



STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING



JENNIFER M. GRANHOLM
GOVERNOR

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SUPERINTENDENT OF
PUBLIC INSTRUCTION

**FISCAL YEAR 2005
CHILD AND ADULT CARE FOOD PROGRAM
OPERATIONAL MEMO #26**

TO: Child and Adult Care Food Program Institutions

FROM: Mary Ann Chartrand, Director
Grants Coordination and School Support

DATE: July 19, 2005

SUBJECT: **New Reimbursement Rates – Effective July 1, 2005**

The following reimbursement rates are in effect for the period of July 1, 2005 through June 30, 2006:

CATEGORY	BREAKFAST	LUNCH/SUPPER	SNACK
Category A	\$1.27	\$2.32	\$.63
Category B	\$.97	\$1.92	\$.31
Category C	\$.23	\$.22	\$.05

An additional \$.1750 cash-in-lieu of commodities is paid for each lunch and supper served.

The July 2005 Claim for Reimbursement will reflect the new rates.

If you have any questions regarding this memorandum, please contact:

Jacki Higdon, Financial Administrative Assistant – Fiscal Management
Grants Coordination and School Support
Michigan Department of Education
P. O. Box 30008
Lansing, MI 48909
(517) 373-7391

Please keep this memorandum on file or in a notebook for quick and easy reference!

Attachment

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MICHIGAN DEPARTMENT OF EDUCATION
Child and Adult Care Food Program

Fiscal Year 2006 Reimbursement Computation Worksheet

Claim Month _____

Year _____

Meal Type	Category	Number of Reimbursable Meals Served	Reimbursement Rate (<i>effective through 6/30/2006</i>)	Meal Reimbursement	Non-reimbursable meals/snacks (Does not include Program Adults)		
					Number	"A" Rate	Total
Breakfast	A*		x 1.27				
	B		x .97				
	C		x .23				
	1. Total Breakfast Reimbursement						
Lunch	A*		x 2.32				
	B		x 1.92				
	C		x .22				
	Total Number of Lunches						
2. Total Lunch Reimbursement							
Supper	A* •		x 2.32				
	B		x 1.92				
	C		x .22				
	Total Number of Suppers						
3. Total Supper Reimbursement							
Snack	A* •		x .63				
	B		x .31				
	C		x .05				
4. Total Snack Reimbursement							
Cash-in-Lieu	Total Number of Lunches						
	Total Number of Suppers						
	5. Lunches + Suppers		x .1750 (cash-in-lieu)				
6. TOTAL Meal Reimbursement (1+2+3+4+5)							
	7. Value of non-reimbursable meals (Totals of the far right columns of this form- breakfast, lunch, supper, snack)						
	8. Food Service Operation Expenses (Line 6 minus line C of the claim minus Line 7 of this form)			Line B6 of the claim	Line C of the claim	Line 7 of this form	Net expenses
VALUE OF CLAIM FOR REIMBURSEMENT: (The lesser of line 6 or line 8 of this form.)							

•* Include "at-risk"

* Include meals and snacks served to children in homeless shelters