

REPORT OF VENDING FACILITY PROGRAM

STATE:

REPORTING PERIOD: October 1 to September 30

II. VENDING FACILITIES AND VENDORS

A. FACILITIES ON FEDERAL PROPERTY

- 1. Number at Beginning of the Year _____
- 2. Number Established During the Year _____
- 3. Number Closed During the Year _____
- 4. Number at End of the Year _____

B. VENDING LOCATIONS (PERMITS ONLY) LOCATED ON FEDERAL PROPERTY, END OF YEAR

- 1. General Services Administration _____
- 2. U.S. Postal Service _____
- 3. Department of Defense _____
- 4. Department of Homeland Security _____
- 5. Department of Health and Human Services _____
- 6. Veterans Administration _____
- 7. Department of the Interior _____
- 8. Other Federal Agencies (please identify): _____
- 9. Total (add lines 1 through 8) _____

C. CONTRACTS FOR OPERATION OF CAFETERIAS

Federal or other Agency and/or Branch of Department of Defense Awarding Contract	Name of Federal or Agency and/or Department of Defense Installation, if applicable	Beginning Date of Contract	Anticipated Termination of Contract	Gross Sales (Value) of Contract for the Most Recently Completed Year
				\$
				\$
				\$
				\$

D. VENDORS ON FEDERAL PROPERTY

- 1. Number at Beginning of the Year _____
- 2. Number Entering During the Year _____
- 3. Number Leaving During the Year _____
- 4. Number at End of the Year _____

E. FACILITIES ON PUBLIC PROPERTY (State, County, Municipal)

- 1. Number at Beginning of the Year _____
- 2. Number Established During the Year _____
- 3. Number Closed During the Year _____
- 4. Number at End of the Year _____
 - a. Vending Facilities on State Property (end of year) _____

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- b. Vending Facilities on County Property (end of year) _____
- c. Vending Facilities on Municipal Property (end of year) _____

F. VENDORS ON PUBLIC PROPERTY (State, County, Municipal)

- 1. Number at Beginning of the Year _____
- 2. Number Entering During the Year _____
- 3. Number Leaving During the Year _____
- 4. Number at End of the Year _____

G. FACILITIES ON PRIVATE PROPERTY

- 1. Number at Beginning of the Year _____
- 2. Number Established During the Year _____
- 3. Number Closed During the Year _____
- 4. Number at End of the Year _____

H. VENDORS ON PRIVATE PROPERTY

- 1. Number at Beginning of the Year _____
- 2. Number Entering During the Year _____
- 3. Number Leaving During the Year _____
- 4. Number at End of the Year _____

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**III. VENDING LOCATIONS UNDER THE INTERSTATE HIGHWAY PROGRAM
(Transportation Equity Act for the 21st Century of June 1998)**

Item	Total Number (1)	Total Vending Machine Receipts (2)
1. Total Number of Vending Locations		
2. Number of Locations Operated by Vendors		\$
3. Number of Locations Operated by Third-Party Contractors		\$
4. Number of Vendors Operating Locations in the Highway Program		

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IV. PROGRAM EXPENDITURES BY SOURCE OF FUNDS

Item	Vending Machine Income Federal (1)	Vending Machine Income Non-Federal (2)	Set-Aside (3)	State Appropriated Fund (4)	Federal Funds (5)	Other (6)	TOTAL (7)
1. Purchase of New, and/or Replacement or Maintenance of Equipment	\$	\$	\$	\$	\$	\$	\$
2. Acquisition of Facilities		\$		\$	\$	\$	\$
3. Management Services	\$	\$	\$	\$	\$	\$	\$
4. Fair Minimum Return	\$	\$	\$	\$		\$	\$
5. Retirement/Pension Programs	\$	\$	\$	\$		\$	\$
6. Health Insurance Programs	\$	\$	\$	\$		\$	\$
7. Paid Sick Leave/Vacation	\$	\$	\$	\$		\$	
8. Initial Stock and Supplies		\$		\$	\$	\$	\$
9. Initial Operating Costs		\$		\$	\$	\$	\$
10. All Other Expenditures		\$		\$		\$	\$
11. TOTAL (add 1-10)	\$	\$	\$	\$	\$	\$	\$

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V. DISTRIBUTION AND EXPENDITURE OF PROGRAM FUNDS FROM VENDING MACHINE INCOME AND LEVIED SET-ASIDE

Item	Vending Machine Income Federal (1)	Vending Machine Income Non-Federal	Levied Set-Aside (3)	Total (4)
1. Amount at Beginning of the Year	\$	\$	\$	\$
2. Funds Added During the Year	\$	\$	\$	\$
3. Total Funds Available (add lines 1 and 2)	\$	\$	\$	\$
4. Funds Distributed to Vendors	\$	\$	\$	\$
5. Other Funds Expended	\$	\$	\$	\$
6. Total Funds Distributed and Expended (add lines 4 and 5)	\$	\$	\$	\$
7. Amount at the End of the Year (subtract line 6 from line 3)	\$	\$	\$	\$

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VI. NUMBER OF SITES SURVEYED

Item	Federal Property Total (1)	Non-Federal Property (2)	Total (3)
1. Number of Sites Surveyed During the Reporting Year			
2. Number of Sites Accepted by the SLA (add a., b., c., and d.)			
a. Number of Accepted Sites Added to Existing Vending Facilities			
b. Number of Accepted Sites Used to Create New Vending Facilities			
c. Number of Accepted Sites Pending Assignment to a Blind Vendor			
d. Number of Accepted Sites Contracted to a Third-Party			
3. Number of Sites Not Accepted by the SLA (add a., b., and c.)			
a. Due to Infeasibility of Site			
b. Due to Lack of Available SLA Funds			
c. Due to Lack of Qualified Vendors			
4. Number of Sites Denied to the SLA by Property Management Officials			
5. Number of Surveyed Sites with a Decision Pending			

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VII. VENDOR TRAINING

- 1. Number of Individuals Completing Training in the Reporting Year to Become Vendors: (add a through c) _____
 - a. Number Licensed and Placed as Vendors _____
 - b. Number Certified Awaiting Placement as Vendors _____
 - c. Other: Add number and place information under "Notes" Section _____
- 2. From all years, Total Number of Certified/Qualified Individuals awaiting Placement as Vendors _____
- 3. Number of Vendors Provided In-Service Training (including on-line training) _____
- 4. Number of Vendors Provided Upward Mobility Training (including on-line training and participation in national conferences) _____
- 5. Number of Vendors Who Received Certification or Re-Certification in Food Safety Through a Nationally Recognized or State Recognized Program _____

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VIII. STATE AND NOMINEE AGENCY PERSONNEL

A. Agency Personnel

Type of Personnel	State Agency Personnel (1)	Nominee Agency Personnel (2)	Total (3)
I. Vending Facility Program Staff (FTE)			
a. Number of Business Consultants/Counselors Staff (FTE)			

B. Training

Type of Training	State Agency Personnel (1)	Nominee Agency Personnel (2)	Total (3)
1. Number Who Received Training Related to Blindness, Business Management, or Aspects of the Randolph-Sheppard Vending Facility Program, to include participation in national conferences.			
2. The Number Who Received Certification or Re-Certification in Food Safety Through a Nationally Recognized or State Recognized Program			

NOTES/EXPLANATIONS:

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CERTIFICATION:

I do hereby certify that, to the best of my knowledge, the information given in this report is complete and accurate.

Name of Authorized Official

Title

Date Certified

Contact Person

Telephone Number

Email Address
