	y		178
Redmill Elementary	700 Red Mill Rd, Eiters	K - 5	SP	6	8:30 - 9:00	11:00-1:05	3:30	y	y	y	y	y	y	y		178
Rossmoyne Elementary	1225 Rossmoyne Rd.	3 - 5	bk	3	8:30 - 9:00	11:30-1:00	3:30	y	y	y	y	y	y	y		178
Wash. Heights Elementary	531 Walnut St., Lemoyne	K - 5	SP	6	8:30 - 9:00	10:45-1:15	3:30	y	y	y	y	y	y	y		178
Allen M.S.	4225 Gettysburg Rd. CH	6 - 8	SP	3	7:15 - 7:35	10:58-12:59	2:45	y	y	y	y	y	y	y		178
Crossroads M.S.	535 Fishing Creek Rd.	6 - 8	SP	3	7:10 - 7:38	10:58-12:59	2:45	y	y	y	y	y	y	y		178
New Cumberland M.S.	331 Eighth St., NC 17070	6 - 8	SP	3	7:00 - 7:30	10:58-12:59	2:45	y	y	y	y	y	y	y		178
Cedar Cliff H.S.	1301 Carlisle Rd., CH	9 - 12	SP	3	7:00 - 7:30	10:37-12:49		y	y	y	y	y	y	y		178
Red Land H.S.	560 Fishing Creek Rd.	9 - 12	SP	3	7:10 - 7:37	10:37-12:49		y	y	y	y	y	y	y		178

¹ List grade groups that have access to meal service² Indicate if site prepares meals on site (Self-Prep (SP)) or if the meals are satellited in bulk (BK)³ A reimbursable meal is to be offered that meets the standard established with the menus included as part of this proposal

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[Signature]

SUMMER FOOD SERVICE PROGRAM

SFSP PROJECTED OPERATING COSTS

SFA: West Shore School District

FSMC: Sodexo Operations, LLC.

SFSP Operating Dates ¹: 6/17/19-8/16/19

MEAL TYPE	A SERVINGS PER DAY	B NUMBER OF SERVING DAYS	C TOTAL SERVINGS	D PRICE PER MEAL	E TOTAL COST
BREAKFAST	26	40	1,040	\$ 0.9200	\$ 956.80
AM SNACK			-		\$ -
LUNCH	50	40	2,000	\$ 1.2200	\$ 2,440.00
PM SNACK			-		\$ -
SUPPER			-		\$ -
GRAND TOTAL ²					\$ 3,396.80

INSTRUCTIONS:

A SERVINGS PER DAY - To be completed by the SFA

B NUMBER OF SERVING DAYS - To be completed by the SFA

C TOTAL SERVINGS - Prepopulated formula

D PRICE PER MEAL - To be completed by the FSMC

E TOTAL COST - Prepopulated formula

¹ If SFSP Operating Dates are before 7/1/2019, then the contract must be Fully Executed before start of SFSP² Add SFSP Cost to Fact Sheet total, if applicable. Also include in bid total for bonding, if applicable.For DFN use only: 