

INDEX RATE/FOOD SERVICE MANAGEMENT COMPANY (FSMC) FEE WORKSHEET

School Year 2019-2020

Complete all sections: A, B and C. Submit with addendum documents

Agreement #: _____ SFA/ (District/School): _____ FSMC: _____

Section A: FSMC Fees – Complete *one* of the charts below based on the base year of the FSMC contract. List each fee separately, even if unchanged, for each year:

1 st Renewal (2 nd year of service)		
	Fee 1	Fee 2
Base Year Fee(s) (2018-2019)		
Renewal Fee(s) (2019-2020)		

OR

2 nd Renewal (3 rd year of service)		
	Fee 1	Fee 2
Base Year Fee(s) (2017-2018)		
First Renewal Fee(s) (2018-2019)		
Second Renewal Fee(s) (2019-2020)		

OR

3 rd Renewal (4 th year of service)		
	Fee 1	Fee 2
Base Year Fee(s) (2016-2017)		
First Renewal Fee(s) (2017-2018)		
Second Renewal Fee(s) (2018-2019)		
Third Renewal Fee(s) (2019-2020)		

OR

4 th Renewal (5 ^h year of service)		
	Fee 1	Fee 2
Base Year Fee(s) (2015-2016)		
First Renewal Fee(s) (2016-2017)		
Second Renewal Fee(s) (2017-2018)		
Third Renewal Fee(s) (2018-2019)		
Fourth Renewal Fee(s) (2019-2020)		

*One fee only starting 2018-2019

Section B: Date of Addendum Approval/Effective Index Rate:

Public/Charters: Date of board meeting approving renewal of FSMC contract/addendum: ____/____/____ Index Rate Percentage *in effect on date of meeting*: _____%

Or

Non Public: Date addendum was signed by the SFA: ____/____/____ Index Rate Percentage *in effect on date of signature by SFA*: _____%

The Index Rate Percentage is posted on: NJ Department of Community Affairs website: http://www.state.nj.us/dca/divisions/dlqs/programs/lpci_docs/cur_index_rate.pdf

The increase in the FSMC fee (s) cannot exceed the Index Rate posted **at the time of renewal by the Board of Education(Public) or execution by the SFA (Non-Public SFAs)** (N.J.S.A.18A:18A-42)

Section C: Signature:

Signature of Business Administrator *or* Non Public Administrator
responsible for the School Nutrition Program

Printed Name

____/____/____
Date

STATE AGENCY USE ONLY:

Fee 1:
% increase: _____

Fee 2:
% increase: _____

Not Approved: _____
Date: _____

Approved: _____
Date: _____

Comments: