

School Food Authority (SFA): _____ CE ID: _____
Food Service Budget School Year _____

Cost-Reimbursable Budget (Renewals Only)

[To be completed by SFA]

If SFA does not have a school board approved Budget, please submit a draft.

Projected Revenue: Based on _____ (Number) days of meal service in the School Year 2024-2025 and using 2023-2024 reimbursement rates the SFA shall multiply the rates by the actual meals served from School Year 2022-2023.

All non-program revenue in dollars must be converted to Meal Equivalents to estimate expense. Formula to convert is: Sales: Revenue in Dollars / (Free reimbursement rate + USDA foods entitlement rate) x per meal rate

Breakfast

	Sales Revenue	Federal/State Reimbursement	Total Revenue
Free	XX		
Reduced-Priced			
Paid			
Total			

Lunch

	Sales Revenue	Federal/State Reimbursement	Total Revenue
Free	XX		
Reduced-Priced			
Paid			
Total			

À la carte/Non-Program Revenue (catering, concessions, adult meals, other non-reimbursable)

	Sales Revenue	Federal/State Reimbursement	Total Revenue
A la carte Students		XX	
A la carte Adults		XX	
Catering		XX	
Catering revenue		XX	
Other (specify)		XX	
Total		XX	

Afterschool Snacks (NSLP ASCP or CACFP At-Risk)

	Sales Revenue	Federal/State Reimbursement	Total Revenue
Free	XX		
Reduced-Priced			
Paid			
Total			

Other

	Sales Revenue	Federal/State Reimbursement	Total Revenue
CACFP At-Risk Supper	XX		
Special Milk			
Total			

Total Program Reimbursements: \$ _____

Total Projected Revenue: Total Sales Revenue + Total Federal/State Reimbursement: \$ _____

Projected Expenses:

Labor Costs	Total # FTEs	# PTEs
FSMC Salaried Employees:	# FTE	# PTE
Provide a summary number for this budget – a detailed individualized breakdown for each FSMC salaried employee must also be provided.		
Base Gross Salaries	\$	
Fringe Benefits	\$	
Payroll Taxes	\$	
Merit Increases	\$	
Retirement/IRA/401K/403(b)(7)	\$	
Other Payroll Costs, must specify	\$	
FSMC Hourly Employees:	# FTE	# PTE
Gross Salaries	\$	
Fringe Benefits	\$	
Payroll Taxes	\$	
Other Payroll Costs, must specify	\$	
SFA/District Employees:	# FTE	# PTE
Gross Salaries	\$	
Fringe Benefits	\$	
Payroll Taxes	\$	
Worker's Compensation	\$	
Other Payroll Costs, must specify	\$	
Total Labor Costs	\$	
FSMC Administrative Fee must specify costs included and an itemization of expenses in this fee. Please explain:	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
FSMC Management Fee. Please explain:		
	\$	
Total FSMC Fees	\$	
FSMC Direct Costs		
Food Costs		
Purchased Food Costs	\$	
Food Costs – USDA Foods Delivery	\$	
Food Costs – USDA Foods Processing Fees (if applicable)	\$	
Total Food Costs	\$	
Non-food/Paper/Disposable Goods	\$	
Smallwares/Serviceware/Replacement Trays	\$	
Vehicle Expenses (Child Nutrition (CN) Only)	\$	
Telephone Expenses	\$	
Office Supplies	\$	

School Food Authority (SFA): _____ CE ID: _____
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Postage Fees	\$
Courier/Bank Deposit Services (CN Only)	\$
Uniforms/Laundry	\$
Freight (non-food)	\$
Equipment Service & Repair	\$
Permits and Licenses	\$
District Employee Travel	\$
Security Background Checks – hiring	\$
Total Non-Food Costs	\$
Other Costs, must be specific and itemized	
	\$
	\$
	\$
	\$
	\$
	\$
Total Other Costs	\$
Total FSMC Direct Costs	\$
SFA/District Direct Costs	
SFA/District Direct Costs (paid by the SFA)	\$
SFA/Other costs (must specify)	\$
Total SFA/District Direct Costs	\$
Total Projected Costs	\$

Estimated Budget Projection: Total Revenue (Sales + Reimbursement) – Expenses: _____

USDA Foods Entitlement Allocation Estimate: _____

Is there a guarantee required in the initial year contract? ☐ Yes ☐ No If yes, amount \$ _____

Is there an equipment investment provision in the initial contract? ☐ Yes ☐ No If yes, amount \$ _____