

D5. GROUP 3—SFA FOLLOW-UP COST INTERVIEW PREPARATION FORM

This page has been left blank for double-sided copying.

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 control 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 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

OMB Control # 0584-XXXX

Expiration Date: XX/XX/20XX



USDA/Food and Nutrition Service School Nutrition and Meal Cost Study SFA Followup Cost Interview Preparation Form

INTRODUCTION

The purpose of this questionnaire is to gather information from the records of public school districts about foodservice operations in School Year (SY) 2014-2015. This information is needed to analyze the costs of school foodservice. This study is not an audit or a compliance review.

About the Study. The *School Nutrition and Meal Cost Study* (SNMCS) will continue the long-standing commitment of the US Department of Agriculture's (USDA's) Food and Nutrition Service (FNS) to periodic assessment of the school meal programs. This current assessment coincides with a period of considerable change for the National School Lunch Program (NSLP) and the School Breakfast Program (SBP). In recent years, schools participating in these programs implemented sweeping regulatory changes designed to increase children's access to healthy foods at school and to promote adoption of healthy eating and physical activity habits. While FNS has conducted multiple studies of school nutrition and meal costs to date, SNMCS is the first such study after these major changes were implemented and the first to explore both nutrition and cost on a large national scale. This study will provide critical information of interest to USDA, the States, School Food Authorities (SFAs), and other program stakeholders that is not currently available.

The USDA Food and Nutrition Service (FNS), has contracted with Mathematica Policy Research and its research partners Abt Associates, Agralytica, and Relyon Media to conduct the SNMCS for SY 2014-2015. Participation in the study by selected states, districts, and schools is required under Section 305 of the Healthy, Hunger-Free Kids Act of 2010 (HHFKA).

SNMCS will collect a broad range of data from nationally representative samples of public SFAs, schools, and students and their parents during SY 2014-2015. These data will provide Federal, State, and local policymakers with needed information about how federally sponsored school meal programs are operating after implementation of the new meal pattern and nutrient requirements and other changes in regulations. Comparisons of results from SNMCS with previous School Nutrition and Dietary Assessment (SNDA) and School Lunch and Breakfast Cost (SLBC) studies will provide information to assess the effects of the new nutrition standards on food service operations, the nutrient content of school meals offered and as served, meal costs and revenues, and student participation and dietary intake.



Protecting Privacy. All information gathered from school districts, schools, and households is for research purposes only and will be kept private to the full extent allowed by law. Responses will be grouped with those of other study participants, and no individual schools, districts, or students will be identified. We will inform parents of the study and our privacy practices. Any selected parent or student can choose not to participate in the study. We are not conducting audits or monitoring visits. Participation in the study will not affect meal reimbursements to participating districts and schools or school meal program benefits to participating households.



Please complete this form and return it with the requested financial statements in the prepaid envelope provided you, or send the form and financial statements by fax to xxx-xxx-xxxx (with cover addressed to Abt Associates–School Nutrition and Meal Cost Study).

PART 1 – RESPONDENT INFORMATION

1. Please confirm/update the information below for the person completing this questionnaire:

Name: _____
 Title: _____
 School district/Agency: _____
 Address: _____
 City: _____
 State: _____
 Zip Code: _____
 Telephone Number: _____
 E-mail: _____

PART 2 – SY 2014-2015 OPERATIONS DATA

2. Please provide the number of SBP breakfasts, NSLP lunches, and NSLP after-school snacks claimed in the 2014-2015 school year for this SFA and the sample schools in the study, as listed below.

	SBP Breakfasts	NSLP Lunches	NSLP After- School Snacks
SFA total			
Sample school 1			
Sample school 2			
Sample school 3			
Sample school 4			
Sample school 5			
Sample school 6			

3. Did this school district operate a summer food service program during its last fiscal year?
(Check all that apply.)

- YES (Ask 3a)
- NO (Go to 4)
- REFUSED (Go to 4)
- DON'T KNOW (Go to 4)

3a. In how many sites did this school district operate the summer food service program?

_____ NO. OF SUMMER FOOD SERVICE PROGRAM SITES

- DON'T KNOW

3b. How many breakfasts, lunches, suppers, and snacks did this school district serve through the summer food service program during the last district fiscal year (2014-2015)? (Explain if needed: For example, if the fiscal year started on July 1, 2014, do not count summer meals served in May or June 2014. Enter 0 if none/not applicable.)

_____ NO. OF SUMMER FOOD SERVICE PROGRAM BREAKFASTS

_____ NO. OF SUMMER FOOD SERVICE PROGRAM LUNCHES

_____ NO. OF SUMMER FOOD SERVICE PROGRAM SUPPERS

_____ NO. OF SUMMER FOOD SERVICE PROGRAM SNACKS

- DON'T KNOW

4. How many days did the SBP and NSLP operate in this SFA in the 2014-2015 school year? If this number varied by school, please report for the sample schools in the study.

	SBP Operating Days	NSLP Operating Days
SFA (standard number for all schools)		
Sample school 1		
Sample school 2		
Sample school 3		
Sample school 4		
Sample school 5		
Sample school 6		

5. What was the value of the School Food Authority's (SFA's) **purchased** food inventory at the end of the 2014-2015 school year?

\$_____ End-of-year purchased food inventory,

- 5a. What is the procedure used to determine the value of the purchased food inventory? (*Check one only*)

- Purchased cost
- Current cost or market value
- Average cost
- Other (*Specify*): _____

6. What was the value of the SFA's inventory of USDA Foods (also known as donated commodities/brown boxes) at the end of the 2014-2015 school year? (Enter 0 if SFA does not receive USDA Foods.)

\$_____ End -of-year USDA foods inventory

- Check here if value is not available

7. In SY 2014-2015, did this SFA provide any food services to schools that are not part of this school district, such as independent charter or private schools, or other public school districts?

- YES [Complete 7a]
- NO [Go to 8]

7a. Please list these school districts or independent schools below and provide the number of meals that this SFA provided in SY 2014-2015 and whether the reimbursable meals were vended to another SFA, claimed by this SFA or whether there was another arrangement. **Note:** Do not include charter schools if operated under the supervision of the school district.

Name of District/School	Meals Provided in SY 2014-2015			Vended	Claimed	Other
	NSLP Lunches	NSLP Snacks	SBP Breakfasts			
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. In SY 2014-2015, did this SFA provide meals for facilities or programs other than schools?

1308/

- YES (Complete 8a)
- NO (Go to 9)

8a. In the table below, please identify the type of facility or program, the number of sites, the annual number of meals produced during the SFA's 2014-2015 fiscal year, and the annual revenue from those meals during the SFA's 2014-2015 fiscal year.

Type of Facility/Program	Fiscal Year 2014-2015		
	Number of Sites	Annual Meals Produced	Annual Revenue from Meals
Senior citizen's center	_____	_____	_____
On-site senior citizen feeding program	_____	_____	_____
Day care/Head Start	_____	_____	_____
Meals on Wheels	_____	_____	_____
Other (Specify): _____	_____	_____	_____
Other (Specify): _____	_____	_____	_____

FFVP Cost Table

9. Did your SFA participate in the Fresh Fruit and Vegetable Program (FFVP) in the 2014-2015 school year?

- YES (Complete 9a)
- NO (Go to 11)

9a. Please provide the 2014-2015 district fiscal year expenses for the Fresh Fruit and Vegetable Program (FFVP), as reported to your State. If possible, break out the expenses between food, other operating costs, and administrative costs. We only need the total food, operating and administrative costs for the year, but if you only have monthly or quarterly figures you can provide them instead.

Food Cost – please include the cost of FFVP food only



Other Operating Cost – please include the cost of purchases of nonfood items like napkins, paper plates, etc. for FFVP, as well as the cost of services such as staff time to prepare and distribute fresh fruits and vegetables, restocking, and cleaning up, for FFVP only.

Administrative Cost – please include expenses you have for FFVP planning, managing FFVP paperwork, planning menus, ordering produce, nutrition promotion, and any other work not related to the preparation and service of fresh fruits and vegetables. Please include both the cost of staff time for these tasks, as well as the portion of purchasing or leasing equipment for the Program.

Period (List monthly or quarterly period if FY total not available)	FFVP Costs			
	Food Cost	Other Operating Cost	Administrative Cost	Total Cost
FY 2014-2015 total	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

10. (For SFAs that participated in the FFVP in the 2014-2015 school year) List all of the schools in the district that participated in FFVP and the overall student enrollment (not just students participating in FFVP) in each of the participating schools.

School Name	Enrollment (SY 2014-2015)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____

11. Please attach your SFA's SY2014-2015 statements of food service revenues and expenses, if it is available, and complete the question below. These statements may be either part of a report that you submit to the State Child Nutrition Agency or part of the general financial statements for your school district. **If you have both types of reports, please submit both.** For general financial statements, please provide only the pages that report revenues and expenses for school food service. An unaudited report is acceptable if it is the most current. See details below for the desired information.

Expense statement: We want to work from the version of your expense statement that has the most detail for SY2014-2015. We are most interested in the breakdown of expenses among the following categories:

- A. Labor (including salaries and wages, and the employer's share of payroll taxes and employee benefits)
- B. Food (including purchased food and value of USDA donated foods), processing fees for USDA foods
- C. Other direct operating costs (including supplies, utilities, rent, and contracted services)
- D. Capital equipment purchases and equipment depreciation
- E. Indirect or overhead costs

Revenue Statement: We are most interested in the breakdown of revenues among the following categories:

- A. Student payments for reimbursable meals (NSLP, SBP, NSLP after-school snacks)
- B. Other sales (student a la carte/extra meals, adult meals, external sales, vending, etc.)
- C. USDA reimbursements (preferably separate for NSLP, SBP, and other programs)
- D. State and local government funds
- E. Other revenue (interest, sale of equipment, compensation for loss, sales tax receipts, etc.)

Check all that apply below:

- Statement(s) of total revenues and expenses for State CN Agency attached
- Statement(s) of total food service revenues and expenses from district financial statement attached
- Statement of school food service revenues and expenses will be available on (mm/dd/yyyy): / / 201

Thank you for providing this information for the School Nutrition and Meal Cost Study. Please call our toll-free number at 855-###-#### at Abt Associates, Inc. if you have any questions about this study.

Prepared by Mathematica Policy Research and Abt Associates

