

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
REIMBURSEMENT RATES
FISCAL YEAR 2016

CACFP CENTERS
July 1, 2014 – June 30, 2015

BREAKFAST

Free	\$ 1.62
Reduced	1.32
Paid	0.28

LUNCH OR SUPPER

Free	\$2.98
Reduced	2.58
Paid	0.28
Commodity	0.2475

SUPPLEMENT

Free	\$ 0.82
Reduced	0.41
Paid	0.07

CACFP CENTERS
July 1, 2015 – June 30, 2016

BREAKFAST

Free	\$1.66
Reduced	1.36
Paid	0.29

LUNCH OR SUPPER

Free	\$3.07
Reduced	2.67
Paid	0.29
Commodity	0.2375

SUPPLEMENT

Free	\$ 0.84
Reduced	0.42
Paid	0.07

FAMILY DAY CARE
July 1, 2014-June 30, 2015

Food Service Payment Rates

	<u>Tier I</u>	<u>Tier II</u>
Breakfasts	\$1.31	\$.48
Lunch/Suppers	2.47	1.49
Supplements	.73	.20

FAMILY DAY CARE
July 1, 2015-June 30, 2016

Food Service Payment Rates

	<u>Tier I</u>	<u>Tier II</u>
Breakfasts	\$1.32	\$0.48
Lunch/Suppers	2.48	1.50
Supplements	0.74	0.20

Sponsor Administrative Expense Reimbursement

	<u>July 1, 2014-June 30, 2015</u>	<u>July 1, 2015-June 30, 2016</u>
1 to 50 homes	\$111.00 per home	\$111.00 per home
51 to 200 homes	\$85.00 per home	\$85.00 per home
201 to 1000 homes	\$66.00 per home	\$66.00 per home
Additional homes	\$58.00 per home	\$58.00 per home

COMPUTATION WORKSHEET and RATES of REIMBURSEMENT*

Reimbursement is computed using a "claiming percentage" method. Using the current reimbursement rates effective **JULY 1, 2015- JUNE 30, 2016**, you can calculate your center's reimbursement. Please note that these calculations are performed by our computerized payment system based on each claim. You are not required to calculate reimbursement, although it is a good idea to verify the accuracy of your payment.

	Breakfast	Lunch/Supper	Supplement
Free	\$1.66	\$3.07	\$0.84
Reduced	\$1.36	\$2.67	\$0.42
Paid	\$0.29	\$0.29	\$0.07
Cash in Lieu of Commodities	\$0.2375		

To Determine Percentages

free participants _____ divided by total enrollment _____ = _____ %
 # reduced participants _____ divided by total enrollment _____ = _____ %
 # paid participants _____ divided by total enrollment _____ = _____ %

To Determine Reimbursement

Breakfast

meals _____ x _____ % (free) = _____ x \$1.66 = \$ _____ x
 # meals _____ x _____ % (reduced) = _____ x \$1.36 = \$ _____ x
 # meals _____ x _____ % (paid) = _____ x \$0.29 = \$ _____

TotalBreakfastReimbursement= \$ _____

Lunch/Supper

meals _____ x _____ % (free) = _____ x \$3.07 = \$ _____
 # meals _____ x _____ % (reduced) = _____ x \$2.67 = \$ _____
 # meals _____ x _____ % (paid) = _____ x \$0.29 = \$ _____
 Cash in Lieu of Commodities: # of meals _____ x \$0.2375 = \$ _____

TotalLunch/SupperReimbursement= \$ _____

Supplement

meals _____ x _____ % (free) = _____ x \$0.84 = \$ _____
 # meals _____ x _____ % (reduced) = _____ x \$0.42 = \$ _____
 # meals _____ x _____ % (paid) = _____ x \$0.07 = \$ _____

TotalSupplementReimbursement= \$ _____
TOTAL REIMBURSEMENT= \$ _____