



Kenton County School District | *It's about ALL kids.*

# Issue Paper

**DATE:**

May 6, 2026

**AGENDA ITEM (ACTION ITEM):**

Consider/Approve Student Nutrition to pay indirect costs to the general fund at the full non-restricted rate approved by Kentucky Department of Education (KDE) for the 2026-2027 school year.

**APPLICABLE BOARD POLICY:**

04.1 Budget Planning and Adoption

**HISTORY/BACKGROUND:**

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

**FISCAL/BUDGETARY IMPACT:**

Student Nutrition will pay the full non-restrictive rate approved by KDE.

**RECOMMENDATION:**

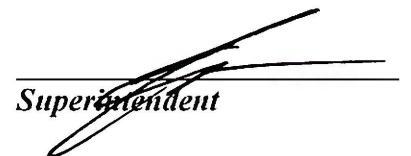
Approval Student Nutrition to pay indirect costs to the general fund at the full non-restricted rate approved by Kentucky Department of Education (KDE) for the 2026-2027 school year.

**CONTACT PERSON:**

Jennifer Notton, Director Student Nutrition

  
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.*



## Federal Child Nutrition Indirect Cost Information Form

### Indirect Cost Responsibility

The Sponsor is responsible for ensuring that the school food service operates on a nonprofit basis, and safeguards assets of the school food service and ensure that they are only used for authorized purposes. The Sponsor is charged with ensuring that only allowable costs are paid with Nonprofit School Food Service Funds and costs are properly classified as direct or indirect. Guidance for Indirect Cost can be found in the USDA Indirect Cost Manual.

Sponsor Name	Kenton County School District
CNIPS ID	10193

### Indirect Cost Rate Amount

*(check appropriate box)*

Will collect indirect cost from food service at the full non-restricted rate approved by KDE.	<input checked="" type="checkbox"/>
Will collect indirect cost at a rate less than the non-restricted rate approved by KDE. List rate if less.	<input type="checkbox"/> Rate:

**Note:** *This decision can be changed at any point in the school year. If there is a change, please resubmit this form to SCN with updated information.*

**Details: include NSLP, SBP, SFSP, CACFP at-risk as applicable**

*(provide responses to each question)*

List Benefit Codes (from EERP) to be used to determine payment.	0200 - 0299
List labor Codes (from EERP) to be used to determine payment.	0100 - 0199
Frequency of Payment (monthly, annually, other). Please describe.	Monthly
Describe internal procedure in place to ensure correct amount is taken: Calculation of Indirect Cost is reviewed by the Finance Director each month + at end of year.	

**Adjustments to Approved KDE Rate**

*(please check appropriate box)*

Adjustments were NOT made to the indirect cost pool.	<input type="checkbox"/>
Adjustments were made to the indirect cost pool.	<input checked="" type="checkbox"/>
Please describe adjustments and include EERP codes: 0344 Financial Services 0532 Telephone 0434 Building Repair - Capital Outlay	

**Assurance of Understanding**

By signing this form, the following assurances are understood:

- The non-restricted rate issued by the Kentucky Department of Education is used to calculate indirect cost.
- Indirect cost payment cannot exceed the allowable amount as determined by the agreed upon rate.
- Indirect costs cannot be taken outside of the program year unless an agreement is in place in advance and all parties agree and acknowledge the agreement.
- This information is only valid for this school year.

Superintendent Signature	Date

Finance Officer Signature	Date
<i>Susan Bentle</i>	<i>April 30, 2026</i>

Child Nutrition Director Signature	Date
<i>Janice M. Wotton</i>	<i>4-30-26</i>