

LEA ID #: _____
LEA Name: _____
Respondent Name: _____
Respondent Title: _____
Respondent Phone: _____
Respondent E-mail: _____

Community Eligibility Option Evaluation

Administrative Cost Interview—Self-Administered Questionnaire

Information provided in this survey will be kept private, to the extent provided by law. No data will be attributed to specific survey respondents. De-identified data from this study will be provided to the Food and Nutrition Service of the U.S Department of Agriculture, and aggregate measures of subgroups of Local Education Agencies (LEAs) may also be provided. Responses to the study will in no way affect your agency’s receipt of funds from USDA’s school meals program. As you may know, the Healthy-Free Kids Act of 2010 (PL 111-296, Section 305) requires cooperation with program research and evaluation by agencies and contractors participating in programs authorized under the Act and the Child Nutrition Act of 1966.

If you have any questions or concerns about your rights as a study participant, call Teresa Doksum. She is the Institutional Review Board Administrator at Abt Associates. Her phone number is 877-520-6835 (toll-free).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 45 minutes per response, including the 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Alexandria, Virginia 22302.

Prepared for:
U.S. Department of Agriculture
Food and Nutrition Service
Office of Research and Analysis

Prepared by:
Abt Associates Inc.

Community Eligibility Option Evaluation

Administrative Cost Interview - Self-Administered Questionnaire

This package includes the following forms:

- I. Administrative Activity Summary Grid
- II. Indirect Costs and Fringe Rate Questions
- III. Central LEA Foodservice Staff Roster
 - Include Central LEA Foodservice Staff and other district personnel who perform any activities listed in the Administrative Activity Summary Grid, for example drivers and secretaries
- IV. School Cafeteria Staff Roster (3 enclosed)
 - Fill out only for the School Cafeteria Staff identified as performing a task in the Administrative Activity Summary Grid
- V. School Administrative Staff Roster (3 enclosed)
 - Fill out only for the School Administrative Staff identified as performing a task in the Administrative Activity Summary Grid. If no School Administrative Staff are involved in any task, do not fill out

Please review and complete these forms and make a copy for yourself by the start of data collection in your district. Each form includes instructions. These forms will help you and us prepare to discuss your LEAs foodservice costs.

Please fax the I. Administrative Activity Summary Grid and II. Indirect Costs and Fringe Rate Questions to 617-386-7679 or send by email to CommunityEligibility@abtassoc.com. The interviewer will collect the completed Staff Rosters at the time of the visit for the Administrative Cost Interviews.

If you have any questions, please call 855-759-5752 (toll-free).

Thank you for your cooperation with the Community Eligibility Option Evaluation.

I. Administrative Activity Summary Grid

This grid will help us to identify the administrative activities performed by the central LEA foodservice office, school cafeteria personnel, school administration (non-foodservice), or district administration (non-foodservice).

For each of the five administrative activities listed (A-E), please indicate the unit(s) responsible for providing the associated tasks, circling all responses that apply. If a task is not performed in your LEA, circle 9 in the *Not Applicable* column. If more than one unit performs a task, circle all that apply. If a task is performed by District Administration/Other, use the *Comments* box to describe who performs the task. In addition, use the *Comments* section if you need to clarify your responses.

LEA name: _____

Your name: _____

Your telephone number: _____

Activity	Which unit is responsible? (Circle all that apply)				Not Applicable
	Central LEA Food- Service	School Cafeteria	School Administration	District Administration/ Other	
A. Distributing and processing applications for free or reduced-price meals					
1. Distributing applications	1	2	3	4	8
2. Communications about applications for free/reduced price meals	1	2	3	4	8
3. Maintaining online applications	1	2	3	4	8
4. Collecting and checking applications, resolving problems, and adding school information	1	2	3	4	8
5. Approving/rejecting applications and notifying parents	1	2	3	4	8
6. Compiling lists of eligible students	1	2	3	4	8
7. Updating lists to include transfers and other changes	1	2	3	4	8
B. Direct certification					
1. Direct certification with SNAP, TANF, Medicaid, or FDPIR (batches of students or individual lookups)	1	2	3	4	8
2. Other certification from lists (homeless, migrant, runaway, HeadStart)	1	2	3	4	8
3. Calculating the identified student percentage for schools/LEA	1	2	3	4	8

CEO C_2 Administrative Cost Interview - Self-Administered Questionnaire

Activity	Which unit is responsible? (Circle all that apply)				Not Applicable
	Central LEA Food- Service	School Cafeteria	School Administration	District Administration/ Other	
C. Verification of applications for free/reduced price meals					
1. Selecting applications for verification	1	2	3	4	8
2. Sending out requests for proof of eligibility, answering questions	1	2	3	4	8
3. Verifying applications with SNAP/Food Stamp, TANF, Medicaid or FDPIR information from another agency (direct verification)	1	2	3	4	8
4. Reviewing information provided by parents, verifying eligibility, and following up on missing information	1	2	3	4	8
5. Notifying parents of changes in eligibility	1	2	3	4	8
6. Writing reports for verification	1	2	3	4	8
D. Meal payment collections and accounting					
1. Collecting money at meals	1	2	3	4	8
2. Collecting money owed for meals	1	2	3	4	8
3. Collecting money from cafeterias	1	2	3	4	8
4. Receiving money for student meal payment accounts or selling meal tickets	1	2	3	4	8
5. Depositing money for meals or meal tickets	1	2	3	4	8
6. Issuing meal payment cards or ID/PIN numbers	1	2	3	4	8
7. Maintaining student meal payment accounts	1	2	3	4	8
8. Reconciling deposits to bank statements	1	2	3	4	8
E. Counting and claiming reimbursable meals					
1. Compiling meal counts for breakfast	1	2	3	4	8
2. Compiling meal counts for lunch	1	2	3	4	8
3. Compiling meal counts for after-school snacks	1	2	3	4	8
4. Reporting on meal counts	1	2	3	4	8
5. Submitting meal claims to State	1	2	3	4	8

Comments:

Please send the completed Administrative Activity Summary Grid by fax to 617-386-7679 or by email to CommunityEligibility@abtassoc.com

II. Questions about Indirect Cost Rate and Fringe Rates for Central Staff

1. Please provide your LEA's unrestricted indirect cost rate:

_____ % (IF NOT AVAILABLE, ANSWER 1a., OTHERWISE GO TO QUESTION 2)

1a. (ANSWER IF UNRESTRICTED RATE IS UNAVAILABLE) Please provide the restricted indirect cost rate:

_____ % (IF NOT AVAILABLE, ANSWER 1b., OTHERWISE GO TO QUESTION 2)

1b. (ANSWER IF NEITHER RATE IS AVAILABLE) Who is the person at the State Education Agency who can provide the unrestricted indirect cost rate?

Name: _____

Telephone number: _____

2. What are the fringe benefit rates for:

2a. Foodservice staff (at the LEA and at the schools) _____ % (IF NOT AVAILABLE, ENTER AVERAGE OVERALL FRINGE BENEFIT RATE FOR ALL LEA EMPLOYEES FOR 2a. and 2b.)

2b. Other LEA staff at the schools _____ %

The fringe benefit rate is the cost of fringe benefits paid to employees as a percentage of the cost of salaries and wages. Fringe benefits include social security or other retirement, unemployment compensation, health and dental insurance, other types of insurance, and tuition reimbursement.

IF FRINGE BENEFIT RATES ARE UNAVAILABLE, COMPLETE 2c. BELOW, OTHERWISE, YOU ARE DONE!

2c. (IF FRINGE BENEFIT RATES ARE UNKNOWN) Please provide the following information for School Year 2010-2011 so we can calculate a fringe rate. You can provide a copy of your LEA's financial statement for last year if it contains the following information.

		Amount
a.	Total salary and wages for regular food service employees	\$ _____
b.	Total salary and wages for other district employees	\$ _____
c.	Total salary and wages for temporary employees	\$ _____
d.	Social security taxes paid	\$ _____
e.	Unemployment compensation paid	\$ _____
f.	Workers' compensation paid	\$ _____
g.	Health insurance	\$ _____
h.	Pension contributions	\$ _____

CEO C_2 Administrative Cost Interview - Self-Administered Questionnaire

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i.	Other benefits (life insurance, disability insurance, etc.)	\$_____

Please send the completed Questions by fax to 617-386-7679 or by email to CommunityEligibility@abtassoc.com

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Please fill out the Staff Rosters following the directions listed on page 2. You do not need to send the Staff Rosters to us. The interviewer will collect the Staff Rosters at the time of the visit for the Administration Cost Interviews. If you have any questions, please call 855-759-5752 (toll free).

III. Central LEA Foodservice Staff Roster (including staff from District Administration/Other)

LEA ID: _____ LEA Name: _____

Name of person completing this roster: _____ Phone number: _____

Instructions: This roster will help us analyze the direct labor cost associated with administrative activities for your central LEA foodservice staff. Please list (1) the different job titles or positions of all central staff who are involved with activities listed on the Administrative Activity Summary Grid. This does not include anyone who works primarily in a school or kitchen, just your central LEA foodservice staff and other district personnel who perform any activities on the Administrative Activity Summary Grid (i.e. drivers, secretaries).

For each position listed under column 1, please record (2) the number of staff members in that position, (3) the average salary/wage of that position and the basis paid, (4) the total paid hours per week and (5) total paid weeks per year. Indicate the total leave time hours per year including paid sick, vacation, and holiday time (6). **If there is variation in salary among staff in the same category, please indicate the average (midpoint) salary for this position.**

Central LEA Foodservice Staff Roster						
(1) Title/Position	(2) Number of Staff	(3) Salary/Wage	(4) Total Paid Hours/Week	(5) Total Paid Weeks/Year	(6) Total Leave Time Hours/Year <small>(e.g., paid sick, vacation, and holiday time)</small>	
1.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
2.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
3.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
4.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr

CEO C_2 Administrative Cost Interview - Self-Administered Questionnaire

Central LEA Foodservice Staff Roster					
(1) Title/Position	(2) Number of Staff	(3) Salary/Wage	(4) Total Paid Hours/Week	(5) Total Paid Weeks/Year	(6) Total Leave Time Hours/Year (e.g., paid sick, vacation, and holiday time)
5.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ _____ hrs/wk	_____ wks/yr	_____ hrs/yr
6.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ _____ hrs/wk	_____ wks/yr	_____ hrs/yr
7.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ _____ hrs/wk	_____ wks/yr	_____ hrs/yr
8.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ _____ hrs/wk	_____ wks/yr	_____ hrs/yr
9.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ _____ hrs/wk	_____ wks/yr	_____ hrs/yr
10.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ _____ hrs/wk	_____ wks/yr	_____ hrs/yr

Community Eligibility Option Evaluation

IV. School Cafeteria Staff Roster

LEA ID: _____

LEA Name: _____

Name of School #1: _____

[Note to reviewers: three rosters will be provided in the actual package.]

Name of person completing this roster: _____

Phone number: _____

Instructions: This roster will help us to analyze the direct labor cost associated with administrative activities for your School Cafeteria staff. Please complete all School Cafeteria Staff Rosters that have been provided to you. The name of each school is printed above. For each school, list (1) the different job titles or positions of all school cafeteria staff who are involved with tasks listed on the Administrative Activity Summary Grid.

For each position listed under column 1, please record (2) the number of staff members in that position, (3) the average salary/wage of that position and the basis paid, (4) the total paid hours per week and (5) total paid weeks per year. Indicate the total leave time hours per year including paid sick, vacation, and holiday time (6). **If there is variation in salary among staff in the same category, please indicate the average (midpoint) salary for this position.**

School Cafeteria Staff Roster					
(1) Title/Position	(2) Number of Staff	(3) Salary/Wage	(4) Total Paid Hours/Week	(5) Total Paid Weeks/Year	(6) Total Leave Time Hours/Year <small>(e.g., paid sick, vacation, and holiday time)</small>
1.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: _____ <input type="checkbox"/> Semi-monthly	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
2.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: _____ <input type="checkbox"/> Semi-monthly	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
3.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: _____ <input type="checkbox"/> Semi-monthly	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
4.	_____	\$ _____ per	_____ hrs/wk	_____ wks/yr	_____ hrs/yr

CEO C_2 Administrative Cost Interview - Self-Administered Questionnaire

School Cafeteria Staff Roster						
(1) Title/Position	(2) Number of Staff	(3) Salary/Wage		(4) Total Paid Hours/Week	(5) Total Paid Weeks/Year	(6) Total Leave Time Hours/Year (e.g., paid sick, vacation, and holiday time)
		<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____			
5.	_____	\$ _____ per		_____ hrs/wk	_____ wks/yr	_____ hrs/yr
		<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____			
6.	_____	\$ _____ per		_____ hrs/wk	_____ wks/yr	_____ hrs/yr
		<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____			
7.	_____	\$ _____ per		_____ hrs/wk	_____ wks/yr	_____ hrs/yr
		<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____			
8.	_____	\$ _____ per		_____ hrs/wk	_____ wks/yr	_____ hrs/yr
		<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____			
9.	_____	\$ _____ per		_____ hrs/wk	_____ wks/yr	_____ hrs/yr
		<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____			
10.	_____	\$ _____ per		_____ hrs/wk	_____ wks/yr	_____ hrs/yr
		<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____			

Community Eligibility Option Evaluation

V. School Administrative Staff Roster

LEA ID: _____

LEA Name: _____

Name of School #1: _____ [Note to reviewers: three rosters will be provided in the actual package.]

Name of person completing this roster: _____

Phone number: _____

Instructions: This roster will help us to analyze the direct labor cost associated with administrative activities for your School Administrator staff. If the school administrative staff perform any of the tasks listed on the Administrative Activity Summary Grid, then complete a School Administrative Staff Roster for each school. For each school, list (1) the different job titles or positions of all school administrative (not cafeteria) staff who are involved with tasks listed on the Administrative Activity Summary Grid.

For each position listed under column 1, please record (2) the number of staff members in that position, (3) the average salary/wage of that position and the basis paid, (4) the total paid hours per week and (5) total paid weeks per year. Indicate the total leave time hours per year including paid sick, vacation, and holiday time (6). **If there is variation in salary among staff in the same category, please indicate the average (midpoint) salary for this position.**

School Administrative Staff Roster						
(1) Title/Position	(2) Number of Staff	(3) Salary/Wage	(4) Total Paid Hours/Week	(5) Total Paid Weeks/Year	(6) Total Leave Time Hours/Year <small>(e.g., paid sick, vacation, and holiday time)</small>	
1.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
2.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
3.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr

CEO C_2 Administrative Cost Interview - Self-Administered Questionnaire

School Administrative Staff Roster					
(1) Title/Position	(2) Number of Staff	(3) Salary/Wage	(4) Total Paid Hours/Week	(5) Total Paid Weeks/Year	(6) Total Leave Time Hours/Year (e.g., paid sick, vacation, and holiday time)
4.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
5.	_____	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
5.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
7.	_____	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
8.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
9.	_____	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
10.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
		<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____			