

**SNP Cost Reimbursable**  
**Projected Operating Costs for Participating Sites**

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

Contract Begin Date \_\_\_\_\_  
Contract End Date 06/30/2026  
Days of Service \_\_\_\_\_

**Section 1 - Actual "In-School" Revenue**

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

**BREAKFASTS:**

Adult Paid  
A la Carte Sales

**MEALS**

**RATES**

**REVENUE**

**Subtotal Breakfasts** \_\_\_\_\_

**LUNCHES:**

Elementary Paid  
Elementary Tiered Paid  
Middle Paid  
Middle Tiered Paid  
Secondary Paid  
Secondary Tiered Paid  
Adult Paid  
A la Carte Sales

**Subtotal Lunches** \_\_\_\_\_

**SNACKS/SUPPLEMENTS:**

Paid  
Reduced Price  
Adult Paid  
A la Carte Sales

**Subtotal Snacks/Supplements** \_\_\_\_\_

**OTHER:**

Special Milk  
Vending Machine Sales

**Subtotal Other** \_\_\_\_\_

**Total "In-School" Revenue**

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

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

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

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

**Section 3 - State Reimbursements****To be completed by SFA** (include SSO Reimbursements, if applicable)**BREAKFASTS:****MEALS****RATES****Reimbursements**

Free  
 Free, Severe Need  
 Reduced  
 Reduced, Severe Need  
 Paid  
 Paid, Severe Need

**Subtotal Breakfasts** \_\_\_\_\_**LUNCHES:**

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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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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## Projected Operating Costs for Participating Sites

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 \_\_\_\_\_

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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)**