



School Foodservice Indirect Cost Study
A Study by Abt Associates for USDA-FNS



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USDA Food and Nutrition Service (USDA FNS) School Foodservice Indirect Cost Study

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ENTER YOUR PIN # TO BEGIN THE SURVEY:

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Section 307 of the Healthy Hunger-Free Kids Act of 2010 (P.L. 111-296) requires the US Department of Agriculture to conduct a study to assess the extent to which school food authorities participating in the National School Lunch Program (NSLP) and School Breakfast Program (SBP) pay indirect costs. To address the congressional mandate, Abt Associates and Kokopelli Associates are conducting a study for the USDA Food and Nutrition Service (USDA/FNS) about the reporting and recovery of indirect costs attributable to school foodservice.

As part of the study, surveys are being conducted with all State Child Nutrition Directors, with all State Education Agency (SEA) Finance Officers, and with a randomly selected sample of School Foodservice Directors and Business Managers of public Local Education Agencies (LEAs) and private schools.

The purpose of this web survey is to gather information from **Business Managers or Chief Financial Officers of public LEAs and private schools** about how indirect costs are applied in the financial reporting for school foodservice. In this survey, you will be asked to provide information on how your LEA calculates its indirect costs and how it allocates them to its programs and activities including foodservice.

This survey and study are **not** intended to audit financial transactions through the indirect cost recovery process.

- Responses to this study will **not** affect your agency's receipt of funds from USDA school meals programs.
- Information provided through the survey will be kept confidential to the extent provided by law.
- Data will only be presented in the aggregate, and no specific data will be attributed to specific survey respondents.

Please also note that PL 111-296, Healthy Hunger-Free Kids Act of 2010, Section 305 requires cooperation with program research and evaluation by States, State educational agencies, local educational agencies, schools, institutions, facilities, and contractors



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First, we would like to confirm that Pell City School System is eligible for this survey.

Is Pell City School System a residential child care institution (RCCI) as defined by NSLP regulations?

Examples of RCCIs include juvenile detention centers and mental health treatment facilities.

- Yes
- No

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To confirm, Pell City School System is a residential child care institution (RCCI) as defined by NSLP regulations?

Examples of RCCIs include juvenile detention centers and mental health treatment facilities.

- Yes
- No

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Only public Local Education Agencies (LEAs) and private schools are eligible for this survey. Residential child care institutions (RCCIs) are not eligible. Thank you for your time and the information you have provided.



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In this survey, 'LEA' includes both public school districts and independent public charter schools.

This survey also contains definitions of some key terms that are used throughout the survey. Two very important terms are Business Manager and Foodservice Director.

The Business Manager is the official who is responsible for your LEA's procedures regarding indirect costs for school foodservice and other programs. In some LEA's the Business Manager is the Chief Financial Officer (CFO).

The Foodservice Director is the official responsible for the National School Lunch Program and other school meals programs. In some LEA's the Business Manager and the Foodservice Director are the same person.

Key terms are noted in [blue text](#). Definitions are provided by hovering over the key terms in blue. To practice this, please hover your cursor over the key terms [Business Manager](#) and [Foodservice Director](#) to see the definitions.

Please click 'Next' when you are ready to continue.



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Are you _____ or are you completing this survey on behalf of _____ ?

- Yes, I am
- Yes, I am completing this survey on behalf of _____
- No, I am neither _____ nor completing this survey on his/her behalf

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If you are neither _____ nor completing the survey on his/her behalf, please stop the survey and call Abt Associates at 1-855-325-6015 to determine who should complete this survey for your LEA. Thank you.



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Since you are completing this survey on behalf of _____, please provide us with **your** name and contact information.

Name:

Title:

Agency:

Telephone number:

E-mail:

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From this point forward, please respond to all of the remaining survey questions as if you are
assume you are

. All survey questions

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Are you the [Business Manager](#) of your LEA for the current school year, SY2012-2013?

- Yes
- No

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Were you your LEA's [Business Manager](#) for SY2011-2012?

- Yes
- No

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How long have you been your LEA's [Business Manager](#)?

- Last School Year (SY2011-2012) was your first year
- Since SY2010-2011
- Since SY2009-2010
- Since SY2008-2009
- Since SY2007-2008
- Since SY2006-2007 or earlier

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Are you the [Foodservice Director](#) for your LEA for the current school year, SY2012-2013?

- Yes
- No

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Were you your LEA's [Foodservice Director](#) for SY2011-2012?

- Yes
- No

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How long have you been your LEA's [Foodservice Director](#)?

- Last School Year (SY2011-2012) was your first year
- Since SY2010-2011
- Since SY2009-2010
- Since SY2008-2009
- Since SY2007-2008
- Since SY2006-2007 or earlier

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Please review your contact information and check the box beside each missing or incorrect item that needs updating, then click Next to continue. If all of the information is correct, click Next to continue.

	Needs Updating
Name:	<input type="checkbox"/>
Title: Chief School Financial Officer	<input type="checkbox"/>
Agency: Pell City School System	<input type="checkbox"/>
Telephone Number: [redacted]	<input type="checkbox"/>
Email:	<input type="checkbox"/>

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Please provide your corrected information.

Name:	<input type="text"/>
Title:	<input type="text" value="Chief School Financial Officer"/>
Agency:	<input type="text" value="Pell City School System"/>
Telephone number:	<input type="text"/>
E-mail:	<input type="text"/>

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Please provide us with your contact information.

Name:

Title:

Agency:

Telephone number:

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We are also contacting your LEA's [Business Manager](#) for SY2011-2012 for this study and want to be sure that we have the right person. Is this person still with your LEA?

- Yes
- No
- Don't Know

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Please provide us with the contact information for your [Business Manager](#) for SY2011-2012.

Name:

Title:

Agency:

Telephone number:

E-mail:

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We are also contacting your LEA's [Foodservice Director](#) for SY2011-2012 for this study and want to be sure that we have the right person. Is this person still with your LEA?

- Yes
- No
- Don't Know

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Please review our contact information for your LEA's [Foodservice Director](#) for SY2011-2012 and check the box beside each missing or incorrect item that needs updating, then click Next to continue. If all of the information is correct, click Next to continue.

	Needs Updating
Name:	<input type="checkbox"/>
Title: Child Nutrition Director	<input type="checkbox"/>
Agency: Pell City School System	<input type="checkbox"/>
Telephone Number: [REDACTED]	<input type="checkbox"/>
Email:	<input type="checkbox"/>

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Please provide us with the corrected information for your LEA's [Foodservice Director](#) for SY2011-2012.

Name:

Title:

Agency:

Telephone number:

E-mail:

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We will contact either the SY2011-2012 [Business Manager](#) or the SY2011-2012 [Foodservice Director](#) of your LEA to complete this survey. Thank you for your time and the information you have provided.



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Did your LEA use a food service management company (FSMC) in SY2011-2012?

- Yes
- No

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Did you oversee the FSMC contract in SY2011-2012?

- Yes
- No

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Did the SY2011-2012 [Business Manager](#) oversee the FSMC contract?

- Yes
- No

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We are also contacting the person who oversaw the FSMC contract for your LEA in SY2011-2012. Is this person still with your LEA?

- Yes
- No
- Don't Know

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Please provide us with the name and contact information for the person who oversaw the FSMC contract in SY2011-2012.

Name:

Title:

Agency:

Telephone number:

E-mail:

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Were you responsible for preparing and/or monitoring the foodservice budget in your LEA in SY2011-2012?

- Yes
- No

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Is the person who was responsible for preparing and/or monitoring the foodservice budget in your LEA in SY2011-2012 still with your LEA?

- Yes
- No
- Don't Know

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Please provide us with the name and contact information for the person who was responsible for preparing and/or monitoring the foodservice budget in your LEA in SY2011-2012.

Name:

Title:

Agency:

Telephone number:

E-mail:

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