Estimated Operational Cost (Food Service)

Site Labor

NAME	JOB TITLE	HOURS PER DAY	HOURLY WAGE	NUMBER OF DAYS	TOTAL SALARY	FUNDING SOURCE	Instructions
							1. Frist and last name of the employee. 2. Job title of the employee. 3. Number of hours per day. 4. Hourly wage for the employee. 5. Number of days the employee will work. 6. Total income for the employee. 7. Funding source: a. Non-program funds (Funds outside of SFSP) b. Program funds (Funds from USDA) Note: Worksheet is for site labor that complete the operational task for food service and/or supervision.

Estimated Operational Cost (Food Service)

Kitchen Labor

NAME	JOB TITLE	HOURS PER DAY	HOURLY WAGE	NUMBER OF DAYS	TOTAL SALARY	FUNDING SOURCE	INSTRUCTIONS
							8. Frist and last name of the employee. 9. Job title of the employee. 10. Number of hours per day. 11. Hourly wage for the employee. 12. Number of days the employee will work. 13. Total income for the employee. 14. Funding source: c. Non-program funds (Funds outside of SFSP) d. Program funds (Funds from USDA) Note: Worksheet is for kitchen labor that complete the operational task for food preparation.