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

## School Year 2013-2014

<u>OR</u>

Complete and submit with the "Local Education Agency (LEA)/FSMC Renewal Addendum Checklist (Form16). Complete all sections

Agreement #:01904350

LEA (District/School): Readington Township Board of Education

FSMC: Maschio's Food Services, Inc.

Approved: \_\_\_\_\_

Date:

## Section A: FSMC Fees – List each fee separately, where applicable:

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

Fee 1: \$ increase:

% increase:

1 <sup>st</sup> Renewal (2 <sup>nd</sup> year of service)				
	Fee 1	Fee 2		
Base Year Fee(s)				
(2012-2013)				
Renewal Fee(s)	1, 1			
(2013-2014)				

**STATE AGENCY USE ONLY:** 

Comments:

	2 <sup>nd</sup> Renewal (3 <sup>rd</sup> year of service)				
		Fee 1	Fee 2		
<u>OR</u>	Base Year Fee(s) (2011-2012)	\$10,585			
	First Renewal Fee(s) (2012-2013)	\$10,903			
	Second Renewal Fee(s) (2013-2014)	\$10,903			

	year of service)		
	Fee 1	Fee 2	
Base Year Fee(s) (2010-2011)			
First Renewal Fee(s) (2011-2012)			
Second Renewal Fee(s) (2012-2013)		1	
Third Renewal Fee(s) (2013-2014)			

Not Approved:

Date:

4<sup>th</sup> Renewal (5<sup>h</sup> year of service)

Fee 1 Fee 2

Base Year Fee(s)
(2009-2010)

First Renewal Fee(s)
(2010-2011)

Second Renewal Fee(s)
(2011-2012)

Third Renewal Fee(s)
(2012-2013)

Fourth Renewal Fee(s)
(2013-2014)

Public: Date of board meeting approving renewal of FSMC co	ontract/addendum:	/Index	Rate Percentage in effect on dat	e of meeting: 0%				
Non Public: Date addendum was executed by the LEA:	//Inde	ex Rate Percentage in effect	on date of signature:	%				
The Index Rate Percentage is posted on: NJ Department of Community Affairs website: <a href="http://www.nj.gov/dca/divisions/dlgs/programs/lpcl">http://www.nj.gov/dca/divisions/dlgs/programs/lpcl</a> 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 LEA (Non Public LEAs) (N.J.S.A.18A:18A-42)								
Section C: Signature:								
Signature of Business Administrator <u>or</u> Non Public Administrator responsible for the School Nutrition Program	Printed Name	Dat	/					

Fee 2: \$ increase: \_\_\_\_\_

% increase: