

**DATE:**

July 11, 2022

**AGENDA ITEM (ACTION ITEM):**

Consider/Approve Collection of indirect cost from the Student Nutrition Department at the non-restricted rate, 14.04%.

**APPLICABLE BOARD POLICY:**

Legal Status 01.1

**HISTORY/BACKGROUND:**

The collection of indirect costs is to support administrative overhead functions such as accounting, payroll, purchasing, facilities management, utilities, etc.

**FISCAL/BUDGETARY IMPACT:**

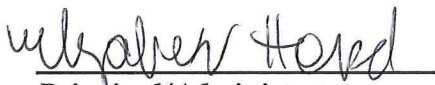
Student Nutrition will pay the non-restricted rate, approved by Kentucky Department of Education, of 14.04 % or an estimated amount of \$396,204 for the 2022-2023 school year.

**RECOMMENDATION:**

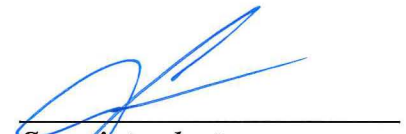
Approval to pay indirect costs by Student Nutrition to General Fund.

**CONTACT PERSON:**

Elizabeth Hord

  
Principal/Administrator

  
District Administrator

  
Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.

Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.

## NSLP Indirect Cost

The Kenton County Board of Education:

(Check which is applicable for your district.)

1. ☒ Will collect indirect cost from food service at the non-restricted rate approved by KDE.
2. ☐ Will collect indirect cost at a rate less than the non-restricted rate approved by KDE.
3. ☐ Will not collect indirect cost from food service.

Adjustments:

1. ☐ Did not make adjustments to the indirect cost pool.
2. ☒ Made adjustments to the indirect cost pool.

Adjustments made include MUNIS codes:

0532 telephone; 0344 financial services

We understand that the non-restricted rate issued by the KY Department of Education for our district will be used to calculate the indirect cost. We also understand that the indirect cost should be transferred **monthly** and **cannot exceed the allowable amount**. We understand that this document is valid for the current school year and will be renewed yearly.

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Finance Officer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Nutrition Director's Signature

\_\_\_\_\_  
Date