

Complete the tabs for each program you currently offer or plan on offering in the upcoming school year

| TAB | Required / Optional | SFA TASKS |
|--|---|---|
| NSLP Projected Revenue (SFA) and Projected Expenses (FSMC) | Required | SFA must complete the projected revenue tab* (blue boxes). The formulas are already saved and will calculate automatically (yellow boxes). |
| SFSP Projected Revenue (SFA) and Projected Expenses (FSMC) (if applicable) | Optional | Complete this section only if the SFA intends to operate a Summer Food Service Program. SFA must complete the projected revenue tab* (blue boxes). |
| CACFP Projected Costs (if applicable) | Optional | Complete this section only if the SFA intends to operate a Child and Adult Care Food Program. SFA must complete the Sponsor information at the top and check meal type, then complete columns 1-3 (blue boxes). |
| Budget Summary - completed by FSMC to submit with proposal | Required or equivalent information from FSMC can be submitted as a separate file. | NONE |

* Look at your most recent claim summary to determine what your reimbursement rates are.

r. Instructions are below.

FSMC TASKS

FSMC must complete the projected expenses tab (red boxes)

If the SFA has completed the projected revenue tab, the FSMC must then complete the projected expenses tab (red boxes).

If the SFA has completed columns 1-3, the FSMC must then complete column 4 (red boxes). Column 5 will calculate automatically.

All items must be itemized in full detail on Budget Summary (Attachment 4b): Administrative Fee, Management Fee, and Guarantee to SFA (must include the formula or methodology for calculation). Any other budget explanation can be included on this sheet. FSMC may submit this same information in another format if allowed by SFA.

Estimated Revenue from Student Payments (the amount students pay)

| BREAKFASTS: | Meals (annual) | Rate per Meal | TOTAL |
|--|-----------------|----------------|----------------------|
| Elementary Paid | - | | \$ - |
| Middle Paid | 8,410 | \$ - | \$ - |
| Secondary Paid | 43,380 | \$ - | \$ - |
| Reduced-Price all schools | 35,270 | \$ - | \$ - |
| Adult Paid | | \$ 2.500 | \$ - |
| A la Carte Sales | | | \$ 100,000.00 |
| Subtotal Breakfast Payments | | | \$ 100,000.00 |
| LUNCHES: | Meals (annual) | Rate per Meal | TOTAL |
| Elementary Paid | - | \$ - | \$ - |
| Middle Paid | 26,730 | \$ 2.250 | \$ 60,142.50 |
| Secondary Paid | 65,290 | \$ 2.250 | \$ 146,902.50 |
| Reduced-Price all schools | 46,810 | \$ 0.400 | \$ 18,724.00 |
| Adult Paid | | \$ 4.000 | \$ - |
| A la Carte Sales | | | \$ 160,198.27 |
| Subtotal Lunch Payments | | | \$ 385,967.27 |
| SNACKS: | Snacks (annual) | Rate per Snack | TOTAL |
| Paid (all schools) | - | | \$ - |
| Reduced-Price (all schools) | - | | \$ - |
| Adult Paid | - | | \$ - |
| A la Carte Sales | | | \$ - |
| Subtotal Snack Payments | | | \$ - |
| OTHER: | | | TOTAL |
| Special Milk | | | \$ - |
| Vending Machine Sales | | | \$ 657.35 |
| Special Functions/Catering | | | \$ 4,052.66 |
| Other a la Carte/Concessions | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| Subtotal Other Payments | | | \$ 4,710.01 |
| Total Revenue from Student Payments | | | \$ 490,677.28 |

Federal Reimbursement (the amount you receive in reimbursement)

(include Seamless Summer Option - SSO - Reimbursements, if applicable)

| Lunches: | Meals (annual) | Rate per Meal | TOTAL |
|--|----------------|---------------|------------------------|
| Paid | 207,164 | \$ 0.390 | \$ 80,793.96 |
| Reduced | - | \$ - | \$ - |
| Reduced, Severe Need | 46,879 | \$ 2.910 | \$ 136,417.89 |
| Free | - | \$ - | \$ - |
| Free, Severe Need | 1,845,651 | \$ 3.310 | \$ 6,109,104.81 |
| Subtotal Lunch Payments | | | \$ 6,326,316.66 |
| BREAKFASTS: | Meals (annual) | Rate per Meal | TOTAL |
| Paid | - | \$ - | \$ - |
| Paid, Severe Need | 106,586 | \$ 0.300 | \$ 31,975.80 |
| Reduced | - | \$ - | \$ - |
| Reduced, Severe Need | 20,832 | \$ 1.790 | \$ 37,289.28 |
| Free | - | \$ - | \$ - |
| Free, Severe Need | 1,079,111 | \$ 2.090 | \$ 2,255,341.99 |
| Subtotal Breakfast Payments | | | \$ 2,324,607.07 |
| SNACKS/SUPPLEMENTS: | Meals (annual) | Rate per Meal | TOTAL |
| Paid | - | \$ - | \$ - |
| Reduced | - | \$ - | \$ - |
| Free | 27,558 | \$ 0.880 | \$ 24,251.04 |
| Subtotal Snack/Supplement Payments | | | \$ 24,251.04 |
| SPECIAL MILK (if applicable): | Meals (annual) | Rate per Meal | TOTAL |
| Paid | - | \$ - | \$ - |
| Free | - | \$ - | \$ - |
| Subtotal Snack/Supplement Payments | | | \$ - |
| Total Federal Reimbursement | | \$ | 8,675,174.77 |
| State Reimbursements (State Match from prior year) | | | |
| Total State Reimbursement (State Match - deposited in October) | | | \$ 21,002.68 |
| SUMMARY: | | | |
| Total Revenue from Student Payments | | | \$ 490,677.28 |
| Total All Reimbursements | | | \$ 8,696,177.45 |
| Other Income (catering, meals sold to outside schools, etc, if applicable) | | | \$ 215,708.41 |
| Interest Income (if applicable) | | | \$ - |
| Total Revenue | | \$ | 9,402,563.14 |
| Estimated Commodity Value (enter entitlement from prior year) | | | \$ 825,517.00 |

FSMC Projected Expenses
 (to be completed by the FSMC or FSMC can submit the equivalent information in

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EXPENSES:

Food Cost-Including Commodities*
 Enter the amounts of food and milk purchased and received. Include the Estimated Commodity Value from the SFA Projected Revenue tab (cell D78) along with your projected other food costs.
 (Do not include rebates, discounts and credits here)

Direct Labor and Benefits*
 Enter the gross amount paid for salaries and fringe benefits to foodservice workers

Other Direct Costs*
 Enter the cost for nonfood items such as paper goods, supplies, equipment repairs

Nonreimbursable Expenses*
 Enter all expenditures that are not an allowable cost for reimbursement purposes

Administrative Fee*
 Enter the fee that will be charged to manage the program

FSMC Management Fee*
 Enter the fee that will be charged to manage the program

Indirect Costs*
 Enter the amount of utilities and indirect labor charged to manage the program

Other: Please List Below (catering, pre-packaged meals sold to outside schools, etc.)

| | |
|--|----|
| | \$ |
| | \$ |
| | \$ |
| | \$ |

Sub-total Expenses/Total Cost Per Meal \$

Less estimated Rebates, Discounts and Applicable Credits \$

| | | | |
|--------------------------|----|---|--|
| | | | |
| | | | |
| | | | |
| | | | |
| Guarantee to SFA* | \$ | - | |

School Nutrition Program-Profit or (Loss)

* All items must be itemized in full detail and included in the bid response, either on the FSMC Budget Schedule. Administrative Fee, Management Fee, and Guarantee to SFA must include the formula or methodology for calculation.

Summer Food Service Program (SFSP)

To Be Completed By SFA

Projected Annual Revenue (Actual Reimbursements from prior year)

| BREAKFASTS: | | MEALS | | RATES |
|--------------------------------|---|--------------|---|--------------|
| Administrative Reimbursements | # | 21,297 | X | \$ 0.0203 |
| Operating Reimbursements | # | 21,297 | X | \$ 2.0300 |
| Program Staff | # | - | X | \$ - |
| Other Reimbursements | # | - | X | \$ - |
| Subtotal Breakfasts | # | 21,297 | | |
| LUNCHES: | | | | |
| Administrative Reimbursements | # | 56,434 | X | \$ 0.3725 |
| Operating Reimbursements | # | 56,434 | X | \$ 3.5500 |
| Program Staff | # | - | X | \$ - |
| Other Reimbursements | # | - | X | \$ - |
| Subtotal Lunches | # | 56,434 | | |
| AM SNACKS: | | | | |
| Administrative Reimbursements | # | - | X | \$ - |
| Operating Reimbursements | # | - | X | \$ - |
| Program Staff | # | - | X | \$ - |
| Other Reimbursements | # | - | X | \$ - |
| Subtotal AM Snacks | # | - | | |
| PM SNACKS: | | | | |
| Administrative Reimbursements | # | 192 | X | \$ 0.1000 |
| Operating Reimbursements | # | 192 | X | \$ 0.8300 |
| Program Staff | # | - | X | \$ - |
| Other Reimbursements | # | - | X | \$ - |
| Subtotal PM Snacks | # | 192 | | |
| SUPPER: | | | | |
| Administrative Reimbursements | # | 1,465 | X | \$ 0.3725 |
| Operating Reimbursements | # | 1,465 | X | \$ 3.5500 |
| Program Staff | # | - | X | \$ - |
| Other Reimbursements | # | - | X | \$ - |
| Subtotal Supper | # | 1,465 | | |
| Total Revenue from SFSP | # | 79,388 | | |

| | |
|----|------------|
| \$ | 431.26 |
| \$ | 43,232.91 |
| \$ | - |
| \$ | - |
| \$ | 43,664.17 |
| \$ | 21,021.67 |
| \$ | 200,340.70 |
| \$ | - |
| \$ | - |
| \$ | 221,362.37 |
| \$ | - |
| \$ | - |
| \$ | - |
| \$ | - |
| \$ | - |
| \$ | 19.20 |
| \$ | 159.36 |
| \$ | - |
| \$ | - |
| \$ | 178.56 |
| \$ | 545.71 |
| \$ | 5,200.75 |
| \$ | - |
| \$ | - |
| \$ | 5,746.46 |
| \$ | 270,951.56 |

SFSP Projected Expenses to be charged to the Food Service Account
 (to be completed by the FSMC or FSMC can submit the equivalent information in a different form)

| | | TOTAL COST |
|--|----|-------------------|
| EXPENSES: | | |
| Food Cost Enter the amounts of food and milk purchased and received, excluding USDA Foods value, rebates, discounts and credits. | \$ | - |
| Direct Labor and Fringe Benefits Enter the gross amount paid for salaries to foodservice workers. Include employee benefits such as health insurance, retirement funds, and matching social security | \$ | - |
| Other Direct Enter the cost for nonfood items such as paper goods, supplies, equipment repairs (less than \$2,500 per repair, equipment, rental and extermination) | \$ | - |
| Indirect Costs | \$ | - |
| Nonexpendable Expenses Enter the depreciated amount of each piece of equipment with an acquisition cost of \$2,500 or more | \$ | - |
| FSMC Administrative Fee Enter the fee that will be charged to manage the program | \$ | - |
| FSMC Management Fee Enter the fee that will be charged to manage the program | \$ | - |
| Other: Please List Below (if needed) | | |
| | \$ | - |
| | \$ | - |
| Subtotal Expenses/Total Cost Per Meal | \$ | - |
| Less Rebates, Discounts and Applicable Credits | \$ | - |
| Total Expenses | \$ | - |
| | | SUMMARY: |
| | | Total Revenue |
| Guarantee to SFA | \$ | Total Expenses |

format)

COST/MEAL

(Only for Fixed Price)

| | |
|----|------------|
| \$ | - |
| \$ | - |
| \$ | - |
| \$ | - |
| \$ | - |
| \$ | - |
| \$ | - |
| \$ | - |
| \$ | - |
| \$ | - |
| \$ | - |
| \$ | - |
| \$ | - |
| \$ | - |
| \$ | - |
| \$ | 270,951.56 |
| \$ | - |

270.951.56

CHILD AND ADULT CARE FOOD PROGRAM

PRICING INFORMATION

(only use if operating or planning to operate the

| | | |
|----------------------|--------------------------------------|---------------------------------------|
| Sponsor Name: | South Bend Community Schools | |
| FSMC Name: | | |
| 1. Meal Type | 2. Estimated Servings Per Day | 3. Estimated # of Serving Days |
| SUPPER | 500 | 125 |
| SELECT ONE | | |
| SELECT ONE | | |
| SELECT ONE | | |
| SELECT ONE | | |

INSTRUCTIONS:

Bidders are asked to submit prices on the following meal types meeting the contract specifications s delivered to all of the sites stated in Schedule A.

1. The **SFA (participating center)** indicates which meal types the contractor v down arrow to select the meal type.
2. The **SFA (participating center)** indicates the estimated number of meals th contract period.
3. The **SFA (participating center)** indicates the number of anticipated operati period.
4. The **FSMC (contractor)** indicates the appropriate unit price for each meal t
5. The total price is calculated automatically.

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CACFP)

| | |
|-----------------------------|-----------------------|
| Sponsor Number: 7205 | |
| | Unitized |
| | Family Style |
| 4. Unit Price | 5. Total Price |
| | \$ - |
| | \$ - |
| | \$ - |
| | \$ - |
| | \$ - |
| TOTAL | \$ - |

et forth in the CACFP regulations for meals to be

will be providing during the contract period. Click the drop

at will be served each day by meal type during the

ing days that meals will be served during the **contract**

ype as indicated by the institution.