

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

POLICY DIRECTIVE

RSA-PD-02-01

DATE: October 11, 2001

ADDRESSEES: STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL)  
STATE VOCATIONAL REHABILITATION AGENCIES (BLIND)  
CLIENT ASSISTANCE PROGRAMS  
REGIONAL REHABILITATION CONTINUING  
EDUCATION PROGRAMS (RRCEPS)  
RSA SENIOR MANAGEMENT TEAM

SUBJECT: Correction to the September 19, 2001 issuance of the Form RSA-15, Reporting of Vending  
Facility Program for Reporting Fiscal Year 2001 Data

POLICY

STATEMENT: Policy Directive RSA-PD-01-06 dated September 19, 2001, transmitted the above  
referenced Form for data collection for the period October 1, 2000 through September 30,  
2001. The dates at the top of each page of that Form were not changed to reflect the proper  
data collection period.

The error has been corrected. Please replace the Form RSA-15 you received under the  
September 19, Policy Directive with the one attached to this memorandum.

We apologize for the error and trust it did not cause any inconvenience. If you have any  
questions, contact Mr. George Arsnow, Randolph-Sheppard Program Specialist, telephone  
(202) 205-9317.

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Joanne M. Wilson  
Commissioner, RSA

## 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 it displays a valid OMB control number. The valid OMB control number for this information collection is 1820-0009. The time required to complete this information collection is estimated to average 14.5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write to the Program Specialist in your RSA Regional Office.

State \_\_\_\_\_ Agency \_\_\_\_\_ October 1, 2000 to September 30, 2001

### I. EARNINGS AND EMPLOYMENT

	TOTAL (1)	CAFE. (2)	SNACK BAR (3)	VEND. MACH. (4)	OTHER (5)
1. Gross Sales					
2. Less: Merchandise Purchases					
3. Gross Profit (L. 1-2)					
4. Less: Other Oper. Expenses					
5. Operating Profit (L. 3-4)					
6. Vending Machine & Other Income					
7. Net Proceeds (L. 5+6)					
8. Less: Funds Set Aside					
9. Net Profit to Vendors (L. 7-8)					
10. Fair Min. Return to Vendors					
11. Vendors Earnings (L. 9+10)					
12. Vendors Person Years of Employment					
13. Number of Other Visually Disabled Persons Employed					
14. Number of Other Disabled Persons Employed					
15. Number of Non-Disabled					

<b>Persons Employed</b>					
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# REPORT OF VENDING FACILITY PROGRAM

State \_\_\_\_\_ Agency \_\_\_\_\_ October 1, 2000 to September 30, 2001

## II. VENDING FACILITIES AND VENDORS

	TOTAL (1)	CAFE. (2)	SNACK BAR (3)	VEND. MACH. (4)	OTHER (5)
<b>A. FACILITIES ON FEDERAL PROPERTY</b>					
1. Number at Beginning of Year					
2. Number Established during Year					
3. Number Closed during Year					
4. Number at End of Year					
<b>B. FEDERAL LOCATIONS BY FEDERAL AGENCY, END OF YEAR</b>					
1. General Services Administration					
2. U.S. Postal Service					
3. Department of Defense					
4. Health and Human Services					
5. All Other Federal Agencies (Identify Below)-names spelled out					
6. Total (lines 1 through 5)					
<b>C. VENDORS ON FEDERAL PROPERTY</b>					
1. Number at Beginning of Year					
2. Number Entering during Year					
3. Number Leaving during Year					
4. Number at End of Year					

# REPORT OF VENDING FACILITY PROGRAM

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	TOTAL (1)	CAFE. (2)	SNACK BAR (3)	VEND. MACH. (4)	OTHER (5)
<b>D. FACILITIES ON PUBLIC PROPERTY (State, County, Municipal)</b>					
1. Number at Beginning of Year					
2. Number Established during Year					
3. Number Closed during Year					
4. Number at End of Year					
<b>E. VENDORS ON PUBLIC PROPERTY (State, County, Municipal)</b>					
1. Number at Beginning of Year					
2. Number Entering during Year					
3. Number Leaving during Year					
4. Number at End of Year					
<b>F. FACILITIES ON PRIVATE PROPERTY</b>					
1. Number at Beginning of Year					
2. Number Established during Year					
3. Number Closed during Year					
4. Number at End of Year					
<b>G. VENDORS ON PRIVATE PROPERTY</b>					
1. Number at Beginning of Year					
2. Number Entering during Year					
3. Number Leaving during Year					
4. Number at End of Year					

# REPORT OF VENDING FACILITY PROGRAM

State \_\_\_\_\_ Agency \_\_\_\_\_ October 1, 2000 to September 30, 2001

## III. PROGRAM EXPENDITURES

	TOTAL (1)	CAFE. (2)	SNACK BAR (3)	VEND. MACH. (4)	OTHER (5)	
<b>A. SELECTED CATEGORIES BY TYPE OF FACILITY</b>						
1. Establish New Facilities						
2. Maintenance of Equipment						
3. Replacement of Equipment						
4. Refurbish Facilities						
	TOTAL (1)	VEND.MACH.INC.		SET- ASID E (4)	STAT E (5)	FED (6)
		FED (2)	N-FED (3)			
<b>B. ALL CATEGORIES BY SOURCE OF FUNDS</b>						
1. Purchase of New Equipment						
2. Maintenance of Equipment						
3. Replacement of Equipment						
4. Refurbish Facilities						
5. Management Services						
6. Fair Minimum Return						
7. Retirement/Pension Programs						
8. Health Insurance Programs						
9. Paid Sick Leave/Vacation						
10. Initial Stock & Supplies						
11. All Other Expenditures						
12. TOTAL (Sum lines 1-11)						

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State \_\_\_\_\_ Agency \_\_\_\_\_ October 1, 2000 to September 30, 2001

## IV. ACCOUNTABILITY OF PROGRAM FUNDS COLLECTED

	<b>TOTAL (1)</b>	<b>VEND. MACH.INC.</b>		<b>LEVIED SET-ASIDE (4)</b>
		<b>FED (2)</b>	<b>N-FED (3)</b>	
1. Amount on Hand at Beginning of Year				
2. Funds Added during Year				
3. Total Funds Available (lines 1+2)				
4. Total Funds Expended				

## V. VENDING MACHINE FUNDS COLLECTED

	<b>TOTAL (1)</b>	<b>FEDERAL PROPERTY</b>		<b>NON- FEDERAL PROPERTY (4)</b>
		<b>ALL (2)</b>	<b>GSA (3)</b>	
1. Total (lines 2+3)				
2. Amount Distributed to Vendors				
3. Amount Retained by Agency for Set-Aside and Other Purposes				

# REPORT OF VENDING FACILITY PROGRAM

State \_\_\_\_\_ Agency \_\_\_\_\_ October 1, 2000 to September 30, 2001

## VI. NUMBER OF SITES SURVEYED

	<b>TOTAL (1)</b>	<b>FEDERAL PROPERTY (2)</b>	<b>N-FED. PROPERTY (3)</b>
1. Total (Sum of lines 2 through 7)			
2. Accepted for Vending Facility Site			
3. Not Accepted Due to Infeasibility of Site			
4. Not Accepted Due to Lack of Funds by State			
5. Denied by Property Management Official			
6. Not Accepted Due to Lack of Qualified Vendors			
7. Decision Pending			

## VII. TRAINING

1. Individuals Provided Initial Training: (lines a+b+c+d)	
a. Number Licensed and Placed as Vendors	
b. Number Certified Awaiting Placement as Vendors	
c. Number Placed as Employees in the VF Program	
d. Number Employed in Allied Food Service Occupations	
2. Number of Vendors Provided In-Service Training	
3. Number of Vendors Provided Upward Mobility Training: (Total)	
a. Number Advanced in the Program	
b. Number Awaiting Advancement	



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# REPORT OF VENDING FACILITY PROGRAM

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State \_\_\_\_\_ Agency \_\_\_\_\_ October 1, 2000 to September 30, 2001

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## VIII. STATE AND NOMINEE AGENCY PERSON YEARS ASSIGNED TO THE VENDING FACILITY PROGRAM

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

	TOTAL NUMBER (1)	TOTAL VENDING MACHINE RECEIPTS (
1. Total Vending Locations		
2. Locations Operated by Vendors		
3. Vendors Employed in Highway Program		

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

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# REPORT OF VENDING FACILITY PROGRAM

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State \_\_\_\_\_ Agency \_\_\_\_\_ October 1, 2000 to September 30,  
2001

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Signature of Authorized Official

Date