

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

POLICY DIRECTIVE

RSA-PD-02-04

RSM-3015

Date: September 11, 2002

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: Form RSA-15, Report of Vending Facility Program for Reporting
Fiscal Year 2002 Data

POLICY

STATEMENT: The Office of Management and Budget (OMB) has approved the
RSA-15 Reporting Form for an additional three years for the
collection of specific data for the Randolph-Sheppard Vending
Facility Program. The Form has been approved by OMB for use
by the Rehabilitation Services Administration (RSA) until July
31, 2005, under the Paperwork Reduction Act of 1995. The OMB
number remains the same, 1820-0009, and there is no
significant change in the reporting form or in its
instructions.

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 60 days after the
close of the period covered by the report. Attached for your
assistance is a copy of the Form with its updated instructions
for use in submitting FY 2002 data.

Please forward one copy of the completed report to your RSA
Regional Commissioner and one copy to the Blind and Visually
Impaired Division, Rehabilitation Services Administration,
Mary E. Switzer Building, 330 C Street, S.W., Room 3230,
Washington, DC 20202-2738.

If you have any questions about the completion of the Form
RSA-15, contact the Randolph-Sheppard Program Specialist in
your RSA Regional Office.

Please direct any inquiries concerning this Program Policy
Directive to Mr. George Arsnow, Randolph-Sheppard Program
Specialist, telephone number (202)205-9317.

CITATIONS

IN LAW: Randolph-Sheppard Act
Section 3(4)

CITATIONS IN

REGULATIONS: 34 CFR 395.3

INQUIRIES TO: RSA REGIONAL COMMISSIONERS

Joanne M. Wilson
Commissioner, RSA

Attachments

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 13.5 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, 2001 to September 30, 2002**

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. Vendor Person Years of Employment					
13. Number of Other Visually Disabled Persons Employed					
14. Number of Other Disabled Persons Employed					
15. Number of Non-Disabled Persons Employed					

REPORT OF VENDING FACILITY PROGRAM

State _____ Agency _____ October 1, 2001 to September 30, 2002

II. VENDING FACILITIES AND VENDORS

	TOTAL (1)	CAFE. (2)	SNACK BAR (3)	VEND. MACH. (4)	OTHER (5)
A. FACILITIES ON FEDERAL PROPERTY					
1. Number at Beginning of Year					
2. Number Established during Year					
3. Number Closed during Year					
4. Number at End of Year					
B. FEDERAL LOCATIONS BY FEDERAL AGENCY, END OF YEAR					
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)					
C. VENDORS ON FEDERAL PROPERTY					
1. Number at Beginning of Year					
2. Number Entering during Year					
3. Number Leaving during Year					
4. Number at End of Year					

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State _____ Agency _____ October 1, 2001 to September 30, 2002

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

III. PROGRAM EXPENDITURES

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REPORT OF VENDING FACILITY PROGRAM

State _____ Agency _____ October 1, 2001 to September 30, 2002

	TOTAL (1)	CAFE. (2)	SNACK BAR (3)	VEND. MACH. (4)	OTHER (5)	
A. SELECTED CATEGORIES BY TYPE OF FACILITY						
1. Establish New Facilities						
2. Maintenance of Equipment						
3. Replacement of Equipment						
4. Refurbish Facilities						
	TOTAL (1)	VEND.MACH.INC.		SET- ASIDE (4)	STATE (5)	FED (6)
		FED (2)	N-FED (3)			
B. ALL CATEGORIES BY SOURCE OF FUNDS						
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)						

REPORT OF VENDING FACILITY PROGRAM

State _____ Agency _____ October 1, 2001 to September 30, 2002

IV. ACCOUNTABILITY OF PROGRAM FUNDS COLLECTED

	TOTAL (1)	VEND. MACH.INC.		LEVIED SET-ASIDE (4)
		FED (2)	N-FED (3)	
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

	TOTAL (1)	FEDERAL PROPERTY		NON- FEDERAL PROPERTY (4)
		ALL (2)	GSA (3)	
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, 2001 to September 30, 2002

VI. NUMBER OF SITES SURVEYED

	TOTAL (1)	FEDERAL PROPERTY (2)	N-FED. PROPERTY (3)
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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VIII. STATE AND NOMINEE AGENCY PERSON YEARS ASSIGNED TO THE VENDING FACILITY PROGRAM

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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 (2)
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

State _____ **Agency** _____ **October 1, 2001 to September 30, 2002**

Signature of Authorized Official	Date
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