DATE: 11/04/2021

Cuba Independent School District Cost Reimbursable Food Service Management Company FY22 Request for Proposal

Response to Questions

1. On page 32 of the RFP, it appears there are snacks noted in your After School Snack Program. Within the scope of work, After School Snacks are not noted. How would you require bidders to respond? Shall we include the snack counts in our proforma calculations and if so, what Federal Reimbursement Rate shall we use to calculate this revenue?

PLEASE INCLUDE SNACK COUNTS IN PROFORMA CALCULATIONS USING THE FREE FEDERAL REIMBURSEMENT RATE.

2. Would you kindly share the NSLP Meal Claims reports for SY2019-2020 and for SY2020-2021 for all programs?

SEE ATTACHED.

3. Page 33 of the RFP, would you confirm what exactly the \$3500 is for in school revenue?

NON-PROGRAM ADULT MEALS.

4. Does your program have any catering revenue and if so, would you share what that revenue is for the most current school year?

NO CATERING REVENUE. CATERING IS DONE FOR STAFF IN-SERVICE ONCE OR TWICE PER YEAR. THE DISTRICT PAYS THE FSMC FROM OPERATIONAL FUNDING TO CATER FOR IN-SERVICE DAYS.

5. Would you share your total adult meal participation for breakfast and lunch for SY2019-2020 and SY2020-2021? What were the prices for these meals?

NON-PROGRAM ADULT MEAL PARTICIPATION

SY2019-2020 Breakfast: 84, Lunch: 927 (Zero participation April-June due to COVID-19) SY2020-2021 Breakfast: 1, Lunch: 3 (Lower numbers due to COVID-19)

Adults: \$2/Breakfast, \$3.50/Lunch

- 6. Would you provide the following information regarding the current staffing?
 - a. How many full time employees?

 There are 7 employees, it is unknown whether or not they are full time or part time. This information was not released to the District by the current FSMC.
 - How many part time employees?
 There are 7 employees, it is unknown whether or not they are full time or part time. This information was not released to the District by the current FSMC.
 - c. What are their respective positions?1 Cafeteria Manager and 6 Cafeteria Workers

- d. How many hours worked per day for each?
 Unknown. This information not released to the District by the current FSMC.
- e. How many days per week do they work?
- f. What are their current pay rates?
 Cafeteria Manager \$25/hour, Cafeteria Workers \$12/hour.

plus 4 renewals when the final contract is executed.

7. Would you share the amount of your commodity entitlement for SY2021-2022?

UNKNOWN. THIS INFORMATION WAS NOT RELEASED TO THE DISTRICT BY THE CURRENT FSMC.

8. Page 31 of the RFP, Section XXIV, there is a request for all bidders to require both a Bid and Performance Bond. With the SSO waiver in place, will this bonding still be required and if so under SFSP, what would be the total contract value be?

THIS RFP IS BASED ON A PED TEMPLATE. THE DISTRICT HAS REACHED OUT TO PED TO SEE IF THE REQUIREMENTS ARE DIFFERENT BASED ON THE SSO WAIVER.

- 9. Contract term:
 - a. Will the first year of the contract be January 1, 2022 to June 30, 2022? The duration of the first year of the contract is currently noted in the RFP as starting on January 1, 2022 and ending on December 31, 2022. The District is willing to change this from January 1, 2022 to June 30, 2022 when the final contract is executed if the awarded bidder would prefer this timeframe.
 - b. NMPED now allows for contracts to include 1 year plus 4 renewals. Will this contract still be 1 plus 3 or 1 plus 4?
 The duration of the contract is currently 1 year plus 3 renewals which is how the RFP template from PED was worded. However, the District is willing to change this to 1 year

| Claim Type: SSO | | Current Claim Status: Paid |
|--|---|-------------------------------|
| District: CUBA INDEPENDE Code: 062000 Address: PO BO COUNTY ROAD 13 City: CU | OX 70 Address 2: 50 | |
| Claim was App Claim was Pro | ubmitted by: Rhiannon Chavez On 8/21/2 Oroved by: MARVIN TRUJILLO On 8/23 Ocessed by: VALERIE PADILLA On 9/19 | Schools 2 |
| Meal Counts Breakfa | st Lunch Snacks | Return to SFA Claims |
| Free Reduced Paid Total Meals Breakfast Amount Claimed \$2, | \$4,545.99 \$0.00 wment to Upload Choose File No file chosen | Return to Site Claims |
| File Name | Seamless Summer Option Document(s) Last Updated | |
| CUBA 07-31-19.pdf | 8/21/2019 1:10:28 PM | |
| | | his Month \$0.00 |
| Comments If you need assistance, please | call SSAWB at (505) 827-1821. | |
| • | y Statement Contact Us | Signed on as: Rhiannon Chavez |

Claim Type: NSLP Current Claim Status: Submitted

District: CUBA INDEPENDENT SCHOOLS STARS Code: 062000 Address: PO BOX 70 Address 2: 50 COUNTY ROAD 13 City: CUBA State Zip: NM 87013

| Date | Month | Year | Enrollment | Schools |
|------------|--------|------|------------|---------|
| 09/09/2019 | August | 2019 | 533 | 3 |
| | | | | |

Claim was created by: Rhiannon Chavez

Claim was Submitted by: Rhiannon Chavez On 9/9/2019 11:03:24 AM

| Meal Counts | Breakfast | Lunch | Snacks |
|----------------|-----------------|-------------|-------------|
| Free | 5,565 | 7,296 | 537 |
| Reduced | 0 | 0 | 0 |
| Paid | 0 | 0 | 0 |
| Total Meals | 5,565 | 7,296 | 537 |
| | Breakfast Total | Lunch Total | Snack Total |
| Amount Claimed | \$12,243.00 | \$25,536.00 | \$504.78 |

Return to SFA Claims

Return to Site Claims

Signed on as: Rhiannon Chavez

| Claim Subtotal | \$38,283.78 |
|--------------------------------|-------------|
| Amount SFA Received This Month | \$0.00 |
| Amount SFA Paid This Month | \$0.00 |
| SFA Total For Month | \$38,283.78 |
| Amount Owed To SFA | \$38,283.78 |

Comments

If you need assistance, please call SSAWB at (505) 827-1821.

Privacy Statement Contact Us

| Claim Type: NSLP | | | | Current Cla | im Status: Submitted |
|--|-------------------------------------|---------------|---|--|-------------------------------|
| District: CUBA INDE Code: 062000 Addres COUNTY ROAD 13 | s: PO BOX 70 | Address 2: 50 | | | |
| Date 10/10/2019 | Month September Clair was Submittee | | Year 2019 by: Rhiannon C n Chavez On | Enrollment 562 Chavez 10/10/2019 11:17: | Schools 3 07 AM |
| Meal Counts | Breakfast | Lunch | Snacks | <u>Return</u> | to SFA Claims |
| Free Reduced Paid Total Meals | 6,908 0 0 6,908 | 9,193 | 1,267 0 0 1,267 | Return | to Site Claims |
| Amount Claimed | \$15,197.60 | \$32,175.50 | Snack Total \$1,190.98 | | |
| | | | | Claim Subtotal | \$48,564.08 |
| | | A | | ceived This Month | **** |
| | | | | A Paid This Month | |
| | | | | A Total For Month | |
| - | | | Amo | ount Owed To SFA | \$48,564.08 |
| Comments If you need assistance | e, please call SS Privacy State | | 827-1821. | | Signed on as: Rhiannon Chavez |

Claim Type: NSLP Current Claim Status: Submitted District: CUBA INDEPENDENT SCHOOLS STARS Code: 062000 Address: PO BOX 70 Address 2: 50 COUNTY ROAD 13 City: CUBA State Zip: NM 87013 Month Enrollment Schools Date Year 11/07/2019 October 2019 562 Claim was created by: Rhiannon Chavez Claim was Submitted by: Rhiannon Chavez On 11/7/2019 3:20:31 PM **Meal Counts** Breakfast Lunch Snacks **Return to SFA Claims** Free 6,983 9,315 1,049 **Return to Site Claims** Reduced 0 0 0 0 Paid 0 0 **Total Meals** 6,983 9,315 1,049 **Breakfast Total Lunch Total Snack Total** Amount Claimed \$15,362.60 \$32,602.50 \$986.06 Claim Subtotal \$48,951.16 Amount SFA Received This Month \$0.00 Amount SFA Paid This Month \$0.00 SFA Total For Month \$48,951.16 Amount Owed To SFA \$48,951.16 Comments If you need assistance, please call SSAWB at (505) 827-1821. **Privacy Statement** Contact Us Signed on as: Rhiannon Chavez

| Claim Type: NSLP | | | | Current Clai | im Status: Submitted |
|--|---|---|--|---|-------------------------------|
| District: CUBA INDE Code: 062000 Addres COUNTY ROAD 13 | s: PO BOX 70 | Address 2: 50 | | | |
| Date 12/05/2019 | Month November Clai m was Submitte | | Year 2019 by: Rhiannon C on Chavez On | Enrollment 562 Chavez 12/5/2019 12:26:2 | Schools 3 7 PM |
| Meal Counts | Breakfast | Lunch | Snacks | Return | to SFA Claims |
| Free Reduced Paid Total Meals Amount Claimed | 5,276 0 5,276 Breakfast Total \$11,607.20 | 7,231 0 7,231 Lunch Total \$25,308.50 | 138 0 0 138 Snack Total \$129.72 | <u>Return</u> | to Site Claims |
| | | | | Claim Subtotal | \$37,045.42 |
| | | A | mount SFA Red | ceived This Month | \$0.00 |
| | | | Amount SFA | A Paid This Month | \$0.00 |
| | | | SFA | A Total For Month | \$37,045.42 |
| | | | Amo | ount Owed To SFA | \$37,045.42 |
| Comments If you need assistance | e, please call SS Privacy State | ` ′ |) 827-1821. act Us | | Signed on as: Rhiannon Chavez |

| Claim Type: NSLP | | | | Current C | laim Status: Submitted |
|--|---|-----------------------------------|---|---|-------------------------------|
| District: CUBA INDE Code: 062000 Addres COUNTY ROAD 13 | s: PO BOX 70 | Address 2: 50 | | | |
| Date 01/07/2020 | Month December Clair m was Submitte | | Year 2019 by: Rhiannon C n Chavez On | Enrollment 562 Chavez 1/7/2020 11:03: | Schools 3 45 AM |
| Meal Counts | Breakfast | Lunch | Snacks | Retur | n to SFA Claims |
| Free Reduced Paid Total Meals | 4,738 0 0 4,738 | 6,174 0 0 6,174 | 238 0 0 238 | Retur | n to Site Claims |
| Amount Claimed | \$10,423.60 | Lunch Total \$21,609.00 | Snack Total \$223.72 | | |
| | | | | Claim Subtota | al \$32,256.32 |
| | | A | mount SFA Rec | ceived This Mont | th \$0.00 |
| | | | | A Paid This Mont | |
| | | | | A Total For Mont | |
| | | | Amo | ount Owed To SF. | A \$32,256.32 |
| Comments If you need assistance | e, please call SS Privacy Stater | , , | | | Signed on as: Rhiannon Chavez |

| Claim Type: NSLP | | | | Current C | laim Status: Submitted |
|--|--|--|--|---------------------------------------|-------------------------------|
| District: CUBA INDE Code: 062000 Addres COUNTY ROAD 13 | s: PO BOX 70 | Address 2: 50 | | | |
| Date 02/05/2020 Clai | Month January Clair m was Submitt | | Year 2020 by: Rhiannon C on Chavez Or | Enrollment 562 havez 12/5/2020 9:25:3 | Schools 3 |
| Meal Counts | Breakfast | Lunch | Snacks | Retur | n to SFA Claims |
| Free Reduced Paid | 5,189 | 7,063 | 0 | Retur | n to Site Claims |
| Total Meals Amount Claimed | 5,189 Breakfast Total \$11,415.80 | 7,063 Lunch Total \$24,720.50 | Snack Total \$44.18 | | |
| | | | | Claim Subtota | |
| | | A | | eived This Mont | |
| | | | | Paid This Mont | |
| | | | | A Total For Mont unt Owed To SF | |
| Comments | | | Aillo | unt Owed 10 Sr. | A \$36,180.48 |
| If you need assistance | | ` ′ | | | |
| | Privacy Stater | nent Conta | act Us | | Signed on as: Rhiannon Chavez |

Claim Type: NSLP Current Claim Status: Submitted District: CUBA INDEPENDENT SCHOOLS STARS Code: 062000 Address: PO BOX 70 Address 2: 50 COUNTY ROAD 13 City: CUBA State Zip: NM 87013 Month Enrollment Schools Date Year 03/05/2020 February 2020 562 Claim was created by: Rhiannon Chavez Claim was Submitted by: Rhiannon Chavez On 3/5/2020 4:00:40 PM **Meal Counts** Breakfast Lunch Snacks **Return to SFA Claims** Free 6,174 8,195 0 **Return to Site Claims** Reduced 0 0 0 Paid 0 0 0 8,195 **Total Meals** 6,174 0 **Breakfast Total Lunch Total Snack Total** Amount Claimed \$13,582.80 \$28,682.50 \$0.00 Claim Subtotal \$42,265.30 Amount SFA Received This Month \$0.00 Amount SFA Paid This Month \$0.00 SFA Total For Month \$42,265.30 Amount Owed To SFA \$42,265.30 Comments If you need assistance, please call SSAWB at (505) 827-1821. **Privacy Statement** Contact Us Signed on as: Rhiannon Chavez

| Claim Type: SSO | | | | Current Cl | aim Status: Adjusted |
|--|---|------------------------|---|---|--|
| District: CUBA INDE Code: 062000 Address COUNTY ROAD 13 | s: PO BOX 70 Ad | ldress 2: 50 | | | |
| Claim | Month March m was Submitted was Approved by was Processed by Claim was Paid | : MARVIN TRU | 20 navez On 4 JILLO On DILLA Or | Enrollment [600] 4/7/2020 4:06:15 1 4/16/2020 1:46: 1 5/1/2020 4:17:2 On 5/12/2020 | :16 PM |
| Meal Counts | Breakfast | Lunch S | inacks | Return | to SFA Claims |
| Free Reduced Paid Total Meals Amount Claimed Select Seamless Summ File Name CUBA SSO 03-31-20. | \$11,958.32 mer Document to S | \$18,943.32 | | Return | to Site Claims |
| Comments If you need assistance, | , please call SSAV Privacy Statemen | Ar VB at (505) 827- | Amo t SFA Receiv mount SFA P SFA T | Claim Subtotal [ount Claim Paid [wed This Month [Paid This Month [Total For Month [Ar | \$30,901.64 \$30,901.64 \$0.00 \$0.00 \$30,901.64 mount Owed To SFA |

| Claim Type: SSO | | Current Claim Status: Paid |
|---|---------------------------------------|--|
| District: CUBA INDEPEND Code: 062000 Address: PO E COUNTY ROAD 13 City: C | 3OX 70 Address 2: 50 | |
| Claim was Ap Claim was Pr | | Enrollment Schools 670 On 5/9/2020 12:42:55 PM On 5/27/2020 11:17:45 AM On 5/29/2020 8:26:40 AM LA On 6/4/2020 |
| Meal Counts Break | fast Lunch Snacks | Return to SFA Claims |
| Free Reduced Paid Total Meals Breakfast Amount Claimed \$25 | 9,942.00 \$47,635.00 \$0.0 | Return to Site Claims Return to Site Claims continued to the characteristic continue to the |
| CUBA Meal Count 04-30-20.pdf | | 5/9/2020 12:42:14 PM |
| | Amount S | Claim Subtotal \$77,577.00 Amount Claim Paid \$77,577.00 Received This Month \$0.00 SFA Paid This Month \$0.00 SFA Total For Month \$77,577.00 Amount Owed To SFA |
| Comments | | |
| • | e call SSAWB at (505) 827-1821. | |
| <u>Priva</u> | <u>cy Statement</u> <u>Contact Us</u> | Signed on as: Rhiannon Chavez |

| Claim Type: SSO | Current Claim Status: Paid |
|--|--|
| District: CUBA INDEPENDENT SCHOOLS STAR Code: 062000 Address: PO BOX 70 Address 2: 50 COUNTY ROAD 13 City: CUBA State Zip: NM 87 | |
| Date Month | ΓRUJILLO On 6/18/2020 3:04:29 PM PADILLA On 6/19/2020 6:01:24 PM |
| Meal Counts Breakfast Lunch | Snacks Return to SFA Claims |
| Free | Return to Site Claims O Snack Total \$0.00 OSE File No file chosen |
| Seamless Summer | Option Document(s) Last Updated |
| CISD Meals 05-31-20.pdf | 6/2/2020 2:29:01 PM |
| An | Claim Subtotal \$80,199.00 Amount Claim Paid \$80,199.00 nount SFA Received This Month \$0.00 Amount SFA Paid This Month \$0.00 SFA Total For Month \$80,199.00 Amount Owed To SFA |
| Comments | |
| COVID-19 If you need assistance, please call SSAWB at (505) | 827-1821. |
| Privacy Statement Contact | Signed on as: Rhiannon Chavez |

| Claim Type: SSO | Current Claim Status: Submitted |
|--|--|
| District: CUBA INDEPENDENT SCHOOLS STARS Code: 062000 Address: PO BOX 70 Address 2: 50 COUNTY ROAD 13 City: CUBA State Zip: NM 870 | |
| Date O7/10/2020 Month June Claim was created by Claim was Submitted by: Rhiannon | |
| Meal Counts Breakfast Lunch | Snacks Return to SFA Claims |
| Free 14,540 14,560 | 0 |
| Reduced 0 0 | Return to Site Claims |
| Paid 0 0 | 0 |
| Total Meals 14,540 14,560 | 0 |
| Amount Claimed \$31,988.00 \$50,960.00 | Snack Total \$0.00 |
| Select Seamless Summer Document to Upload Choose File Uploaded Successfully Seamless Summer O | se File No file chosen Option Document(s) |
| File Name | Last Updated |
| CISD Meals 06-30-20.pdf | 7/10/2020 2:15:26 PM |
| | Claim Subtotal \$82,948.00 Dount SFA Received This Month \$0.00 Amount SFA Paid This Month \$0.00 SFA Total For Month \$82,948.00 Amount Owed To SEA \$23,048.00 |
| Comments | Amount Owed To SFA \$82,948.00 |
| If you need assistance, please call SSAWB at (505) 82 Privacy Statement Contact | |

| Claim Type: SSO | | | | C | furrent Claim Status: Paid |
|--|--------------------------------|---|--------------------------------|--|-------------------------------|
| District: CUBA INDEPEN Address: PO BOX 70 Addr State Zip: NM 87013 | | | | | |
| Date 08/10/2020 | Claim was Approc | nitted by: Rhiannor wed by: MARVIN' seed by: VALERIE was Paid by: VALE | TRUJILLO On 8 PADILLA On 8 | Enrollment [670] 0/2020 10:01:33 AM 8/20/2020 4:38:48 PM 8/26/2020 4:31:17 PM On 9/2/2020 | Schools 1 |
| Meal Counts | Breakfast | Lunch | Snacks | Return to | SFA Claims |
| Free Reduced | 14,550 | 14,550 | 0 | Return to | Site Claims |
| Paid | 0 | 0 | 0 | | |
| Total Meals | 14,550 | 14,550 | 0 | | |
| Amount Claimed | Breakfast Total \$32,883.00 | Lunch Total \$52,380.00 | Snack Total \$0.00 | | |
| Select Seamless Summer D | Ocument to Upload | | file chosen Option Document(s |) | |
| File Name | | | | Last Updated | |
| CUBA (1) New Meal Cou | unt Per Site July 31 20 |)20.xlsx | | 8/10/2020 10:00 |):12 AM |
| | | | | Claim Subtotal | \$85,263.00 |
| | | | | Amount Claim Paid | \$85,263.00 |
| | | | Amount SFA | Received This Month | \$0.00 |
| | | | Amount | SFA Paid This Month | \$0.00 |
| | | | | SFA Total For Month | \$85,263.00 |
| Comments | | | | | Amount Owed To SFA |
| If you need assistance, plea | , | , | | | |
| | Privacy Stater | nent Contact U | <u>s</u> | | Signed on as: Rhiannon Chavez |

| Claim Type: SSO | | Current Cl | aim Status: Submitted |
|---|---|---|---------------------------------------|
| Code: 062000 Address | PENDENT SCHOOLS STA s: PO BOX 70 Address 2: 50 City: CUBA State Zip: NM 8 | 1 | |
| Date | Month August Claim was created m was Submitted by: Rhianne | Year Enrollment 2020 670 by: Rhiannon Chavez on Chavez On 9/11/2020 2:56: | Schools 1 20 PM |
| Meal Counts | Breakfast Lunch | Snacks Return | n to SFA Claims |
| Free | 11,537 | 6,477 | |
| Reduced | 0 0 | 0 Retur | n to Site Claims |
| Paid | 0 0 | 0 | |
| Total Meals | 11,537 | 6,477 | |
| Amount Claimed | Breakfast Total Lunch Total \$26,073.62 \$41,533.20 | Snack Total \$6,217.92 | |
| Select Seamless Summ File Uploaded Success | sfully | or Ontion Document(s) | |
| File Name | Seamless Summ | er Option Document(s) Last Updated | |
| CUBA 08-31-20.pdf | | 9/11/2020 2:56:11 PM | |
| | A | Claim Subtota mount SFA Received This Month Amount SFA Paid This Month SFA Total For Month Amount Owed To SFA | \$0.00 1 \$0.00 1 \$73,824.74 |
| Comments | | 1 1110 5111 0 11 0 11 1 | - W10,021.14 |
| | , please call SSAWB at (505) Privacy Statement Contact |) 827-1821. act Us | Signed on as: Rhiannon Chavez |
| | Tiracj Statement Cont | 400 00 | 515 IICG OII GS. KIIIGIIIIOII CIIGVEZ |

| Claim Type: SSO | | | | Curre | nt Claim Status: Submitted |
|---|------------------------------------|---------------------|--|---------------------------------------|-------------------------------|
| District: CUBA INDEPEN Address: PO BOX 70 Add State Zip: NM 87013 | | | | | |
| Date 10/07/2020 | | Claim was created b | Year 2020 py: Rhiannon Chavez n Chavez On 10/7. | Enrollment 670 /2020 1:40:23 PM | Schools 1 |
| Meal Counts | Breakfast | Lunch | Snacks | Return to | o SFA Claims |
| Free | 11,800 | 11,808 | 11,807 | Return to | o Site Claims |
| Reduced | 0 | 0 | 0 | | <u> </u> |
| Paid | 0 | 0 | 0 | | |
| Total Meals | 11,800 | 11,808 | 11,807 | | |
| Amount Claimed | \$26,668.00 | \$42,508.80 | \$11,334.72 | | |
| Select Seamless Summer I File Uploaded Successfully | • | | file chosen Option Document(s) | | |
| File Name | | | | Last Updated | |
| CUBA New Meal Coun | t Per Site 09-30-20.pd | f | | 10/7/2020 1:40:0 | 4 PM |
| | | | | | |
| | | | | Claim Subtotal | \$80,511.52 |
| | | | | eceived This Month A Paid This Month | \$0.00 |
| | | | | FA Total For Month | \$0.00 \$80,511.52 |
| | | | | ount Owed To SFA | \$80,511.52 |
| Comments | | | | | |
| | | | | | |
| If you need assistance, plea | ase call SSAWB at (Privacy Stater | , | i | | Signed on as: Rhiannon Chavez |

| Claim Type: SSO | | | | Current Cla | im Status: Submitted |
|---|---------------------------------------|--------------|-------------------------------|--|--|
| District: CUBA INDEP Code: 062000 Address: COUNTY ROAD 13 C | : PO BOX 70 Ac | ddress 2: 50 | | | |
| Date 11/09/2020 Claim | Month October Claim v was Submitted b | | y: Rhiannon Ch Chavez On 1 | Enrollment 670 avez 1/9/2020 10:57:5 | Schools 1 54 AM |
| Meal Counts | Breakfast | Lunch | Snacks | Return | to SFA Claims |
| Free Reduced Paid | 12,290 0 | 12,299 | 0 | Return | to Site Claims |
| Total Meals | 12,290 | 12,299 | 12,240 | | |
| Amount Claimed | \$27,775.40 | \$44,276.40 | \$11,750.40 | | |
| Select Seamless Summ File Uploaded Successf | fully | 1 | ose File No file chose | en | |
| File Name | | | | Last Updated | |
| CUBA New Meal Count P | er Site 10-31-20.pdf | | | 11/9/2020 10:57:31 | . AM |
| | | Am | Amount SFA F | Claim Subtotal ved This Month Paid This Month Total For Month at Owed To SFA | \$83,802.20 \$0.00 \$0.00 \$83,802.20 |
| Comments | | | Amoun | ii Owed 10 SFA | \$83,802.20 |
| If you need assistance, | please call SSAV | | | | Signed on as: Rhiannon Chavez |

| DENT SCHOOLS S | TARS Code, 06200 | | | |
|-------------------------------------|--|---|--|--|
| ess 2: 50 COUNTY | ROAD 13 City: Cl | | | |
| Month | | Year | Enrollment | Schools |
| November | \neg | 2020 | 670 | 1 |
| Claim was Approve Claim was Process | ed by: MARVIN THed by: VALERIE P. | RUJILLO On 1 ADILLA On 1 | 2/14/2020 6:04:41 PM 2/16/2020 2:08:57 PM | |
| Breakfast | Lunch | Snacks | Return to | SFA Claims |
| 9,501 | 9,501 | 9,501 | Return to | Site Claims |
| 0 | 0 | 0 | | |
| 0 | 0 | 0 | | |
| 9,501 | 9,501 | 9,501 | | |
| \$21,472.26 | \$34,203.60 | \$9,120.96 | | |
| ocument to Upload | | Option Document(s | s) | |
| | | Last Updated | | |
| odf | | 12/11/2020 10:4 | 46:44 AM | |
| | | | _ | \$64,796.82 \$64,796.82 \$0.00 \$0.00 |
| | | | <u> </u> | \$64,796.82 |
| | | | | Amount Owed To SFA |
| se call SSAWB at (5 | 505) 827-1821. ent Contact Us | | | |
| | November Claim was Submit Claim was Approve Claim was Process Claim was Breakfast 9,501 0 9,501 Breakfast Total \$21,472.26 ocument to Upload | November Claim was Submitted by: Rhiannon C Claim was Approved by: MARVIN TF Claim was Processed by: VALERIE P. Claim was Paid by: VALERI Breakfast Lunch 9,501 0 0 0 9,501 9,501 9,501 Breakfast Total \$21,472.26 \$34,203.60 Choose File No file Seamless Summer C | Claim was Submitted by: Rhiannon Chavez On 12/ Claim was Approved by: MARVIN TRUJILLO On 12/ Claim was Processed by: VALERIE PADILLA On 1 Claim was Paid by: VALERIE PADILLA Snacks Sp. 501 Sp. 5 | November 2020 |

| Claim Type: SSO | | | Current Cla | im Status: Submitted |
|---|--|--|---|--|
| Code: 062000 Addres | EPENDENT SCHOOL s: PO BOX 70 Address City: CUBA State Zip: | s 2: 50 | | |
| Date 01/08/2021 Clai | Month December Claim was on was Submitted by: I | Year 2020 created by: Rhiannon C Rhiannon Chavez O | | Schools 1 AM |
| Meal Counts | Breakfast Lunc | ch Snacks | <u>Return</u> | to SFA Claims |
| Free Reduced | 6,528 | 6,528 6,528 0 0 | <u>Return</u> | to Site Claims |
| Paid | 0 | 0 0 | | |
| Total Meals | 6,528 | 6,528 6,528 | | |
| Amount Claimed | Breakfast Total Lunch \$14,753.28 \$23 | Total Snack Total 8,500.80 \$6,266.88 | | |
| Select Seamless Sumr File Uploaded Success | • | oad Choose File No file choose Summer Option Document(| | |
| File Name | <u>Jeanne.</u> | 33 Juniner Option Document | Last Updated | |
| CUBA Monthly Count | 12-31-20.pdf | | 1/8/2021 9:55:39 AM | |
| | | Amount SFA | Claim Subtotal reived This Month A Paid This Month A Total For Month | \$44,520.96 \$0.00 \$0.00 \$44,520.96 |
| | | Amo | unt Owed To SFA | \$44,520.96 |
| Comments | | | | |
| | 11.00.177 | | | |
| It you need assistance | , please call SSAWB a Privacy Statement | at (505) 827-1821. Contact Us | | Signed on as: Rhiannon Chavez |
| | 1 11 vacy Statement | Comact Os | | Signed on as: Killannon Chavez |

| Claim Type: SSO | | | Current Cla | im Status: Submitted |
|---|---|---|---|---------------------------------|
| Code: 062000 Addres | EPENDENT SCHOOLS S s: PO BOX 70 Address 2 City: CUBA State Zip: N | : 50 | | |
| Date | Month January Claim was creatin was Submitted by: Rhi | Year 2021 ated by: Rhiannon Cha annon Chavez On 2 | Enrollment 670 Section 2/8/2021 3:48:51 | Schools 1 PM |
| Meal Counts | Breakfast Lunch | Snacks | Return | to SFA Claims |
| Free Reduced | 10,833 10, | 0 0 0 | Return | to Site Claims |
| Paid | 0 | 0 0 | | |
| Total Meals | 10,833 | 10,835 | | |
| Amount Claimed | Breakfast Total Lunch Total \$24,482.58 \$39,049 | | | |
| Select Seamless Sumr File Uploaded Success | • | Choose File No file choses | n | |
| File Name | Seattless 5 | unimer Option Document(s) | Last Updated | |
| CUBA Meal Count Per | Site 01-31-21.pdf | | 2/8/2021 3:48:45 P | M |
| | | Amount SFA Receiv | aid This Month | \$73,933.38 \$0.00 \$0.00 |
| | | | otal For Month | \$73,933.38 |
| Comments | | Amoun | t Owed To SFA | \$73,933.38 |
| | , please call SSAWB at (5 | 505) 827-1821. | | |
| J = === = = ======================== | · · · · · · · · · · · · · · · · · · · | Contact Us | | Signed on as: Rhiannon Chavez |

Claim Type: SSO Current Claim Status: Submitted District: CUBA INDEPENDENT SCHOOLS STARS Code: 062000 Address: PO BOX 70 Address 2: 50 COUNTY ROAD 13 City: CUBA State Zip: NM 87013 Month Enrollment Year Schools 03/09/2021 February 2021 670 Claim was created by: Rhiannon Chavez Claim was Submitted by: Rhiannon Chavez On 3/9/2021 11:30:12 AM **Meal Counts Breakfast** Lunch Snacks **Return to SFA Claims** 11,646 11,658 11,558 Free **Return to Site Claims** Reduced 0 0 0 Paid 0 0 0 Total Meals 11,646 11,658 11,558 **Breakfast Total Lunch Total Snack Total** Amount Claimed \$26,319.96 \$41,968.80 \$11,095.68 Select Seamless Summer Document to Upload Choose File No file chosen File Uploaded Successfully Seamless Summer Option Document(s) File Name Last Updated CUBA Meal Count Per Site 02-28-21.pdf 3/9/2021 11:30:06 AM Claim Subtotal \$79,384.44 Amount SFA Received This Month \$0.00 Amount SFA Paid This Month \$0.00 SFA Total For Month \$79,384.44 Amount Owed To SFA \$79.384.44 Comments If you need assistance, please call SSAWB at (505) 827-1821.

Contact Us

Privacy Statement

Claim Type: SSO Current Claim Status: Submitted District: CUBA INDEPENDENT SCHOOLS STARS Code: 062000 Address: PO BOX 70 Address 2: 50 COUNTY ROAD 13 City: CUBA State Zip: NM 87013 Month Enrollment Year Schools 04/08/2021 March 2021 670 Claim was created by: Rhiannon Chavez Claim was Submitted by: Rhiannon Chavez On 4/8/2021 9:23:05 AM **Meal Counts Breakfast** Lunch Snacks **Return to SFA Claims** 9,538 9,534 9,534 Free **Return to Site Claims** Reduced 0 0 0 Paid 0 0 0 **Total Meals** 9,538 9,534 9,534 **Breakfast Total Lunch Total Snack Total** Amount Claimed \$21,555.88 \$34,322.40 \$9,152.64 Select Seamless Summer Document to Upload Choose File No file chosen File Uploaded Successfully Seamless Summer Option Document(s) File Name Last Updated CUBA Meal Count Per Site 03-31-21.pdf 4/8/2021 9:22:52 AM Claim Subtotal \$65,030.92 Amount SFA Received This Month \$0.00 Amount SFA Paid This Month \$0.00 SFA Total For Month \$65,030.92 Amount Owed To SFA \$65,030.92 Comments If you need assistance, please call SSAWB at (505) 827-1821.

Contact Us

Privacy Statement

| Claim Type: SSO | | | | Current Cla | im Status: Submitted |
|--|----------------------------------|-----------------------------------|---|--|-------------------------------|
| District: CUBA INDEI Code: 062000 Address COUNTY ROAD 13 C | : PO BOX 70 A | Address 2: 50 | | | |
| Date | Month April Clain n was Submitte | | year 2021 yy: Rhiannon C n Chavez On | Enrollment 670 havez 5/11/2021 5:18:1 | Schools 1 7 PM |
| Meal Counts | Breakfast | Lunch | Snacks | <u>Return</u> | to SFA Claims |
| Free | 11,416 | 12,072 | 12,072 | | |
| Reduced | 0 | 0 | 0 | Return | to Site Claims |
| Paid | 0 | 0 | 0 | | |
| Total Meals | 11,416 | 12,072 | 12,072 | | |
| Amount Claimed | Breakfast Total \$25,800.16 | Lunch Total \$43,459.20 | Snack Total \$11,589.12 | | |
| Select Seamless Summ File Uploaded Success | | | ose File No file cho | | |
| File Name | | | Last Updated | | |
| CUBA 04-30-21.pdf | | | 5/11/2021 5:18:13 | PM | |
| | | | | | |
| | | | | Claim Subtotal | \$80,848.48 |
| | | Am | | eived This Month | \$0.00 |
| | | | | Paid This Month | \$0.00 |
| | | | | Total For Month | \$80,848.48 |
| Comments | | | Amou | int Owed To SFA | \$80,848.48 |
| If you need assistance, | nlease call SS | AWR at (505) 8 | 327-1821 | | |
| ii jou need doorstanee, | Privacy Statem | ` ' | | | Signed on as: Rhiannon Chavez |

| ciaim Type: SSO | | | | Curren | t Claim Status: Processed |
|--|-----------------------|---|--------------------------------|---|-------------------------------|
| District: CUBA INDEPEN Address: PO BOX 70 Addr State Zip: NM 87013 | | | | | |
| Date | Month | | Year | Enrollment | Schools |
| 06/07/2021 | May | \neg | 2021 | 670 | 1 |
| | Claim was A | nitted by: Rhiannon pproved by: Kate U ssed by: VALERIE | Jllrich On 6/14/2 | 7/2021 10:28:54 AM 2021 8:49:14 AM 7/18/2021 5:02:15 PM | |
| Meal Counts | Breakfast | Lunch | Snacks | Return to | SFA Claims |
| Free | 5,588 | 5,706 | 5,706 | Return to | Site Claims |
| Reduced | 0 | 0 | 0 | | |
| Paid | 0 | 0 | 0 | | |
| Total Meals | 5,588 | 5,706 | 5,706 | | |
| Amount Claimed | \$12,628.88 | \$20,541.60 | \$5,477.76 | | |
| Select Seamless Summer D | Oocument to Upload | | file chosen Option Document(s | | |
| File Name | | | | Last Updated | |
| CUBA (1) New Meal Cou | unt Per Site May 202: | 1 (1).pdf | | 6/7/2021 10:2 | 8:49 AM |
| | | | | _ | |
| | | | | Claim Subtotal | \$38,648.24 |
| | | | | Received This Month | \$0.00 |
| | | | | SFA Paid This Month | \$0.00 |
| | | | | SFA Total For Month | \$38,648.24 |
| a . | | | A | mount Owed To SFA | \$38,648.24 |
| Comments If you need assistance, plea | se call SSAWB at (| (505) 827-1821. | | | |
| , | Privacy States | | <u>s</u> | | Signed on as: Rhiannon Chavez |
| | | | | | |

Claim Type: SSO Current Claim Status: Submitted District: CUBA INDEPENDENT SCHOOLS STARS Code: 062000 Address: PO BOX 70 Address 2: 50 COUNTY ROAD 13 City: CUBA State Zip: NM 87013 Month Enrollment Year Schools 07/07/2021 June 2021 670 Claim was created by: Rhiannon Chavez Claim was Submitted by: Rhiannon Chavez On 7/7/2021 9:14:28 AM **Meal Counts Breakfast** Lunch Snacks **Return to SFA Claims** 932 1,417 0 Free **Return to Site Claims** Reduced 0 0 0 Paid 0 0 0 Total Meals 932 1,417 0 **Breakfast Total Lunch Total** Amount Claimed \$2,106.32 \$5,101.20 \$0.00 Select Seamless Summer Document to Upload Choose File No file chosen File Uploaded Successfully Seamless Summer Option Document(s) File Name Last Updated CUBA New Meal Count Per Site 06-30-21.pdf 7/7/2021 9:14:18 AM Claim Subtotal \$7,207.52 Amount SFA Received This Month \$0.00 Amount SFA Paid This Month \$0.00 SFA Total For Month \$7,207.52 Amount Owed To SFA \$7,207.52 Comments If you need assistance, please call SSAWB at (505) 827-1821.

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