

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

School Year 2020-2021

Complete all sections: A, B and C. Email to DFNcontracts@ag.nj.gov with documents on [Form 16CR](#): "School Food Authority (SFA)/FSMC CR Renewal Checklist"

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

Section A: FSMC Fee – 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:

1st Renewal (2nd year of service)

	Fee 1
Base Year Fee (2019-2020)	
Renewal Fee (2020-2021)	

2nd Renewal (3rd year of service)

	Fee 1
Base Year Fee (2018-2019)	
First Renewal Fee (2019-2020)	
Second Renewal Fee (2020-2021)	

3rd Renewal (4th 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)		
Third Renewal Fee(s) (2020-2021)		

4th Renewal (5th 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)		
Fourth Renewal Fee(s) (2020-2021)		

Section B: Date of Contract Renewal Approval/Effective Index Rate

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

Or

Non-Public: Date renewal 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/dlgs/programs/lpcl_docs/cur_index_rate.pdf

The increase in the FSMC fee(s) cannot exceed the Index Rate posted on the date of the Board meeting approving the renewal (Public/Charter) or execution by the SFA (Non-Public) (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: