

**Instructions for Completion of Bi-Annual Financial Report
For RCCI's Lunch/School Breakfast Programs**

Items of Information: Enter the RCCI and Reporting Period

1. List the balance brought forward from last report period. Should equal closing balance for previous reporting period. Include all cash on hand for the beginning of the reporting period. (This includes balance in Bank Account (checking, money market, C D's), internal accounts, balance of funds 83-00.)
- 2(f) Should include local payment for food, other related food costs.
- 2(g) Should include all local funds for salaries and fringe benefits (FICA, Pension, Unemployment, Worker Compensation, Health Insurance).
- 2(h) Enter amount of any funds, either derived from food service operations or transferred into the food services account and used for program purposes. This includes funds from local sources, special school(s)/programs, e.g. Head Start, SFSP, earned rebates, interest and catering revenue.
- 4(b) For public schools, include total payrolls and fringe benefits from State and Local money for Supervisors, Managers and Workers.
- 4(c) Purchases of equipment with a life of one year or more; or costing over \$5,000.
- 4(d) Includes any other expenses to the Food Service operation not reflected in 4(a), (b) or (c) above.
- 6(a) Report all unpaid bills for food used during the reporting period.
- 6(b) Report all unpaid bills for non-food goods and services used during the reporting period.
- 6(c) Federal Reimbursement due this reporting period.
- 6(d) Value of expendable purchased inventory on hand (includes all food, paper, etc.).

Due Date: By January 31 & July 31

**Return To: Education Associate
School Programs**

Department of Education
Nutrition Programs: **Residential Child Care Institutions (RCCI)**
Bi-Annual Financial Report For School Lunch, Breakfast, Snack Program

RCCI: _____

Reporting Period: **Year** _____ **July-December** _____ **January-June** _____

1. Opening Cash Balance for the Reporting Period: _____

2. Actual Cash Receipts for the Reporting Period

- (a) Federal Reimbursement Received _____
- (b) Income From Pupil Reimbursement Lunch _____
- (c) Income From Pupil Reimbursement Breakfast _____
- (d) Income From Pupil Reimbursement Snack _____
- (e) Income From a la carte Sales, Adult Sales & Special Milk Program _____
- (f) Local Payment for Food, other related food costs _____
- (g) Local Payment for Supervisors, Managers, Workers Salaries and
Other Employee Costs _____
- (h) Other Cash Income _____
- (i) Total Income _____

3. Total Funds Available (1. plus 2(i).): _____

4. Actual Cash Expenditures for the Reporting Period:

- (a) Food _____
- (b) Labor _____
- (c) Major Equipment Purchases (over 1 year of life and over \$5,000) _____
- (d) Other Expenditures (supplies, paper, staff training, travel,
equipment repairs, etc.) _____
- (e) Total Expenditures _____

5. Closing Cash Balance for the Reporting Period (3. minus 4 (e).): _____

6. Additional Information

- (a) Total All Unpaid Food Bills _____
- (b) Total All Unpaid Non-Food Bills _____
- (c) Federal Reimbursement Due Program (s) _____
- (d) Value of Purchased Inventory on Hand _____

We certify this report is true and correct and that invoices and other pertinent records as required by the Agreement are on file to substantiate this report.

Signature:

Authorized Agency Official	Title	Date:
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Optional Worksheet
For Aid in Completing the Bi-Annual Financial Report For
School Lunch Program, School Breakfast Program

Residential Child Care Institution (RCCI) _____

Reporting Period: School Year _____ July-December _____ January-June _____

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|-----------|--|----------|----------|
| 1. | Opening Cash Balance for the Reporting Period. (Sum of 1.(a) through (d)) | | \$ _____ |
| | (a) _____ | \$ _____ | |
| | (b) _____ | \$ _____ | |
| | (c) _____ | \$ _____ | |
| | (d) _____ | \$ _____ | |
| 2. | Actual Cash Receipts | | |
| | (a) Federal Reimbursement Received | \$ _____ | |
| | (b) Income From Pupil Reimbursable Lunch | \$ _____ | |
| | (c) Income From Pupil Reimbursable Breakfast | \$ _____ | |
| | (d) Income From Pupil Reimbursable Snack | \$ _____ | |
| | (e) Income From a la carte Sales, Adult Sales & Special Milk Program
(Sum of 2.(d)(1) through (3)) | \$ _____ | |
| | (1) a la carte Sales | \$ _____ | |
| | (2) Adult Sales | \$ _____ | |
| | (3) Special Milk Program | \$ _____ | |
| | (f) Local Payment for Supervisors, Managers, Workers Salaries and
Other Employment Costs (Sum of 2.(e) (1) through (3)) | \$ _____ | |
| | (1) _____ | \$ _____ | |
| | (2) _____ | \$ _____ | |
| | (3) _____ | \$ _____ | |
| | (g) Local Payment for Supervisors, Managers, Workers Salaries and
Other Employment Costs (Sum of 2.(f) (1) & (2)) | \$ _____ | |
| | (1) _____ | \$ _____ | |
| | (2) _____ | \$ _____ | |
| | (h) Other Cash Income (Sum of 2.(g)(1) through (3)) | \$ _____ | |
| | (1) Catering | \$ _____ | |
| | (2) Other _____ | \$ _____ | |
| | (3) Other _____ | \$ _____ | |
| | (i) Total Income (Sum of 2.(a) through (g)) | | \$ _____ |
| 3. | Total Funds Available (1 plus 2(h)) | | \$ _____ |
| 4. | Actual Cash Expenditures for Reporting Period: | | |
| | (a) Food | \$ _____ | |
| | (b) Labor (Sum of 4.(b)(1) through (4)) | \$ _____ | |
| | (1) _____ | \$ _____ | |
| | (2) _____ | \$ _____ | |
| | (3) _____ | \$ _____ | |
| | (4) _____ | \$ _____ | |
| | (c) Major Equipment Purchases | \$ _____ | |
| | (d) Other Expenditures (Sum of 4.(d)(1) through (7)) | \$ _____ | |
| | (1) Supplies | \$ _____ | |
| | (2) Paper | \$ _____ | |
| | (3) Staff Training | \$ _____ | |
| | (4) Travel | \$ _____ | |
| | (5) Equipment Repairs | \$ _____ | |
| | (6) Other _____ | \$ _____ | |
| | (7) Other _____ | \$ _____ | |
| | (e) Total Expenditures (Sum of 4.(a) through (d)) | | \$ _____ |

5. **Closing Cash Balance For the Reporting Period** (3 minus 4 (e) equals sum of

5.(a) through (d))

\$ _____

(a) _____

\$ _____

(b) _____

\$ _____

(c) _____

\$ _____

(d) _____

\$ _____

6. **Additional Information**

(a) Total All Unpaid Food Bills

\$ _____

(b) Total Unpaid Non-Food Bills

\$ _____

(c) Federal Reimbursement Due Program(s)

\$ _____

(d) Value of Purchased Inventory on Hand

\$ _____

NOTE: DO NOT RETURN THIS FORM TO THE CHILD NUTRITION OFFICE