



OMB Control No: 0584-0471
 Expiration Date: XX/XX/20XX

Appendix B15. Quarterly Program Data

Quarterly Program Data

1.1 **Number of serving days/number of meals served.** Record the number of serving days and the number of student lunches and student breakfasts served/claimed, indicating whether they were full price (paid), reduced price, or free. If your district operates the Community Eligibility Provision (CEP) or provisions 2 or 3, indicate the number of meals claimed in each reimbursement category. Please provide this information for Quarter <1/2/3/4>,<DATE RANGE>.

Meal Type **Quarter <1,2,3,4>**
<DATE RANGE>

Student Lunches

Number of serving days* _____

Number of **full price (paid)** lunches served/claimed _____

Number of **reduced price** lunches served/claimed _____

Number of **free** lunches served/claimed _____

Student Breakfasts

Number of serving days* _____

Number of **full price (paid)** breakfasts served/claimed _____

Number of **reduced price** breakfasts served/claimed _____

Number of **free** breakfasts served/claimed (include severe need) _____

Number of **severe need** breakfasts served/claimed _____

The U.S. Department of Agriculture is conducting this study to obtain updated national estimates of food acquisitions and a description and analysis of food purchase practices of school districts participating in the Federally supported school meal programs. The estimates will provide information on the type, volume and source of foods acquired, the relative importance of USDA Foods, and changes in food composition and cost over time. Participation in this study by individuals is voluntary and the information collected will be used to understand school meal program trends and practices associated with food buying efficiency. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0584-0471. The time required to provide this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, Alexandria, VA 22314 ATTN: PRA (0584-0471).

*If there are differences in the number of serving days across the district, provide an average.

1.2 **Nonprogram food sales (i.e., a la carte or competitive foods).** Did any of the schools in your school district offer nonprogram foods in Quarter <1/2/3/4>,<DATE RANGE>? Nonprogram foods are those that are priced and sold on an individual item basis rather than as a unit or complete meal. This includes items from a reimbursable meal if sold separately. It also includes sales through vending machines and at school stores of foods or beverages purchased through the nonprofit school food service account. Do not include Special Milk Program or adult meals.

- YES
- NO → GO TO QUESTION 1.3

a) [If YES] What was the **total dollar amount of revenue from a la carte sales** of foods and beverages for Quarter <1/2/3/4>,<DATE RANGE>?

Nonprogram foods revenue in Quarter <1,2,3,4>, <DATE RANGE>: \$

b) List the **10 top selling nonprogram foods for elementary and middle/secondary schools**. Describe in general terms (e.g. hamburgers, french fries, potato chips, milk, ice cream, cookies, etc.). If possible, base your response on dollar sales for Quarter <1/2/3/4>,<DATE RANGE>, ranked from largest to smallest. If that is not possible, please give us your best judgment as to what were the leading nonprogram foods during that period.

For each item listed, please estimate the percentage share of total dollar sales of that item that was from nonprogram foods sales during this period. For example:

- If there is an item that is only sold as nonprogram foods (e.g., chips, cookies), please fill in 100% in the space next to that item.
- If there is an item that is sold both as nonprogram foods and as part of the reimbursable meal (e.g. pizza, cookies, hamburgers, subs), then please estimate the percentage of the total value of the item sold as nonprogram foods. For example, if the value of total pizza sales consisted of 15% from nonprogram foods sales and 85% from reimbursable meal sales then please write in 15% on the line next to pizza.
- Since most of the items included on this list will represent aggregations of several individual food products (e.g. "cookies" might include 10 or 20 different types, package sizes, flavors, etc.), record the percentage share that applies to the entire group of products.

**[TABLE] Leading Nonprogram Foods Items
Elementary Schools**

Name of Item/Percent of total sales of item

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Secondary/High Schools

Name of Item/Percent of total sales of item

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

1.3 **Other food program sales.** If your school district has other food program sales during <Quarter date range, year>, are the foods used for any of these other programs included among the quarterly food purchase information?

- YES
- NO

a) [If YES] For those programs included in the food purchase data you submitted, please indicate separately the dollar amount of revenue for (a) those "other programs" that are reimbursable (e.g. Summer Food Service Program or food for other school systems), (b) those "other programs" that are non-reimbursable (e.g. staff meals or catering), and (c) the total for both. If your response is an estimate, indicate with a check (ü) in the space titled "estimate."

Revenues from other food program sales:	<QUARTER DATE RANGE, YEAR>	<u>Estimate</u>
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(a) Reimbursable	\$ _____	<input type="checkbox"/>
(b) Non-reimbursable	\$ _____	<input type="checkbox"/>
(c) Total	\$ _____	<input type="checkbox"/>

1.4 **Total food expenditures.** What were the school district's total expenditures for food and beverages during Quarter <1/2/3/4>,<DATE RANGE>? Do not include expenditures for any nonfood supplies such as plastic wrap, paper and surface cleaning products. If your response is an estimate, indicate with a check (✓).

Total Food Expenditures:

Estimate

Quarter <1/2/3/4>,<DATE RANGE>?

\$
