



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 FIXED PRICE Contract**

**Warren County School District
10562830-2**

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 agreement for up to **3** 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.

Warren County School District

SFA

The Nutrition Group

FSMC

Signature (**in blue ink only**) of Authorized Representative

Signature (**in blue ink only**) of Authorized Representative

Donna L. Zariczny

Printed Name of Authorized Representative

Melissa Kingen

Printed Name of Authorized Representative

President, Warren County Board of School Directors
Title

Regional Manager
Title

Date Signed


Date Signed

Witness Signature (**in blue ink only**)

Witness Signature (**in blue ink only**)

Printed Name of Witness

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, Donna L. Zariczny, on behalf of **Warren County 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 Fixed Price 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 **Warren County 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 the **Warren County 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 **Warren County 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: _____

For DFN use only: _____

- I. I certify that **Warren County 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 PrimeroEdge Student Eligibility System.

Initial Here: _____

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

Initial Here: _____

- K. I certify that **Warren County School District** will be responsible for determining student eligibility for all applicable programs and that **The Nutrition Group** will not be involved in the process.

Initial Here: _____

- L. I certify that **Warren County 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 **Warren County School District** will monitor **The Nutrition Group** in order to ensure compliance with USDA regulations.

Initial Here: _____

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

Initial Here: _____

- P. I certify that **Warren County School District** will not delegate any of the above responsibilities to the FSMC.

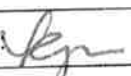
Initial Here: _____

- Q. I hereby certify that neither **Warren County 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 **Warren County School District** nor any of its principals /authorized representatives has a reported criminal background that would affect the receipt of Federal funds.

Initial Here: _____

For DFN use only: 

S. I certify that **The Nutrition Group** is not a paid consultant or contractor with **Warren County 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 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 **Warren County 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, **Warren County 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 the 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

Donna L. Zariczny

Title of Authorized Representative

President, Warren County Board of School Directors

Signature of Authorized Representative
(in blue ink only)

Date Signed

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, Melissa Kingen, on behalf of **The Nutrition Group**, have read and fully understand the contents of this contract.

Initial Here: _____

- B. I certify that I, nor any of the employees of **The Nutrition Group**, have not received any solicitations from any **Warren County 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 **The Nutrition Group** will be trained to understand and comply with all necessary trainings including the current written Code of Conduct authored by **Warren County School District**.

Initial Here: _____

- D. I certify that all of **The Nutrition Group** food service employees meet the minimum Professional Standards requirements.

Initial Here: _____

- E. I certify that **Warren County 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 **The Nutrition Group** 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 **Warren County School District** will be responsible for determining student eligibility for all applicable programs and that **The Nutrition Group** 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 **The Nutrition Group** 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 **The Nutrition Group** 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 **The Nutrition Group** nor any of its principals /authorized representatives has a reported criminal background that would affect the receipt of this Federal Award.

Initial Here: _____

- L. I certify that **The Nutrition Group** is not a paid consultant or contractor with **Warren County 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 **The Nutrition Group**, 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, **The Nutrition Group** 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 the USDA.

Name of Authorized Representative	_____
Title of Authorized Representative	_____
Signature of Authorized Representative (in blue ink only)	_____
Date Signed	_____

For DFN use only: _____

Appendix C

Acknowledgement of Personnel Relationships

☐ Yes ☒ No (choose one), the **Warren County School District** employs the same person/people that is/ are employee(s) of the **The Nutrition Group**.

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

Warren County School District

SFA

Signature (**in blue ink only**) of Authorized Representative

Donna L. Zariczny

Printed Name of Authorized Representative

President, Warren County Board of School Directors
Title

Date Signed

The Nutrition Group

FSMC

Signature (**in blue ink only**) of Authorized Representative

Melissa Kingen

Printed Name of Authorized Representative

Regional Manager
Title

Date Signed

For DFN use only:

Appendix D

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

The Nutrition Group

Name of Authorized Representative

Melissa Kingen

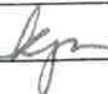
Title of Authorized Representative

Regional Manager

Signature of Authorized Representative
(in blue ink only)

Date Signed

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	<u>The Nutrition Group</u>
Name of Authorized Representative	<u>Melissa Kingen</u>
Title of Authorized Representative	<u>Regional Manager</u>
Signature of Authorized Representative (in blue ink only)	<u></u>
Date Signed	<u></u>

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

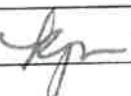
(This form must be signed regardless of Applicability)

1. Type of Federal Action: _____ a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance		2. Status of Federal Action: _____ a. bid/offer/application b. initial award c. post-award	3. Report Type: _____ a. initial filing b. material change For Material Change Only: Year _____ Quarter _____ Date of Last Report _____
4. Name and Address of Reporting Entity: Prime Subawardee Tier, if known: Congressional District, if known:		5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency:		7. Federal Program Name/Description:	
		CFDA Number, if applicable:	
8. Federal Action Number, if known:		9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Entity: (last name, first name, MI)		10. b. Individuals Performing Services (including address if different from No. 10.a.)	
(Attach Continuation Sheet(s) SF-L.L.L.-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): _____ a. retainer _____ b. one-time fee _____ c. commission _____ d. contingent fee _____ e. deferred _____ f. other; specify:	
12. Form of Payment (check all that apply): _____ a. cash _____ 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-L.L.L.-A, if necessary)			
15. Are Continuation Sheet(s) SF-L.L.L.-A Attached: Yes _____ (Number _____) No _____			
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) _____ Name: <u>Melissa Kingen</u> Title: <u>Regional Manager</u> Telephone: _____ Date: _____	

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DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET SF-LLL-A

Reporting Entity: _____ Page _____ of _____

For DFN use only: 

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: 

FIXED PRICE **NSLP PROJECTED OPERATING COSTS**

School Food Authority
FSMC Name

Warren County School District
The Nutrition Group

Contract Begin Date 7/1/2019
Contract End Date 6/30/2020
Days of Service 177

Section 1 - Actualy "In-School" Revenue

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

	<u>MEALS</u>		<u>RATES</u>		<u>REVENUE</u>
<u>BREAKFASTS:</u>					
Elementary Paid	6,726	\$	1.00	\$	6,726.00
Elementary Tiered Paid	31,329	\$	-	\$	-
Middle Paid	3,363	\$	1.00	\$	3,363.00
Middle Tiered Paid	-	\$	-	\$	-
Secondary Paid	7,965	\$	1.00	\$	7,965.00
Secondary Tiered Paid	-	\$	-	\$	-
Reduced Price	4,425	\$	0.30	\$	1,327.50
Adult Paid	-	\$	-	\$	-
A la Carte Sales	-	\$	-	\$	-
Subtotal Breakfasts	53,808			\$	19,381.50
<u>LUNCHES:</u>					
Elementary Paid	12,921	\$	2.35	\$	30,364.35
Elementary Tiered Paid	46,551	\$	-	\$	-
Middle Paid	21,594	\$	2.35	\$	50,745.90
Middle Tiered Paid	-	\$	-	\$	-
Secondary Paid	16,992	\$	2.55	\$	43,329.60
Secondary Tiered Paid	-	\$	-	\$	-
Reduced Price	11,328	\$	0.40	\$	4,531.20
Adult Paid	39,648	\$	1.00	\$	39,648.00
A la Carte Sales	104,784	\$	1.00	\$	104,784.00
Subtotal Lunches	253,818			\$	273,403.05
<u>SNACKS/SUPPLEMENTS:</u>					
Paid	-	\$	-	\$	-
Reduced Price	-	\$	-	\$	-
Adult Paid	-	\$	-	\$	-
A la Carte Sales	-	\$	-	\$	-
Subtotal Snacks/Supplements	-			\$	-
<u>OTHER:</u>					
Special Milk				\$	-
Vending Machine Sales				\$	-
Special Functions (Internal)				\$	-
Subtotal Other				\$	-
Total "In-School" Revenue	307,626			\$	292,784.55

For DFN use only:

FIXED PRICE NSLP PROJECTED OPERATING COSTS

School Food Authority

Warren County School District

Contract Begin Date

7/1/2019

Section 2 - Federal 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	191,514 \$	2.14 \$	409,839.96
Reduced	- \$	- \$	-
Reduced, Severe Need	4,425 \$	1.84 \$	8,142.00
Paid	49,383 \$	0.31 \$	15,308.73
Subtotal Breakfasts	245,322		\$ 433,290.69
<u>HIGH RATE LUNCHES:</u>			
Free	301,608 \$	3.33 \$	1,004,354.64
Reduced	11,328 \$	2.93 \$	33,191.04
Paid	98,058 \$	0.33 \$	32,359.14
Subtotal High Rate Lunches	410,994		\$ 1,069,904.82
<u>LOW RATE LUNCHES:</u>			
Free	- \$	- \$	-
Reduced	- \$	- \$	-
Paid	- \$	- \$	-
Subtotal Low Rate Lunches	-		\$ -
<u>SNACKS/SUPPLEMENTS:</u>			
Free	10,266 \$	0.91 \$	9,342.06
Reduced	- \$	- \$	-
Paid	- \$	- \$	-
Subtotal Snacks/Supplements	10,266		\$ 9,342.06
<u>SPECIAL MILK:</u>			
Paid	- \$	- \$	-
Subtotal Special Milk	-		\$ -
<u>Performance Based Reimbursement (if certified):</u>			
Lunches	410,994 \$	0.06 \$	24,659.64
Total Federal Reimbursement	656,316		\$ 1,537,197.21

For DFN use only:

FIXED PRICE NSLP PROJECTED OPERATING COSTS

School Food Authority

Warren County School District

Contract Begin Date 7/1/2019

Section 3 - State Reimbursements				
To be completed by SFA (include SSO Reimbursements, if applicable)				
BREAKFASTS:	MEALS		RATES	Reimbursements
Free	-	\$	-	\$ -
Free, Severe Need	191,514	\$	0.10	\$ 19,151.40
Reduced	-	\$	-	\$ -
Reduced, Severe Need	4,425	\$	0.10	\$ 442.50
Paid	49,383	\$	0.10	\$ 4,938.30
Subtotal Breakfasts	245,322			\$ 24,532.20
LUNCHES:				
Free	301,608	\$	0.10	\$ 30,160.80
Reduced	11,328	\$	0.10	\$ 1,132.80
Paid	98,058	\$	0.10	\$ 9,805.80
Additional amount for Lunch if Breakfast participation <=20%	95,757	\$	0.02	\$ 1,915.14
Additional amount for Lunch if Breakfast participation >20%	315,237	\$	0.04	\$ 12,609.48
Subtotal Lunches	410,994			\$ 55,624.02
Total State Reimbursement	656,316			\$ 80,156.22
Section 4 - Other Income				
To be completed by SFA				
Other Income: Catering (External)				\$ -
Other Income: PDE-3086 Agreements (Sponsor to Sponsor)				\$ 192,000.00
Interest Income				\$ 29,297.39
Total Other Income				\$ 221,297.39
Revenue Summary				
Total "In-School Revenue"				\$ 292,784.55
Total All Reimbursements				\$ 1,617,353.43
Total Other Income				\$ 221,297.39
Total Revenue				\$ 2,131,435.37
Commodity Usage @				
	\$0.2350		410,994	\$ (96,583.59)

For DFN use only:



FIXED PRICE **NSLP PROJECTED OPERATING COSTS**

School Food Authority

Warren County School District

Contract Begin Date 7/1/2019

Section 5 - Meal Equivalents

A la Carte Meal Equivalents

Federal reimb. - free, high lunch	\$3.3300
Federal reimb. - free, low lunch	\$0.0000
Performance Based reimb.	\$0.0600
State reimb. - free, lunch	\$0.1000
Commodity Usage	<u>\$0.2350</u>
Total	\$3.7250

A la carte revenue	\$	104,784.00
Adult meal revenue	\$	39,648.00
Vending Sales	\$	-
	\$	144,432.00

Meal Equivalents	38,774
Reimbursable Meals	656,316
Total Meals	695,090

Section 6 - SFA Costs

To be completed by SFA (if applicable)

TOTAL COST

EXPENSES:

Direct Labor and Benefits

SFA Labor Costs (must equal to grand total on Attachment FP 6)	\$	562,776.15
SFA Fringe Costs (must equal to grand total on Attachment FP 7)	\$	434,210.14

Subtotal Labor and Benefits	\$	996,986.29
------------------------------------	-----------	-------------------

Direct Costs (Must itemize)

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

Subtotal Direct Costs	\$	-
------------------------------	-----------	----------

Indirect Costs (Must Itemize)

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

Subtotal Indirect Costs	\$	-
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Subtotal SFA Costs	\$	996,986.29
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For DFN use only:

FIXED PRICE NSLP PROJECTED OPERATING COSTS

School Food Authority

Warren County School District

Contract Begin Date

7/1/2019

Section 7 - FSMC Costs To be completed by FSMC

Projected Total Meals: 695,090**EXPENSES:****COST PER MEAL****Food Costs-Including Commodities****\$ 1.3667**

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**\$ 0.0144****Direct Labor and Benefits**

FSMC Labor Costs (must equal grand total on Attachment FP4)
FSMC Fringe Costs (must equal grand total on Attachment FP5)

\$ 0.1959**\$ 0.0827****Subtotal Labor and Benefits \$ 0.2786****Direct Costs**

Accounting	\$ 0.0095
Background Checks, Fingerprinting, and/or Drug Testing	\$ -
Car/Truck Rental and/or Mileage	\$ 0.0153
China, Silverware, Glassware	\$ -
Cleaning and Janitorial Supplies	\$ 0.0248
Computer and Technology	\$ 0.0045
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.)	\$ 0.0084
Licenses and/or Permits	\$ -
Office Supplies and Printing	\$ 0.0043
Paper Products and Disposable Supplies	\$ 0.0895
Payroll Processing	\$ 0.0011
Performance Bond	\$ -
POS Systems, Support and Service	\$ -
Postage	\$ 0.0002
Promotional Materials (Program Specific)	\$ 0.0110
Smallware/Replacement Wares	\$ 0.0036
Staff Training and Certification	\$ 0.0131
Storage Costs (Food and/or supplies)	\$ -

For DFN use only:

FIXED PRICE NSLP PROJECTED OPERATING COSTS

School Food Authority

Warren County School District

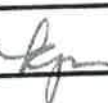
Contract Begin Date 7/1/2019

Section 7 - FSMC Costs (continued)

	COST PER MEAL
Direct Costs (Continued)	
Taxes (sales and other)	\$ -
Telephone, including Mobile and Internet	\$ -
Tickets, tokens	\$ -
Trash Removal and Pest Control	\$ -
Uniforms, Linens, and Laundry	\$ 0.0043
Vending Rental	\$ -
Wellness Programs and materials	\$ 0.0079
Subtotal Direct Costs	\$ 0.1975
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 Special Functions (enter as a negative number)	\$ -
Less: All costs related to Catering (enter as a negative number)	\$ -
Less: All costs related to PDE-3086 Agreement(s) (enter as a negative number)	\$ (0.2078)
Administrative Fee ¹	
Months: 9 10 11 x 12 (check one)	
(Cannot include any costs already covered in other categories)	
Corporate Overhead: Business Office Expense	\$ 0.0323
Corporate Overhead: Upper Management Expense	\$ 0.0184
Corporate Overhead: Support Service Expense	\$ 0.0069
	\$ -
Subtotal Administrative Fee	\$ 0.0576
	\$ 0.0384
FSMC Management Fee	
Months: 9 10 11 x 12 (check one)	
Enter the fee that will be charged to manage the program	
	\$ 1.7454
Subtotal FSMC Cost Per Meal	\$ 1.7454
Less Rebates, Discounts and Applicable Credits (Enter as a negative number)	\$ (0.0583)
Total FSMC Cost Per Meal	\$ 1.6871

¹ Documentation must be provided outlining all methodologies used to calculate the Administrative Fees on FP9.

For DFN use only:



FIXED PRICE NSLP PROJECTED OPERATING COSTS

School Food Authority

Warren County School DistrictContract Begin Date 7/1/2019Section 7 - FSMC Costs (continued)

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

Guarantee to SFA ²(\$48,500.00)

Cost per meal x meals 1,172,685.82

Special Functions \$ -

Catering 0

PDE-3086 \$ 144,439.64

Commodity \$ (96,583.59)

TOTAL COST \$ 1,220,541.87**Total FSMC Costs**\$ **1,220,541.87**Section 8 - Contract SummarySUMMARY

Total Revenue

\$ 2,131,435.37

SFA Costs

\$ 996,986.29

Total FSMC Costs

Fact Sheet ³ → \$ 1,220,541.87

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)\$ **(86,092.79)**

For DFN use only:

Labor to be completed by FSMC for FSMC Staff

SFA: Warren County School District

[illegible]

FPMC Labor

For DFN use only

[illegible]

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

Grand Total	\$	136,155.14
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FIXED PRICE CONTRACT

NUMBER OF MEALS	695,090
-----------------	---------

695,090

COST/MEAL \$

\$ 0.1959
MUST EQUAL POC
(Attachment FP3)

For DFN use only:

22 x 34

NSLP Fixed Price

Fringe Benefits to be completed by FSMC for FSMC Staff

FSMC: The Nutrition Group

[illegible]

Revised January 25, 2019

FSMC Benefits

For DFN use only:

FSMC: The Nutrition Group

SFA: Warren County School District

[illegible]

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

Grand Total	\$	57,473.10
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FIXED PRICE CONTRACT	NUMBER OF MEALS	COST/MEAL \$	0.0827
		695,090	

MUST EQUAL POC
(Attachment FP3))

24% 34

For DFN use only:

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NSLP Fixed Price
Labor to be completed by SFA for SFA Staff
SFA: Warren County School District

Site Name	Position	Hourly Rate	Daily Hours	# of Days Paid	Total Wages
Warren High	Manager	\$ 14.43	7.00	188	\$ 18,989.88
Warren High	Breakfast	\$ 12.51	1.50	188	\$ 3,527.82
Warren High	Cook	\$ 14.12	4.50	188	\$ 11,945.52
Warren High	Café Worker	\$ 10.69	4.00	186	\$ 7,953.36
Warren High	Café Worker	\$ 10.69	4.00	186	\$ 7,953.36
Warren High	Café Worker	\$ 9.93	3.25	186	\$ 6,002.69
Warren High	Café Worker	\$ 9.93	3.50	188	\$ 6,533.94
Warren High	Breakfast	\$ 10.61	1.50	188	\$ 2,992.02
WAEAC	Manager	\$ 16.26	7.50	188	\$ 22,926.60
WAEAC	Breakfast	\$ 10.61	1.50	188	\$ 2,992.02
WAEAC	Breakfast	\$ 12.51	1.50	188	\$ 3,527.82
WAEAC	Breakfast	\$ 11.10	2.00	188	\$ 4,173.60
WAEAC	Cook	\$ 14.12	4.00	188	\$ 10,618.24
WAEAC	Café Worker	\$ 11.10	4.50	188	\$ 9,390.60
WAEAC	Café Worker	\$ 10.61	3.50	186	\$ 6,907.11
WAEAC	Café Worker	\$ 10.53	3.25	186	\$ 6,365.39
WAEAC	Café Worker	\$ 10.44	3.25	186	\$ 6,310.98
WAEAC	Café Worker	\$ 10.69	3.25	186	\$ 6,462.11
WAEAC	Café Worker	\$ 10.53	3.00	186	\$ 5,875.74
YEMS	Manager	\$ 16.26	6.50	188	\$ 19,869.72
YEMS	Breakfast	\$ 11.30	1.50	188	\$ 3,186.60
YEMS	Breakfast	\$ 12.51	1.50	188	\$ 3,527.82
YEMS	Breakfast	\$ 10.69	1.50	188	\$ 3,014.58
YEMS	Cook	\$ 14.12	4.00	188	\$ 10,618.24
YEMS	Café Worker	\$ 10.69	4.00	186	\$ 7,953.36
YEMS	Café Worker	\$ 11.30	3.50	188	\$ 7,435.40
YEMS	Café Worker	\$ 10.53	3.00	186	\$ 5,875.74
YHS	Manager	\$ 16.26	6.50	188	\$ 19,869.72
YHS	Breakfast	\$ 12.51	1.50	188	\$ 3,527.82

Revised January 25, 2019

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For DFN use only

SFA Labor

2019-2020 School Year

SFA: Warren County School District

Site Name	Position	Hourly Rate	Daily Hours	# of Days Paid	Total Wages
YHS	Cook	\$ 12.29	4.5	186	\$ 10,286.73
YHS	Café Worker	\$ 12.51	4	186	\$ 9,307.44
YHS	Café Worker	\$ 9.93	3.5	186	\$ 6,464.43
YHS	Café Worker	\$ 12.51	3.5	188	\$ 8,231.58
Beaty	Manager	\$ 16.26	8	188	\$ 24,455.04
Beaty	Breakfast	\$ 12.51	1.5	188	\$ 3,527.82
Beaty	Cook	\$ 14.12	5.5	188	\$ 14,600.08
Beaty	Café Worker	\$ 10.44	3.5	186	\$ 6,796.44
Beaty	Café Worker	\$ 9.93	3.50	186	\$ 6,464.43
Beaty	Café Worker	\$ 10.44	3.5	186	\$ 6,796.44
Beaty	Snack	\$ 16.30	0.1	177	\$ 288.51
Beaty	Café Worker	\$ 12.51	4.5	186	\$ 10,470.87
Beaty	Snack	\$ 10.63	0.2	177	\$ 376.30
Eisenhower	Manager	\$ 16.26	7.5	188	\$ 22,926.60
Eisenhower	Breakfast	\$ 12.51	1.75	188	\$ 4,115.79
Eisenhower	Cook	\$ 12.29	4.5	188	\$ 10,397.34
Eisenhower	Cook	\$ 10.69	3.25	186	\$ 6,462.11
Eisenhower	Café Worker	\$ 12.51	4.75	188	\$ 11,171.43
Eisenhower	Café Worker	\$ 12.51	4.5	188	\$ 10,583.46
Eisenhower	Café Worker	\$ 10.44	3.25	186	\$ 6,310.98
Eisenhower	Café Worker	\$ 10.44	3.25	188	\$ 6,378.84
Eisenhower	Café Worker	\$ 10.44	3	186	\$ 5,825.52
Eisenhower	Breakfast	\$ 10.69	1.5	188	\$ 3,014.58
Eisenhower	Breakfast	\$ 12.51	1.25	188	\$ 2,939.85
Eisenhower	Snack	\$ 10.72	0.05	177	\$ 94.87
Eisenhower	Café Worker	\$ 12.29	3.5	186	\$ 8,000.79
Eisenhower	Café Worker	\$ 10.44	3	186	\$ 5,825.52
Sheffield	Manager	\$ 17.75	6.5	191	\$ 22,036.63
Sheffield	Breakfast	\$ 14.38	1.5	191	\$ 4,119.87
Sheffield	Breakfast	\$ 12.51	2	188	\$ 4,703.76

26 % 34

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SFA Labor

Revised January 25, 2019

SFA: Warren County School District

[illegible]

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SFA Labor

Revised January 25, 2019

SFA: Warren County School District

[illegible]

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

Grand Total	\$	562,776.15
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**MUST EQUAL POC
(Attachment FP3)**

Revised January 25, 2019

SFA Labor

For DFN use only

NSLP Fixed Price

Fringe Benefits to be completed by SFA for SFA Staff

SFA: Warren County 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
	Manager			X	X		X	X		X	X	X		X		\$ 23,079.25
Warren High	Breakfast									X	X	X		X		\$ 740.08
Warren High	Cook			X	X		X	X		X	X	X		X		\$ 21,601.47
Warren High	Café Worker							X		X	X	X		X		\$ 1,730.41
Warren High	Café Worker							X		X	X	X		X		\$ 1,730.41
Warren High	Café Worker	X			X		X	X		X	X	X		X		\$ 5,411.90
Warren High	Café Worker									X	X	X		X		\$ 1,370.71
Warren High	Breakfast									X	X	X		X		\$ 627.67
Warren High	Breakfast	X			X		X	X		X	X	X		X		\$ 11,689.16
WAEC	Manager									X	X	X		X		\$ 627.67
WAEC	Breakfast									X	X	X		X		\$ 740.08
WAEC	Breakfast									X	X	X		X		\$ 937.47
WAEC	Breakfast							X		X	X	X		X		\$ 21,323.02
WAEC	Cook			X	X		X	X		X	X	X		X		\$ 1,970.00
WAEC	Café Worker									X	X	X		X		\$ 1,510.92
WAEC	Café Worker									X	X	X		X		\$ 1,335.37
WAEC	Café Worker									X	X	X		X		\$ 1,385.86
WAEC	Café Worker									X	X	X		X		\$ 8,235.18
WAEC	Café Worker		X		X		X	X		X	X	X		X		\$ 1,232.64
WAEC	Café Worker									X	X	X		X		\$ 11,047.88
YEMS	Manager	X			X		X	X		X	X	X		X		\$ 668.49
YEMS	Breakfast									X	X	X		X		\$ 19,773.64
YEMS	Breakfast			X	X		X			X	X	X		X		\$ 7,511.94
YEMS	Breakfast		X		X		X	X		X	X	X		X		\$ 2,227.54
YEMS	Cook									X	X	X		X		\$ 2,227.54

Revised January 25, 2019

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SFA: Warren County 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
YEMS	Café Worker									X	X	X		X		\$ 1,668.49
YEMS	Café Worker							X		X	X	X		X		\$ 1,621.74
YEMS	Café Worker									X	X	X		X		\$ 1,232.64
YHS	Manager		X				X	X		X	X	X		X		\$ 23,922.56
YHS	Breakfast	X					X	X		X	X	X		X		\$ 4,892.72
YHS	Cook	X					X	X		X	X	X		X		\$ 6,310.63
YHS	Café Worker							X		X	X	X		X		\$ 2,014.47
YHS	Café Worker							X		X	X	X		X		\$ 1,418.05
YHS	Café Worker							X		X	X	X		X		\$ 1,788.78
YHS	Café Worker							X		X	X	X		X		\$ 24,225.76
Beaty	Manager		X		X		X	X		X	X	X		X		\$ 20,494.29
Beaty	Breakfast	X			X		X	X		X	X	X		X		\$ 3,062.85
Beaty	Cook	X			X		X			X	X	X		X		\$ 1,487.71
Beaty	Café Worker							X		X	X	X		X		\$ 1,418.05
Beaty	Café Worker							X		X	X	X		X		\$ 1,487.71
Beaty	Café Worker									X	X	X		X		\$ 60.53
Beaty	Snack									X	X	X		X		\$ 2,196.62
Beaty	Café Worker									X	X	X		X		\$ 78.95
Beaty	Snack									X	X	X		X		\$ 23,905.11
Eisenhower	Manager		X	X	X		X	X		X	X	X		X		\$ 925.35
Eisenhower	Breakfast		X	X	X		X	X		X	X	X		X		\$ 2,181.20
Eisenhower	Cook									X	X	X		X		\$ 20,451.13
Eisenhower	Cook	X			X		X	X		X	X	X		X		\$ 2,343.59
Eisenhower	Café Worker									X	X	X		X		\$ 2,220.24
Eisenhower	Café Worker									X	X	X		X		\$ 1,385.86
Eisenhower	Café Worker									X	X	X		X		\$ 1,400.10
Eisenhower	Café Worker									X	X	X		X		\$ 1,400.10

Revised January 25, 2019

SFA Benefits

For DFN use only: 

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SFA: Warren County School District

[illegible]

31 to 34

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SFA: Warren County School District

[illegible]

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

Grand Total	\$	434,210.14
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MUST EQUAL POC
(Attachment FP3)

For DFN use only

SFA Site Listing
General Data and Services to be Provided
SFA: Warren County School District

[illegible]

¹ List grade groups that have access to meal service

2 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

SUMMER FOOD SERVICE PROGRAM

SFSP PROJECTED OPERATING COSTS

SFA: Warren County School District

FSMC: The Nutrition Group

SFSP Operating Dates ¹:

06/01/19-08/31/19

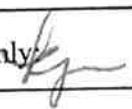
MEAL TYPE	A SERVINGS PER DAY	B NUMBER OF SERVING DAYS	C TOTAL SERVINGS	D PRICE PER MEAL	E TOTAL COST
BREAKFAST	76	40	3,040	\$ 1.7312	\$ 5,262.85
AM SNACK			-	\$ -	\$ -
LUNCH	161	40	6,440	\$ 1.7312	\$ 11,148.93
PM SNACK			-	\$ -	\$ -
SUPPER			-	\$ -	\$ -
GRAND TOTAL ²				\$	\$ 16,411.78

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 SFSP

² Add SFSP Cost to Fact Sheet total, if applicable. Also include in bid total for bonding, if applicable.

For DFN use only 

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