

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES
REHABILITATION SERVICES ADMINISTRATION
WASHINGTON, DC 20202

POLICY DIRECTIVE

RSA-PD-15-01

DATE: November 3, 2014

ADDRESSEES: STATE VOCATIONAL REHABILITATION AGENCIES

SUBJECT: RSA-15 – Report of Vending Facility Program

POLICY

STATEMENT: The purpose of this Policy Directive is to request that you submit data related to the operations of the Randolph-Sheppard program for FY 2014 and provide instructions related to the submission of this data. The Office of Management and Budget (OMB) has approved the use of the revised Report of Vending Facility Program (RSA-15) through August 31, 2017. The OMB control number for this data collection remains: 1820-0009.

All state agencies that are responsible for the administration of the Randolph-Sheppard Vending Facility Program are required to submit the completed Form RSA-15 within 90 days after the close of the period covered by the report. Attached for your information is a copy of the form with its instructions for use in submitting FY 2014 data.

Please note that the following changes have been made to the RSA-15 for your Fiscal Year 2014 report:

In Section VI – Vendor Training, Number of Sites Surveyed, a new line was added as line 1 for the “Number of Sites Surveyed During the Reporting Year.” Line 2 was reworded from “Accepted for Vending Facility Site” to “Number of Sites Accepted by the SLA” and five subcategories were added: (a) Number of Accepted Sites Added to Existing Vending Facilities, (b) Number of Accepted Sites Used to Create New Vending Facilities, (c) Number of Accepted Sites Pending Assignment to a Blind Vendor, and (d) Number of Accepted Sites Assigned to a Third Party. In addition, a new line 5 was added, “Number of Surveyed Sites with a Decision Pending.”

In Section VIII – State and Nominee Agency Personnel, subsection A, Agency Personnel, we added a subcategory under Line 1 for (a) “Number of Business Consultant/Counselor Staff (FTE).” The instructions were modified to indicate that, of the total vending facility program staff, we are interested in the number who are business consultant/counselor staff.

In Section II – Vending Facilities and Vendors, subsection A – Number at Beginning of Year, the data entries for “Beginning of the year” will be adjusted in the MIS so they are prepopulated with the “Number at End of Year” from the prior year’s report for subsections A, D, E, F, G and H. The same change is made in section V(1). These changes will eliminate the need for the SLAs to separately calculate and enter these figures. Similarly, in subsection E.4 – Facilities on Public Property, an automatic edit check was added to the “Number at End of Year” to make sure the figures under Line 4 for categories a, b, &c add to the total number at the end of the year for Line 4.

In Section VIII – State and Nominee Agency Personnel, subsection A, Agency Personnel, we eliminated Line 1, “Vending Facility Program Budgeted FTE.” In addition, in subsection B, Training, there were separate lines for: (1) “Number Who Received In-Service Training Related to Blindness, Business Management, or Aspects of the Randolph-Sheppard Vending Facility Program” and (2) “Number Who Received Training through an External Source Related to Blindness, Business Management, or Aspects of the Randolph-Sheppard Vending Facility Program.” We eliminated both of these data entries and substituted one entry for “Number Who Received Training Related to Blindness, Business Management, or Aspects of the Randolph-Sheppard Vending Facility Program.”

Please be attentive to these changes when completing your submission.

In addition, we are requesting that you submit this report using the online option described on the following page. You may also Email or fax the form to us.

Electronic Submission

To enter this form online, visit <http://rsa.ed.gov>. If you do not have a user ID, click *Info for new users* for instructions. For technical support, click *technical support* at that web site. To enter data, individuals will need to obtain a user ID and submit a signed form to RSA. These procedures are located in the "Getting Started" section of the RSA MIS User Guide found at the following address:

http://www.ed.gov/rschstat/eval/rehab/rsamis/rsamis_help.html

E-mail and Facsimile

If you are unable to submit this form online, please forward one copy of the completed report as an attachment to an email in Word format. Email submissions should be sent to Mark Snyderman at mark.snyderman@ed.gov; you should copy Tara Jordan, tara.jordan@ed.gov, on all email submissions of the RSA-15. Facsimile submissions should be sent to 202-245-7591. You should direct facsimiles to the attention of Mark Snyderman and Tara Jordan.

If you have any questions about the completion of the Form RSA-15 or if you need to submit your report by e-mail or facsimile, Tara Jordan at 202-245-7341 or via e-mail at tara.jordan@ed.gov would be able to assist you.

CITATIONS

IN LAW: *Randolph-Sheppard Act* 20 USC Sec. 107a(a)

CITATIONS IN

REGULATIONS: 34 CFR 395.3

EFFECTIVE

DATE OF

POLICY: Immediately upon issuance

EXPIRATION

DATE: August 31, 2017

/s/

Janet L. LaBreck
Commissioner

Attachment

cc: Council of State Administrators of Vocational Rehabilitation
National Council of State Agencies for the Blind

REPORT OF VENDING FACILITY PROGRAM

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 13.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit (20 U.S.C. 107a(6)(a) and 107b(4)). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1820-0009. Note: Please do not return the completed RSA-15: Report of Vending Facility Program to this address.

STATE: _____ AGENCY: _____
REPORTING PERIOD: October 1, 2014_____ to September 30, _2015_____

I. EARNINGS AND EMPLOYMENT

1. Gross Sales	\$ _____
2. Merchandise Purchases	\$ _____
3. Gross Profit (subtract line 2 from line 1)	\$ _____
4. Payroll Expenses	\$ _____
5. Other Operating Expenses	\$ _____
6. Total Expenses (add lines 4 and 5)	\$ _____
7. Operating Profit (subtract line 6 from line 3)	\$ _____
8. Vending Machine and Other Income	\$ _____
9. Retirement/Other Benefits Paid to/for Vendors During the Operating Year	\$ _____
10. Net Proceeds (add lines 7, 8, and 9)	\$ _____
11. Levied Set Aside Funds	\$ _____
12. Net Profit to Vendors (subtract line 11 from line 10)	\$ _____
13. Fair Minimum Return to Vendors	\$ _____
14. Vendor Earnings (add lines 12 and 13)	\$ _____
15. Vendor Person Years of Employment	_____
16. Average Vendor Earnings (divide line 14 by line 15)	\$ _____
17. The Median of Vendor Earnings in the State	\$ _____
18. Number of Other Persons with Visual Disabilities Employed	_____
19. Number of Other Persons with Disabilities Employed	_____
20. Number of Persons Having No Disability Employed	_____
21. Total Number Employed in the Program (add lines 18, 19, and 20)	_____

II. VENDING FACILITIES AND VENDORS

A. FACILITIES ON FEDERAL PROPERTY

1. Number at Beginning of the Year _____
2. Number Established During the Year _____
3. Number Closed During the Year _____
4. Number at End of the Year _____

B. VENDING FACILITIES LOCATED ON FEDERAL PROPERTY, END OF YEAR

1. General Services Administration _____
2. U.S. Postal Service _____
3. Department of Defense (Add 3a. and 3b.) _____
 - a. Military Dining Facility Contracts _____
 - b. Other Department of Defense Vending Facilities _____
4. Department of Homeland Security _____
5. Department of Health and Human Services _____
6. Veterans Administration _____
7. Department of the Interior _____
8. Vending Routes on Multiple Federal Locations _____
9. Other Federal Agencies (please identify): _____
10. Total (add lines 1 through 9) _____

C. CONTRACTS FOR OPERATION OF CAFETERIAS AND MILITARY DINING FACILITIES

Agency or Branch of Military Awarding Contract	Name of Military Installation (if applicable)	Beginning Date of Contract	Anticipated Termination of Contract	Gross Sales (Value) of Contract for the Most Recently Completed Option Year
				\$
				\$
				\$
				\$

D. VENDORS ON FEDERAL PROPERTY

1. Number at Beginning of the Year _____
2. Number Entering During the Year _____
3. Number Leaving During the Year _____
4. Number at End of the Year _____

E. FACILITIES ON PUBLIC PROPERTY (State, County, Municipal)

1. Number at Beginning of the Year _____
2. Number Established During the Year _____
3. Number Closed During the Year _____
4. Number at End of the Year _____
 - a. Vending Facilities on State Property (end of year) _____
 - b. Vending Facilities on County Property (end of year) _____
 - c. Vending Facilities on Municipal Property (end of year) _____

F. VENDORS ON PUBLIC PROPERTY (State, County, Municipal)

1. Number at Beginning of the Year
2. Number Entering During the Year
3. Number Leaving During the Year
4. Number at End of the Year

G. FACILITIES ON PRIVATE PROPERTY

1. Number at Beginning of the Year
2. Number Established During the Year
3. Number Closed During the Year
4. Number at End of the Year

H. VENDORS ON PRIVATE PROPERTY

1. Number at Beginning of the Year
2. Number Entering During the Year
3. Number Leaving During the Year
4. Number at End of the Year

**III. VENDING LOCATIONS UNDER THE INTERSTATE HIGHWAY PROGRAM
(Transportation Equity Act for the 21st Century of June 1998)**

Item	Total Number (1)	Total Vending Machine Receipts (2)
1. Total Number of Vending Locations		
2. Number of Locations Operated by Vendors		\$
3. Number of Locations Operated by Third-Party Contractors		\$
4. Number of Vendors Operating Locations in the Highway Program		

IV. PROGRAM EXPENDITURES BY SOURCE OF FUNDS

Item	Vending Machine Income Federal (1)	Vending Machine Income Non-Federal (2)	Set-Aside (3)	State Appropriated Fund (4)	Federal Funds (5)	Other (6)	TOTAL (7)
1. Purchase of New Equipment	\$	\$	\$	\$	\$	\$	\$
2. Maintenance of Equipment	\$	\$	\$	\$	\$	\$	\$
3. Replacement of Equipment	\$	\$	\$	\$	\$	\$	\$
4. Refurbishment of Facilities	\$	\$	\$	\$	\$	\$	\$
5. Management Services	\$	\$	\$	\$	\$	\$	\$
6. Fair Minimum Return	\$	\$	\$	\$		\$	\$
7. Retirement/Pension Programs	\$	\$	\$	\$		\$	\$
8. Health Insurance Programs	\$	\$	\$	\$		\$	\$
9. Paid Sick Leave/Vacation	\$	\$	\$	\$		\$	\$
10. Initial Stock and Supplies		\$		\$	\$	\$	\$
11. All Other Expenditures		\$		\$		\$	\$
12. TOTAL (add 1-11)	\$	\$	\$	\$	\$	\$	\$

V. DISTRIBUTION AND EXPENDITURE OF PROGRAM FUNDS FROM VENDING MACHINE INCOME AND LEVIED SET-ASIDE

Item	Vending Machine Income Federal (1)	Vending Machine Income Non-Federal	Levied Set-Aside (3)	Total (4)
1. Amount at Beginning of the Year	\$	\$	\$	\$
2. Funds Added During the Year	\$	\$	\$	\$
3. Total Funds Available (add lines 1 and 2)	\$	\$	\$	\$
4. Funds Distributed to Vendors	\$	\$	\$	\$
5. Other Funds Expended	\$	\$	\$	\$
6. Total Funds Distributed and Expended (add lines 4 and 5)	\$	\$	\$	\$
7. Amount at the End of the Year (subtract line 6 from line 3)	\$	\$	\$	\$

VI. NUMBER OF SITES SURVEYED

Item	Federal Property Total (1)	Non-Federal Property (2)	Total (3)
1. Number of Sites Surveyed During the Reporting Year			
2. Number of Sites Accepted by the SLA (add a., b., c., and d.)			
a. Number of Accepted Sites Added to Existing Vending Facilities			
b. Number of Accepted Sites Used to Create New Vending Facilities			
c. Number of Accepted Sites Pending Assignment to a Blind Vendor			
d. Number of Accepted Sites Contracted to a Third-Party			
3. Number of Sites Not Accepted by the SLA (add a., b., and c.)			
a. Due to Infeasibility of Site			
b. Due to Lack of Available SLA Funds			
c. Due to Lack of Qualified Vendors			
4. Number of Sites Denied to the SLA by Property Management Officials			
5. Number of Surveyed Sites with a Decision Pending			

VII. VENDOR TRAINING

1. Number of Individuals Completing Training in the Reporting Year to Become Vendors: (add a through d)
 - a. Number Licensed and Placed as Vendors _____
 - b. Number Certified Awaiting Placement as Vendors _____
 - c. Number Placed as Employees in the Vending Facility Program _____
 - d. Number Employed in Allied Food Service Occupations _____
2. Total Number of Certified/Qualified Individuals Awaiting Placement as Vendors _____
3. Number of Vendors Provided In-Service Training (including on-line training) _____
4. Number of Vendors Provided Upward Mobility Training (including on-line training) _____
5. Number of Vendors Participating in National Consumer-Driven Conferences _____
6. Number of Vendors Who Received Certification or Re-Certification in Food Safety Through a Nationally Recognized or State Recognized Program _____

VIII. STATE AND NOMINEE AGENCY PERSONNEL

A. Agency Personnel

Type of Personnel	State Agency Personnel (1)	Nominee Agency Personnel (2)	Total (3)
I. Vending Facility Program Staff (FTE)			
a. Number of Business Consultants/Counselors Staff (FTE)			

B. Training

Type of Training	State Agency Personnel (1)	Nominee Agency Personnel (2)	Total (3)
1. Number Who Received Training Related to Blindness, Business Management, or Aspects of the Randolph-Sheppard Vending Facility Program			
2. Number Who Participated in National Consumer-Driven Conferences			
3. The Number Who Received Certification or Re-Certification in Food Safety Through a Nationally Recognized or State Recognized Program			

Notes or Explanations:

CERTIFICATION:

I do hereby certify that, to the best of my knowledge, the information given in this report is complete and accurate.

Name of Authorized Official

Title

Date Certified

Contact Person

Telephone Number

Email Address
