

Appendix

Procedures.

VFP Purchasing/Invoice Processing/Payments 3/5/18

PROCEDURES:

- A. All original invoices are to be forwarded to the following address unless instructed otherwise:

Vending Facility Program
P.O. Box 3237, Little Rock, Arkansas 72203

Prepayment for Goods and Services is not allowed. Credit card payments for orders/products over the phone or by mail/internet will not be paid until services/goods are received and processed by VFP staff on VFP 23 CC form.

- B. Invoicing Requirements:

1. An original invoice. Only "official" invoices prepared by the vendor will be accepted.
2. Products of facsimile (FAX) transmission, copier, or "cut and paste" invoices, and signed facsimiles or copies of invoices are NOT considered valid original invoices.
3. A document submitted as an invoice must meet the following requirements:
 - a. The business name and address is required on original invoices.
 - b. If the name and address of the business firm is not printed on the invoice, but has been placed on it by rubber stamp, typewriter, computer, or in ink, the original and all copies of the invoice must be signed manually by an authorized agent of the business firm and must include the agent's official title with the vendor.
 - c. All handwritten invoices including invoices with letterhead which are handwritten must be signed manually by an authorized agent of the business firm and must include the agent's official title with the vendor.
 - d. All invoices submitted to VFP Account Payables must include a VFP Purchase Verification/Purchase Order (form VFP 23, VFP# and/or PO # can serve as the same) with signatures from the VFP Specialist and Administrator, approving payments of invoices must have the word "APPROVAL or Approved to Pay", a legible signature and complete full name of the person approving the invoices for payment. Only the VFP Administrator and VFP Specialist can approve payment. The VFP

Accountant is not allowed to approve payments. Only the VFP Accountant or designated back up of DSB Administrative Specialist/Assistant can draft and process checks for payment. The VFP Administrator and VFP Specialist cannot draft or process checks.

- e. All invoices must be billed to the VFP.
 - f. The invoice must have a complete description of the goods or services being billed. Do not use abbreviations (such as "P/R" or "cont."). These are not standardized and may cause delays in the payment process due to invoices being returned for clarification purposes.
 - g. Invoices for services must have the date(s) of service.
 - h. All invoices are required to have an invoice date.
 - i. The invoice must have the unit price and number of units billed or the lump sum price being billed. The invoice must also include the total amount billed. The information on the invoice must agree with the terms of the applicable bid/contract or purchase order.
4. If two or more names, corporate entities and/or addresses are printed on the invoice, the letterhead used for invoices must be that specifically of the payee, matching the applicable W-9 and vendor file.
 5. For invoices with multiple pages, each page must adhere to the requirements listed above. The pages must be numbered in successive order.

VFP Invoice processing checklist, as of 3/5/18.

Invoice Requirements for processing and payment:

- Invoice number
- Date
- Providers Information/address
- Must be billed to VFP
- Description of goods/services
- Dates of services
- Units/items and cost
- Total cost billed
- If multiple pages, pages are to be numbered and reference original invoice number
- Signed by authorized provider and title

C. Receipting and approving requirements are as follows:

1. All invoices submitted for goods or services authorized by VFP Bid or VFP Purchase Verification/Order must be received and approved by the appropriate staff of the VFP on the VFP Purchase Verification/Purchase Order (form VFP 23, VFP# and/or PO # can serve as the same) before payment can be made. The receiving of proof on form VFP 23 must be

completed as proof of receipt of goods purchased and services rendered.

2. All invoices not associated with a VFP Purchase Verification/Purchase Order (form VFP 23, VFP# and/or PO # can serve as the same), excluding commissions/payroll, must be received and approved by the VFP staff or designee. The words, "Approved for Payment or Approved to Pay", a full and legible signature (initials are not acceptable), and the date of approval should be written on the invoice/document submitted for payment.

Procedures for Authority to Use VFP Credit Card – Form VFP 23-CC

1. Approval for use of all credit cards rests with the VFP Administrator. The cards will be kept by the VFP Accountant in a secure place, accessible to accountant only. VFP Staff must request approval in writing to the VFP Administrator for use of a card. VFP Specialist must write a request with details of the purchase on form VFP 23CC. Requests shall state:
 - a. Purpose, intended use of card
 - b. Number and type of cards
 - c. Details- Date of request, Provider, Goods to purchase, and Price.
 - d. Justification
2. The VFP Accountant will sign out and issue credit cards to staff; and will be on a trip-by-trip basis unless the employee is required to travel on a weekly basis. All credit card issues will be signed for by the traveling employee and a permanent record maintained for all credit card issues. VFP Accountant will maintain record and cards. VFP Administrator will approve use of card and then forward approved request to the VFP Accountant to obtain card to be used for purchase by staff.
3. A credit card receipt signed by the employee concerned must support all charges. When a billing is received, the charges will be reviewed and validated against signed credit card receipts, by the VFP Accountant. A copy of all credit card receipts will be attached to a copy of the billing and permanently filed in the office for audit purposes. All of the supporting documentation (e.g., receipts and purchase approvals) must be returned to the VFP Accountant, by user. VFP Accountant will sign in the returned credit card.

The payment process begins when VFP Accountant receives the invoice and all necessary supporting documentation on form VFP 23CC.

4. All of the supporting documentation (e.g., receipts and purchase approvals) must be returned to the VFP Accountant.
5. The cardholder statement(s) for the billing period.
6. VFP Accountant processes payment.

See attached documents:

VFP 23
VFP 23-CC

DHS Division of Services for the Blind
Vending Facility Program

VFP 23

VFP Purchase Verification/Purchase Order

The following goods or services have been provided and payment is approved for:

VFP # _____, PO # _____ Credit Card Purchase Yes No

Description: _____

This work falls in the following category of:

Repairs/maintenance of equipment _____

New equipment #'s _____

VFP Account # _____ Invoice/acct. # _____

VFP Account # _____ Invoice/acct. # _____

Pay to: _____ Cost: \$ _____

APPROVED FOR PAYMENT AND GOODS/SERVICES RECEIVED

Date _____ Signed _____ VFP Specialist

Date _____ Signed _____ VFP Administrator

Paid by check No. _____ Date: _____

DHS Division of Services for the Blind VFP 23CC
Vending Facility Program

VFP Credit Card Purchase Verification/Purchase Order

I, _____, requests use of the VFP credit card to purchase/order the following goods/items:

Purpose/Description: _____

Card # _____ (last 4) TYPE: VISA Home Depot

Details:

Date: _____

Provider: _____

Goods/Items: _____

Price: _____

Justification: _____

On-line purchase

Special order

VFP # _____

XX
xxx

APPROVED FOR PAYMENT AND GOODS/SERVICES RECEIVED

Date _____ Signed _____ VFP Specialist

Date _____ Signed _____ VFP Administrator

VFP ASSET POLICY

7/20/18

I. Purpose

This policy establishes a uniform Capital Asset System for VFP.

II. Responsibility

VFP accounting shall keep and maintain a record of all property belonging to the VFP.

VFP will maintain a perpetual inventory of assets on the computers assigned to VFP.

III. Policy

- (a) A “capital asset” is defined as real, personal or intangible property that has a value equal to or greater than the capitalization threshold (detailed below) and has an estimated life of greater than one year. Assets include any item purchase with VFP funds from SA, SP, or SP302 accounting codes.

<u>Asset Class</u>	<u>Threshold</u>
Land	Capitalize All
Land Improvements	\$5,000
Easements	Capitalize All
Buildings/Building Improvements	\$100,000
Leasehold Improvements	\$5,000
Equipment	\$5,000
Equipment – Low Value	\$ 2,500 - \$ 4,999.99
Equipment – Low Value High Risk	\$500 - \$2,499.99
Equipment – Low Value Collective	(See note below)
Works of Art/Historical Treasures	\$5,000
Works of Art/Historical Treasures – Low Value	\$0 - \$4,999.99
Library Holdings	Capitalize All
Other Tangible/Intangible Assets	\$5,000
Other Tangible/Intangible Assets – Low Value	\$2,500 - \$4,999.99
Internally Generated Software	\$1,000,000
Infrastructure	\$5,000
Capital Leases	\$5,000
Asset under Construction	Not Applicable

easily susceptible to pilferage shall also be included in either Low Value Equipment or Low Value High Risk Equipment depending on value.

- (2) “Equipment – Low Value Collective” consists of groupings of smaller like items that would not individually meet the equipment threshold of \$2,500.00 per item required for the Equipment – Low Value class.
- (3) All items of a purchase price over \$500.00, as listed above, must be tagged by VFP staff and assigned an inventory number specific to VFP- see “blue tags” for assignment. Once tagged, items must be listed on assigned VFP location and inventoried annually by managers and/or staff.

Equipment

- (c) Equipment is defined as fixed or movable tangible assets to be used for operations with an acquisition cost or fair market value at time of acquisition of \$500 or greater with an expected useful life of greater than one year. Acquisition costs consist of cost of the item, sales tax, freight or shipping cost, and installation for the item.

- (1) Costs of extended warranties and/or maintenance agreements which can be separately identified from the cost of the equipment should not be capitalized.

Equipment – Low Value and Low Value High Risk

- (d) Equipment – low value asset class will be utilized for tracking equipment with a useful life of one year or more and an initial value of at least \$500 but not more than \$4,999.99. Assets under \$2,500.00 may be expensed unless the asset is easily susceptible to pilferage and those items must be recorded in the Equipment –Low Value High Risk category: \$500 - \$2,499.99. This asset class is only used for tracking purposes and not for the capitalization of equipment.

6. Depreciation

7.

8. (a) Generally Accepted Accounting Principles require capital assets to be reported and depreciated over their estimated useful life in the government-wide financial statements. Capital assets that are inexhaustible are not depreciated.

9.

- (b) The purpose of depreciation is to spread the cost of the asset over the asset's economic life. The straight-line depreciation method will be used to calculate depreciation.

Asset Retirement/Deactivation

- (a) The VFP accountant will retire/deactivate assets (capital & low-value) when provided documentation by staff in form of email listing the asset number, location, and reason for removal from the inventory listing. The documentation must be retained for audit purposes.
- (b) Documentation required for retirement/deactivation:
 - (1) Assets that have been lost, stolen or destroyed require:
 - (2) DHS Form 1036, Missing Asset Investigation Report, to include police report for stolen items, if applicable and timely. Assets that have been traded-in for another asset require an email of explanation attached to retirement documents of the asset.

VENDING FACILITY PROGRAM OPERATING PROCEDURES OFFICE MANUAL

APPENDIX A

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- - These forms are in the Vendor Operating Procedures Manual.

Set-Aside Schedule

1. A uniform set-aside charge of 11% will be levied against the net proceeds of each licensed vendor. This charge will be made against the net proceeds for each four-week period. However, if a vendor's net profit is less than \$470.00 in a four week period, no set-aside charge will be levied for that period. Effective January 4, 2002, the set-aside charge will change to 11%.
2. The fair minimum guarantee to all operators is \$400.00 per four-week period.
3. If the set-aside schedule produces more revenue than is required to meet expenditures from set-aside funds during the next year, there will be a pro rata distribution of excess funds or a reduction in the set-aside charge for the ensuing year, at the election of the Committee of Licensed Blind Vendors.

Employee Time Sheet VFP-1

The extra-help payroll is calculated by the Accounting Department and produced each two weeks. The extra-help payroll schedule dates are covered on the payroll schedule you receive yearly. It is necessary that all information on extra-help employees be received by the Accounting Department no later than the Monday of the week following the close of the two week period. The VFP-1 form must be completed for each extra-help employee for each two week period or any portion thereof that is worked. The VFP-1 form will be completed by the Vending Facility Program Specialist from information supplied by the vendor. Instructions for completing the VFP-1 are as follows:

FRONT SIDE

Name of Employee - Extra-help employee's name - must be completed.

VFP#, VFP Manager's Name - Number of the location where employee was employed. If employee worked in more than one location during the two weeks, a form must be completed for each location with applicable time shown for each location.

SA, SP, SP-302 - Check which payroll the extra help is to be paid from - must be completed.

Vacation, Sick, Admin. - Check where appropriate for the type of leave.

Rate of Pay - Enter agreed upon rate of pay. Must be completed.

Payroll Dates - Enter payroll dates, beginning and ending.

Day Worked Section - Enter regular and overtime hours worked for each day of the pay period.

Total Hours - Total number of hours for regular and overtime.

Comments - When leave is checked, include explanation here. Also, any instructions or comments affecting the payroll including pay rate changes.

VFP Specialist - Signature of Vending Facility Program Specialist.

Date - Date form is completed.

VENDING FACILITY PROGRAM EMPLOYEE TIME SHEET

Name of Employee _____

VFP Manager's Name _____

Location Number _____

PAYROLL DATES: From _____ Through _____

RATE OF PAY _____ Rate changed, check here _____

SA _____

SP - 302 Sick _____ Vacation _____ Agency Business _____

SP _____

DAY WORKED	REG. HRS.	O.T. HRS.
FRI		
SAT		
MON		
TUE		
WED		
THU		

FRI		
SAT		
MON		
TUE		
WED		
THU		

TOTAL REGULAR HOURS _____ TOTAL OVER TIME HOURS _____

COMMENTS: _____

_____ VFP SPECIALIST

[illegible][illegible]

VENDING FACILITY PROGRAM CASH REPORT

DEPOSIT # _____ PERIOD # _____ DATE _____

ACCOUNTS RECEIVABLE MERCHANDISE	STAND #	DEPOSIT		ACCOUNTS RECEIVABLE MERCHANDISE	STAND #	DEPOSIT	
	1				54		
	2				55		
	3				56		
	4				57		
	5				58		
	6				59		
	7				60		
	8				61		
	9				62		
	10				63		
	11				64		
	12				65		
	13				66		
	14				67		
	15				70		
	16				69		
	17				70		
	18				71		
	19				72		
	20				73		
	21				74		
	22				75		
	23				76		
	24				77		
	25				78		
	26				79		
	27				80		
	28				81		
	29				82		
	30				83		
	31				84		
	32				85		
	33				86		
	34				87		
	35				88		
	36				89		
	37				90		
	38				91		
	39				92		
	40				93		
	41				94		
	42				95		
	43				96		
	44				97		
	45				98		
	46				99		
	47				100		
	48				101		
	49				102		
	50						

	51						
	52						
	53			TOTAL			

Leave Form

Refer to Leave Policies in Section 6.

This form will be completed by the Vending Facility Program Specialist when the vendor reports payroll and non-essential leave. The specialist will turn the form in to bookkeeping with the payroll form. The leave will then be entered on the vendor's leave record and a copy mailed to the vendor. A leave printout will be mailed to the vendor quarterly, unless the vendor requests a printout sooner.

* VFP Staff.

This form is to be used for full days or half days only. Do not put hours in the space for leave days. On the line for month, day, year; the space for hour does not need to be completed unless the leave is for part of a day. If the specialist wants to use the same form for two or more days that has days in between that are not leave days, the comment section of the form should be used to list the days that are leave days. If more than one type of leave is used on the form, then the days for each type of leave must be written and the type of leave that applies to them.

VENDING FACILITY PROGRAM

700 Main St., P.O. Box 3237

Little Rock, AR 72203

LEAVE FORM

_____, took _____ leave days from
(Vendor's Name)

_____ to _____ for
Month DAY YEAR Month DAY YEAR

Vending Facility Location Number

This leave is to be charged to:

Annual (vacation) Leave ____

Sick Leave ____

Extended Sick Leave ____

Funeral (sick) Leave..... ____

Immediate Family Illness (sick leave) ____

Maternity (sick leave) ____

Agency Business Leave ____

Non-essential Leave..... ____

Date _____

Specialist's Signature

Comments: _____

Narratives
Vending Facility Program

VFP # _____ Location _____

Vending Facility Manager: _____

Vending Facility Specialist: _____

Date _____

Inventory - VFP-5

This form is completed by the Vending Facility Specialist when a vendor is assigned or leaves a facility or may be done at the discretion of the Vending Facility Program. Copies of each original inventory sheet should be made and distributed as follows:

- 1 copy to Bookkeeping Section
- 1 copy for Office file
- 1 copy to be returned to the vendor

The original copy of the inventory sheet will be signed by the vendor.

All items of merchandise must be inventoried to determine the amount on hand. The description should include the item's name, size (if applicable) and count (per normal purchase unit or actual count). The Unit Wholesale Price should be the amount that the vendor paid per normal purchase unit. The Total Value should be the number of items or purchase units times the value per item or purchase unit. The information provided on this form determines the vendor's inventory gain or loss (if any) while operating the enterprise.

If a facility is closed after an inventory is taken, the remaining inventory may be disbursed as follows:

1. Returned to supplier for check or money order.
2. Sold to other facilities that can either have the merchandise added to their initial inventory or pay for it.
3. Sold to customers.

All funds and inventory adjustments are to be forwarded to bookkeeping. All outdated and spoiled merchandise will be disposed of and an accurate count of disposed merchandise given to bookkeeping. All merchandise of a closed location must be depleted and accounted for.

Merchandise which is out of date, spoiled, or which cannot be sold according to public health regulations will not be counted on the inventory of the outgoing or incoming vendor.

Inventories should be recorded so that the amount listed in the "Units on Hand" column multiplied by the "Unit Wholesale Price" column equals the "Total Value".

When the "Units on Hand" do not equal an exact "Unit Wholesale Price", the "Units on Hand" should be listed as a fraction. See example below:

Units on Hand	Description	Unit Wholesale Price	Total Value
5/20	Wrigley Gum	\$1.90	.48

The preceding is the proper way to list an item that comes in a box of 20 at a price of \$1.90 per box when there are only 5 of 20 items on hand.

If there were 30 items when a box of 20 had a price of \$1.90 per box, the "Units on Hand" column should be shown as follows:

Units on Hand	Description	Unit Wholesale Price	Total Value
30/20	Wrigley Gum	\$1.90	\$2.85

or could be shown:

Units on Hand	Description	Unit Wholesale Price	Total Value
1 10/20	Wrigley Gum	\$1.90	\$2.85

Routing of Forms:

Bookkeeping

Vendor

Specialist

VFP-5
6/1/84

ARKANSAS VENDING FACILITY PROGRAM
700 Main St., P.O. Box 3237
Little Rock, AR 72203

Inventory Stand No. _____
For Period Ending _____

[illegible]

--	--	--	--	--	--

Vendor's Signature _____ Total _____

Date: _____

Weekly Sales Report

Complete the dates, beginning and ending, for which the report is submitted.

Name - Name of the Vendor who is submitting the report and the Number of the location.

1. Cash Beginning of Day - Record the amount of cash at the beginning of each day. On Friday, the amount recorded should be the amount of petty cash. The amount recorded Monday through Thursday should be equal to item 5. (cash at end of day) for the previous day.
2. Supplies/Operating Expense - Record the amount spent for supplies/operating expense during the day. This amount should agree with the total cash paid-out receipts for supplies/operating expense for the day. Supplies/operating expenses are those items such as cups, lids, bowls, straws, napkins, stir sticks, cleaning supplies, postage, janitorial services, telephone calls, etc., which are not directly sold to customers.
3. Total Purchase of Stock - Record the total amount spent for stock for resale. This amount should agree with cash paid-out receipts for stock for the day.
4. Total Cash Paid Out - Add items 2, and 3.
5. Cash At End Of Day - Count the cash at the end of the day and record this amount in item 5.
6. Sales - Add items 4 and 5 and subtract item 1. This is the amount of sales for the day.

Total for the Week

1. Do not total item 1.
2. Add item 2 across and record the total under Total for the Week.
3. Add item 3 across and record the total under Total for the Week.
4. Add item 4 across and record the total under Total for the Week.
5. Deposit - The amount recorded for deposit should be equal to the amount of cash at the end of the day on Thursday less the amount of petty cash (the amount recorded in item 1 for the previous Friday).

6. Add item 6 across and record the total under Total for the Week. This amount should be equal to the sum of items 4 and 5. Credit card funds must be included from the card company statements and supporting documents.

DIVISION OF SERVICES FOR THE BLIND
VENDING FACILITY PROGRAM
Weekly Sales Report of Manager

FROM _____ TO _____

VENDOR _____ STAND NO. _____

	FRI.	MON.	TUES.	WED.	THURS.	TOTAL FOR WEEK
1. Cash Beginning Of Day						
2. Supplies/ Operating Expense						
3. Total Purchase Of Stock						
4. Total Cash Paid Out 2 + 3						
5. Cash At End Of Day						
Credit Card Funds						
Total Deposit						Deposit
6. Sales 4 + 5 - 1						

DIVISION OF SERVICES FOR THE BLIND
Vending Facility Program
EQUIPMENT TRANSFER AND INVENTORY CONTROL FORM

Inventory Number: _____

Description: _____

☐ Delete item from inventory.

☐ Transfer item as shown.

☐ Add item to inventory - new.

Date of Acquisition _____

Cost of Acquisition _____

Fund Code _____ 1 Set Aside

_____ 2 State-Federal

_____ 3 Special Programs

Transferred From: _____
VFP# _____ Location _____

Transferred To: _____
VFP# _____ Location _____

COMMENTS: _____

Date: _____
Specialist

TEMPORARY EXTRA HELP EMPLOYMENT AGREEMENT

I, _____, understand that I am a
(type or print)

temporary employee for the Vending Facility Program and do not have the same rights and remedies as a person who has been granted a license to operate a vending facility within the Vending Facility Program. I further understand that a person who has been licensed to operate a vending facility has first priority to this location and I further understand that I may be relieved from duties at any time. I additionally agree to abide by and comply with the following policies and understand that failure to comply with one or more of these policies will result in my termination as an employee.

1. The vending facility shall be opened and closed and operated within the prescribed hours as presented by the blind vendor or Vending Facility Program Specialist. Any deviation from these assigned hours will require permission from the Vending Facility Program office.
2. Under no circumstances will cash be removed from the vending facility for personal use and then returned at a later date. Only stock, merchandise, or other materials as approved by the Vending Facility Program Specialist may be purchased and a cash receipt for the purchase of such items shall be placed in the facility cash drawer.
3. If a weekly sales report is submitted to the Vending Facility Program office, no cash shall be sent through the mail or brought to the Vending Facility Program office. Only a check or money order will be accepted. Money order fees may be included as a part of the operating expense of the location and shall be included as part of the weekly sales tickets and listed as a miscellaneous operating expense on the weekly sales report.
4. Unless otherwise stipulated by the Vending Facility Program Specialist or licensed blind vendor assigned to the location, temporary extra help will file weekly sales reports in accordance with Vending Facility Program policies and procedures.
5. Vending Facility Program policies and procedures will be followed in the operation of the location. Any questions or doubts should be directed to the Vending Facility Program Specialist as soon as possible regarding policy questions.
6. No family members or other persons shall be allowed access to the vending facility's cash receipts or to any other secured area of the vending facility. Additionally, family members are not allowed to loiter or remain at the location.
7. Under no circumstances shall another person be contacted to operate the location in the absence of the temporary extra help person. In the event of illness or emergency requiring the necessity to leave the location, the Vending Facility Program office shall be contacted immediately and it shall be the responsibility of the Vending Facility Program office to obtain another person to work the facility. Under no circumstances shall an extra help person employ another person in their place and pay for such employment out of their own pocket.

8. Only authorized Vending Facility Program personnel or the licensed blind vendor of the facility shall be given keys to the facility.
9. Under no circumstances should the internal financial operation of the facility be discussed with customers nor should the operation, pricing, or any other business operation or performance of a vending facility manager be discussed with customers at any location. If an extra help person notes problems or difficulties within the facility, the extra help person should notify the Vending Facility Program Specialist responsible for the location. Extra help persons shall not discuss price differentials between various locations with customers nor any other business of the assigned licensed blind vendor with the customers or other individuals.
10. Breakdowns and failure of equipment should be reported to the Vending Facility Program office immediately so that appropriate repair work may be initiated.
11. Rudeness, failure to serve, or general disregard for customers will not be tolerated.
12. Temporary extra help persons will be expected to conform to state health codes and food sanitation procedures.
13. Extra help persons shall not provide to other licensed blind vendors other than the licensed blind vendor assigned to the location, if any, operating information, income figures, or any other information regarding the location. If individuals call regarding the operation of the location, they should be directed to the Vending Facility Program office and the Vending Facility Program Specialist assigned to the location in question.

I have agreed to and understand the policies regarding my employment as a temporary extra help person for the Vending Facility Program. I understand that failure to comply with these policies will result in my termination.

I am presently employed at VFP #_____.

Signature of Employee

Date

VENDING FACILITY PROGRAM DRAW PAYROLL WORKSHEET

Reporting Period: _____

	VFP #	Manager	Draw	Vacation
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
	TOTALS			

COMMENTS: _____

SPECIALIST: _____

DATE: _____

Four Week Report

Purpose of Form

The Four Week Report is calculated from the 4 Weekly Sales Reports which are completed by the vendor. The accuracy of the Four Week Report depends on the accuracy of the Weekly Sales Reports and the accuracy with which extra-help is reported.

Completion of Form

1. Vendor - Enter name of vendor.
2. VFP# - Enter number assigned to stand location.
3. Place - Enter name of facility.
4. Period - Enter the number of the period for which the report is being made.
5. From - Thru - Enter the dates of the time covered by the report.
6. Specialist - Enter name of specialist.
7. Total Sales - The totals of item 6 on the Weekly Sales Report for the period (4 weeks) plus any other income other than sales that accrues to the location through the program - e.g., income from vending machines, etc.
8. Total Stock Purchases - The total of item 3 on the four Weekly Sales Reports. All receipts for purchases of stock during the four week period are shown here.
9. Gross Profit - Total Sales minus Total Purchases of Stock.
10. Percentage Gross Profit of Sales - Gross Profit divided by Total Sales.

11. Operating Expense/and/or Supplies - The total of item 2 on the Weekly Sales Report.
12. Vendor's Deposit - The amount remaining after the costs for Supplies and Operating Expenses are deducted from Gross Profit.
13. Extra Help - Total amount charged to compensate essential extra-help that has been employed during the period. The gross amount shown on the books as charged to a particular vendor or location and is based on documentation of essential extra-help submitted by the Vending Facility Program Specialist.
14. FICA Matching - The employer's (vendor's) matching contribution for Social Security on an extra-help employee's wages.
15. Rent - The amount agreed to that is paid to the lessor of a location. The rent is paid by the VFP office and charged back to the appropriate location.
16. Liability Insurance/Worker's Comp. - Liability insurance and/or Worker's Compensation Insurance amounts paid by the VFP office and charged back to the location.
17. State Unemployment Insurance - The amount of the premium(s) that is paid for a particular location. This amount is paid by the VFP office and charged back to the location.
18. Other - Costs that may be charged as operating expenses not otherwise covered on the form.

Total Operating Expense - The sum of (11) Operating Expenses and/or Supplies, (13) Extra Help, (14) FICA Matching, (15) Rent, (16) Liability

Insurance/Worker's Comp., (17) State Unemployment Insurance and (18) Other Expenses.

19. Total - The sum of lines 13 through 18.
20. Income Before Set-Aside Contribution - The amount remaining after deducting all operating expenses from gross profits.
21. Set-Aside Contribution - The amount derived when applying the set-aside formula to the income before the set-aside contribution.
22. Net Profit - The percentage of sales and dollar amount after set-aside contribution has been deducted.
23. Profit or (Loss) Brought Forward - This figure is the net profits and losses from previous periods for the location (losses are indicated by amounts in parentheses).
24. Total Profit or (Loss) for Periods - The sum of Profit or (Loss) this Period and Profit for (Loss) Brought Forward.

VENDOR INCOME INFORMATION

25. Commission/(Loss) Brought Forward - The net difference between commissions earned by the vendor but not paid during the fiscal year and any losses incurred by the vendor.
26. Net Profit This Period - The dollar amount computed for Net Profit above.
27. Draw Paid - The amount guaranteed under the fair minimum return provision for the number of days worked during the period.
28. Commission/(Loss) This Period - The net profits minus the drawing account.

29. Commission Paid This Period - That portion of commissions accrued during the current and previous periods that will be paid to the vendor for the period covered by this report.
30. Total Commissions or (Loss) Carried Forward - The accumulative Commissions or loss for the year.

Routing of Form: Original - Bookkeeping

Copy - Vendor

Copy - Specialist

VFP-10

VENDING FACILITY PROGRAM - FOUR WEEK REPORT

1. Vendor _____ 2. VFP# _____ 3. Place _____
4. Period _____ 5. _____ Thru _____ 6. Specialist _____
7. Total Sales. \$ _____
8. Total Stock Purchases..... \$ _____
9. Gross Profits..... \$ _____
10. Percentage Gross Profit of Sales..... %
11. Operating Expenses and/or Supplies..... \$ _____
12. Vendor's Deposit..... \$ _____
13. Extra Help..... \$ _____
14. FICA (Matching)..... \$ _____
15. Rent..... \$ _____
16. Liability Insurance/Worker's Comp..... \$ _____
17. State Unemployment Insurance..... \$ _____
18. Other..... \$ _____
19. Total..... \$ _____
20. Income before Set-Aside Contribution..... \$ _____
21. Set-Aside Contribution..... \$ _____
22. Net Profit.....(Percentage New Profit of Sales _____ %)..... \$ _____

23. Profit (Loss) Brought Forward.....\$ _____

24. Total Profit (Loss) for Periods.....\$ _____

Vendor Income Information

25. Commission/(Loss) brought forward.....\$ _____

26. Net Profit this Period.....\$ _____

27. Draw Paid.....\$ _____

28. Commission/(Loss) this Period.....\$ _____

29. Commission paid this Period.....\$ _____

30. Total Commissions or (Loss) Carried Forward.....\$ _____

EMPLOYMENT APPLICATION VENDING FACILITY PROGRAM

Applications for employment with the Vending Facility Program are accepted without regard to sex, race, or color, national origin, physical/mental handicap, age, religion, or political affiliation. Conviction of a crime does not automatically bar any applicant from employment or other opportunities with the Vending Facility Program.

Applications, once filed, may be subject to disclosure as a public record under the Arkansas Freedom of Information Act.

Applications filed do not create a contract of employment with the Vending Facility Program. If any individual is hired, employment is for no definite period of time. Individuals hired will also be required to provide proof of eligibility to work in the United States pursuant to the Immigration Reform and Control Act of 1986.

Please answer all questions which apply to you. Please print, type, or write legibly.

LAST NAME	FIRST NAME	MIDDLE INITIAL
COMPLETE MAILING ADDRESS		
CITY	STATE	ZIP CODE
HOME PHONE NUMBER		WORK PHONE NUMBER
MESSAGE OR OTHER PHONE NUMBER		
SOCIAL SECURITY NUMBER		
EDUCATIONAL HISTORY		
Did you graduate from high school? ____ Yes ____ No		
If not, do you have a G.E.D.? ____ Yes ____ No		
List below schools, colleges, universities, vocational, or others attended:		
Name and Location	From	To Date Graduated

REFERENCES

Please list three (3) references who are not related to you.

	Name	Address	Telephone
1.	_____		
2.	_____		
3.	_____		

WORK HISTORY List all prior work experience. Beginning with your most recent employment. If you do not have enough space to list all your work experience use a separate sheet for continuation. If you include a resume instead of completing the work history section, make sure all the requested information is included.

1. Current or most recent employer _____

Complete mailing address _____

Business

City _____ State ____ Zip Code _____ Phone # _____

Type of Business _____

Your job title _____

Your job duties (be specific) _____

Reason for leaving _____

Employed from _____ To _____

2. Employer _____

Complete mailing address _____

Business

City _____ State ____ Zip Code _____ Phone # _____

Type of Business _____

Your job title _____

Your job duties (be specific) _____

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>
Reason for leaving _____ Employed from _____ To _____
3. Employer _____ Complete mailing address _____ <div style="text-align: center; margin-top: 10px;">Business</div> City _____ State ____ Zip Code _____ Phone # _____ Type of Business _____ Your job title _____ Your job duties (be specific) _____ _____ _____ _____ Reason for leaving _____ Employed from _____ To _____

Before you sign this application, check your answers to make sure that all questions have been completed properly.

I, the below signed individual, hereby declare that, to the best of my knowledge and my ability, the information on this application is true and factual.

I understand that my employment is for no definite period of time, and I may be terminated at any time.

I understand that I will be required to provide proof of eligibility to work in the United States pursuant to the Immigration Reform and Control Act of 1986 as a condition to any employment.

I understand that false, misleading, or incomplete statements could lead to my dismissal as an employee.

Signature of applicant _____ Date _____

Vendor Payroll Control Sheet

A-39
VFP-12

Check Date: _____

Period Ending: _____

VFP Manager Payroll:

Draw

Commission

1. _____

\$ _____

Records Selected: _____

2. _____

\$ _____

Total: \$ _____

3. _____

\$ _____

Starting Check #: _____

4. _____

\$ _____

5. _____

\$ _____

6. _____

\$ _____

7. _____

\$ _____

8. _____

\$ _____

9. _____

\$ _____

10. _____

\$ _____

11. _____

\$ _____

12. _____

\$ _____

13. _____

\$ _____

14. _____

\$ _____

15. _____

\$ _____

16. _____

\$ _____

17. _____

\$ _____

18. _____

\$ _____

19. _____

\$ _____

20. _____

\$ _____

21. _____

\$ _____

22. _____

\$ _____

23. _____ \$ _____

VFP-13

LATE REPORTS FOR VENDING FACILITY PROGRAM STANDS

VFP

VFP

#001 _____

#031 _____

#002 _____

#032 _____

#003 _____

#035 _____

#004 _____

#036 _____

#006 _____

#037 _____

#007 _____

#038 _____

#008 _____

#040 _____

#009 _____

#051 _____

#010 _____

#055 _____

#011 _____

#057 _____

#012 _____

#058 _____

#013 _____

#061 _____

#014 _____

#064 _____

#015 _____

#068 _____

#016 _____

#070 _____

#017 _____

#071 _____

#018 _____

#073 _____

#019 _____

#074 _____

#020 _____

#078 _____

#022 _____

#081 _____

#024 _____

#082 _____

#025 _____

#083 _____

#026 _____

#085 _____

#027 _____

#089 _____

#028 _____

#094 _____

THESE REPORTS HAVE NOT
BEEN RECEIVED AS OF

PERIOD # _____

WEEK # _____

ENDING # _____

#029 _____

#097 _____

#030 _____

#102 _____

DIVISION OF SERVICES FOR THE BLIND
Vending Facility Program
Vending Machine Contract

This right of contract is granted to the Division of Services for the Blind Vending Facility Program under Federal Randolph-Sheppard Act P.L. 74-732 as amended by P.L. 83-565 and Title II of P.L. 93-516 and Arkansas Act 201 of the 1969 General Assembly which allows for the receipt of proceeds to the Vending Facility Program from the sale of vended items on any property owned, rented, leased or otherwise acquired by the Federal Government or the State of Arkansas.

The Division of Services for the Blind Vending Facility Program, henceforth referred to as Agency, and the _____ henceforth referred to as Vendor, jointly enter into and agree to the following terms and conditions.

- I. The Vendor and Vendor's subcontractor agree to comply with Title VI of the Civil Rights Act of 1964 and Title VII of the Civil Rights Act of 1964 as an equal opportunity employer.
- II. The Vendor agrees to initiate operation of specified vending machines on _____, _____, _____, at the location(s) specified
(month) (day) (year)
in Exhibit A for sale at the specified locations(s) under the following terms and conditions.

1. The Vendor agrees to pay to the Vending Facility Program _____% of gross sales on a monthly basis. Checks or money orders will be made payable to:

Vending Facility Program, VFP #
P.O. Box 3237
Little Rock, AR 72203

Payments shall be submitted within 15 calendar days following the close of the previous calendar month or

2. The Vendor shall furnish to the Vending Facility Program with the commission payment a record of gross sales. The VFP # shall be a required part of this report.
3. Vendor is responsible for maintenance and repair of all machine(s) as listed in Exhibit A.
4. Equipment will be kept in good repair and sanitary condition by Vendor.
5. Vendor is responsible for all applicable federal, state or local permits, licenses, and taxes.
6. Vendor is responsible for all applicable federal, state or local laws or ordinances regarding the operation of such vending machine(s).
7. Vendor shall maintain a sufficient quality of product and shall insure overall freshness and sanitation of all food products served.
8. Agency may inspect facility at any time and will do so on a minimum of a quarterly basis to ensure customer satisfaction and general state of repair and condition of equipment.
9. Vendor will provide customer and product liability insurance sufficient to meet and protect Agency against losses or claims made by customers due to Vendor's alleged or proven negligence. Vendor shall provide to Agency copies of customer and product liability insurance prior to initiation of this contractual document.
10. Contract may be terminated for the following reasons:
 - A. Failure to comply with agreed upon terms or conditions.
 - B. Documented evidence by Vendor that machine(s) are not operating at profitable level.
 - C. Removal of federal or state agency or office as tenants in location.
 - D. Increase in business such that a vendor could be installed in lieu of vending machines.
11. With exception to item 9, contract will run for a period of _____ months beginning on _____.
12. This contract may be amended at any time by a written agreement signed by both parties and attached to original contractual document.

13. Agency will provide to Vendor 30 days written notice of contract termination based upon contracted arrangements and agreements.
14. This contract may be renegotiated at the conclusion of the _____ month contract term providing that all other terms and conditions of the contract have been met.
15. Additional vending machines and products may be added upon amendment to this contract according to item 12 in addition to those machines or products listed in Exhibit A.
16. Exhibit A and attached amendments as defined under item 12 will become an integral part of this contractual document.
17. Vendor shall display sign at each vending location that will be supplied by the Agency. Additionally, the Agency will place a sign at each vending location with Agency's name and logo.

Entered into this ____ day of _____, 19____.

Division of Services for the Blind Representative

Vending Machine Company's Representative

Vending Facility Program
Evaluation/Training Policy Form

1.5. Application, Evaluation and Training Process

- 1.5.1. Applicant. An individual who has been referred in writing with accompanying documentation to the Vending Facility Program Training Specialist via a Division of Services for the Blind Vocational Rehabilitation Counselor. An applicant must meet the criteria outlined in Section 1.4. of the Vendor Operating Procedures Manual in order to be eligible for entry into evaluation.
- 1.5.2. Evaluatee. A person accepted by the Vending Facility Program to have met the initial application requirements and who is participating in a formalized four week period of evaluation. Subsequent to entry into the training phase of the Vending Facility Evaluation and Training Program, an evaluatee is subject to both the passage of the formal written examination and/or in-location evaluations.
- 1.5.3. Trainee. Any individual who has been deemed to have successfully completed the four week evaluation phase and is in a custom designed training program to become a licensed blind vendor.
- 1.5.4. Certified Licensee. Those individuals who have successfully completed the designated, customized Vending Facility Training Program and have been certified by the Vending Facility Program Training Specialist to be eligible for licensing as a licensed blind vendor. Certified licensees do not hold a license until after their probation at the initial assignment to a vending facility as established by transfer and/or promotion policies.

1.6. Evaluation and Training Rights and Responsibilities

- 1.6.1. Purpose. The purpose of evaluation and training is to directly ascertain the potential to manage a vending facility and provide in a customized fashion vocational training needs for eligible persons to become licensed blind vendors. The training is not designed to provide remedial or personal adjustment training for prospective licensees. Alternative skills for dealing with blindness should have been accomplished prior to the individual's referral to the Vending Facility Program for vocational training. Should it be determined that additional alternative skills to deal with blindness are insufficient to meet the vocational training needs, the perspective trainee will be referred to the sponsoring vocational rehabilitation counselor for additional training prior to the continuation or conclusion of the Vending Facility Program evaluation.
- 1.6.2. Program Rights and Responsibilities. The Vending Facility Program has the sole right to assign prospective trainees or evaluatees to specific vending facilities for evaluation or training purposes. Every effort will be made to accommodate the evaluatee's or trainee's particular needs or personal situations but the final placement in a location is the sole right of the Vending Facility Program.
- 1.6.3. Training Manager's Rights and Responsibilities. A licensed vending facility manager providing training services may, with or without cause or reason, have an evaluatee or trainee removed from a location by making a request to the Vending Facility Program Training Specialist. Evaluatees or trainees have no right of assignment to any specific vending facility for evaluation or training.
- 1.6.4. Payment. Under no circumstances will an evaluatee or trainee be paid for any work performed during the assignment to a vending facility as an evaluatee or trainee. Additionally, no evaluatee/trainee will be used as paid relief help or in substitution or in lieu of paid relief help with the exception of a solo experience as part of the final segment of the Vending Facility program training curriculum. Licensed blind vendors who are serving as training managers will take sick, non-

essential or vacation leave in accordance with agency policies and not utilize evaluatees or trainees to serve as unpaid relief help. Certified licensees will be eligible to work as temporary relief help between the time of license certification and initial assignment.

- 1.6.5. Training Money. Requests for additional transportation, maintenance, or other types of training money will be made by the evaluatee/trainee to the sponsoring vocational rehabilitation counselor. The Vending Facility Program serves only as a mechanism in order to assure more expedient payment of funds when appropriate vocational rehabilitation authorizations for services have been submitted by the sponsoring vocational rehabilitation counselor.
- 1.6.6. Complaints and Grievances. Applicants, evaluatees, trainees and persons certified for licensing have no rights under the Federal Randolph-Sheppard Act, Division of Services for the Blind Vending Facility Program grievance procedures (Section XI), or access to the State Committee of Blind Vendors for redress of grievances or complaints. Applications, evaluatees, trainees and persons certified for licensing are considered vocational rehabilitation clients and have rights under the Federal Vocational Rehabilitation Act and Division of Services for the Blind client grievance procedures. Applicants, evaluatees, trainees and persons certified for licensing but not yet assigned to a location will be referred to the sponsoring vocational rehabilitation counselor regarding formal complaints or grievances concerning the Vending Facility Program.
- 1.6.7. Completion of Evaluation. After the conclusion of a successful evaluation period, the Vending Facility Program Training Specialist will determine, in consultation with the trainee and, if necessary, the Vending Facility Program Administrator, the type and approximate duration of training based upon information obtained from the initial four week evaluation. Persons beginning training simultaneously may or may not complete training at the same time. Determination for certification will be made by the Vending

Facility Program Training Specialist and final decisions of licensing are the responsibility of the Vending Facility Program Administrator.

- 1.6.8. Assignments. Specific vending facility assignments are the sole responsibility of the Vending Facility Program Training Specialist. Efforts will be made to provide a variety of training experiences dependent upon the evaluation results of the individual involved.
- 1.6.9. Absenteeism. All persons in evaluation or training are expected to be at their assigned location, either classroom or vending facility, on time and on each day of scheduled evaluation or training. Each person will complete a minimum of 20 days of evaluation, with the exception of unexcused absences. Those persons committing three or more unexcused absences during evaluation or training will be automatically dropped. Excused absences will be made up during the evaluation to maintain the 20 day evaluation rule. Excused absences are absences for reason of legitimate illness or other medical reasons or other circumstances as approved by the Vending Facility Program Training Specialist. The Vending Facility Program reserves the right to obtain a doctor's statement for absences due to medical reasons. If a trainee or evaluatee is absent, the VFP Training Specialist should be notified by the evaluatee or trainee on the same date of the absence or the absence will be counted as an unexcused absence.
- 1.6.10. Conduct. All evaluatees and trainees will be expected to perform in a businesslike manner when in vending facilities or at the Vending Facility Program office or other vending facility evaluation or training locations. Any unbusinesslike conduct will be grounds for expulsion from the training program. The use of alcoholic beverages or other chemical substances not specifically prescribed by a medical doctor while in evaluation or in a training setting or coming onto an evaluation or training setting under the influence of such substances is grounds for expulsion from the training program and will not be tolerated. Abusive language,

cursing, racial or sexual slurs, or failure to respond to a reasonable request made by the training specialist or training vendor shall be grounds for expulsion from the evaluation or training program. Theft of property or funds from the Vending Facility Program or a Vending Facility Program vendor shall be grounds for automatic expulsion from evaluation or training.

- 1.6.11. Upon certification, the certified licensee will remain certified for licensing for a period of two years. Should the licensee not be assigned a location at the end of the two years, the Vending Facility Program Training Specialist will determine, through testing, what the licensee will need to obtain for an extension to the certification. This could consist of on-the-job training, additional classroom instruction and/or examinations. Upon successful completion, the licensee will receive an extension of certification for an additional two years or until the licensee has refused the third location offer. Licensee can refuse only two location offers without losing certification no matter how many certification extensions licensee might obtain. Should licensee refuse or not successfully complete the above requirements, the individual would have the certification terminated and would have to apply for Vending Facility Program training as a new trainee to enter the Program.

I have read or have had read to me the rules and policies concerning my participation in the Division of Services for the Blind Vending Facility Program evaluation and training and understand the rules and consequences for failing to follow them as well as my rights and responsibilities.

Client's Signature

Date

VFP Representative

Date

Vendor Evaluation

Purpose of Form

This form is to be completed on an annual basis by the Vending Facility Specialist to make determination, in an objective manner, of the vendor's performance as an operator of a food service facility as well as the vendor's adherence to VFP policies and procedures. The form will also be used as a means to provide qualification information should the vendor request a transfer or promotion to another vending facility. The form will be completed in the presence of the vendor and fully reviewed with the vendor. The vendor will sign the form to indicate that he/she is aware of the contents. Any changes in or amendments to the evaluation must also be done in the presence of the vendor.

This form is also used to determine training needs as expressed by the vendor.

Completion of Form

The form will be completed in duplicate.

1. Location - Enter vending facility location number and name of facility.
2. Vendor - Enter full name of the vendor.
3. Date - Enter the date the evaluation is done.
4. Type of Facility - Check appropriate box.
5. Number of -

Potential Customers - Enter the number of employees or students in the building, factory, or school.

Tables - Enter number of tables available for customers.

Seating Capacity - Enter number which can be seated.

Section A - Fiscal Information

This information will be completed by the VFP prior to evaluation.

Section B through G -

All items in these sections will be rated according to the scale on the form.

Section H and I - Training Needs

Enter any comments regarding training needs. If "none", enter none.

Section J - Overall Evaluation Rating

This rating should take into account all other ratings of the various subsections of the form. Enter any comments made by the vendor as well as observations made by the specialist. The manager and the specialist will sign the form.

Routing of Form - Original to vendor with copy to be placed in the vendor's personnel file.

DIVISION OF SERVICES FOR THE BLIND
Vending Facility Program

Vendor Evaluation

1. Location: _____

2. Vendor: _____ 3. Date: _____

4. Type of Facility: (Check one)

Private ☐

Factory ☐

Federal ☐

Vo-tech/school ☐

County ☐

State ☐

5. Number of: Potential Customers _____ Tables _____ Seating Capacity _____

	Satisfactory	Unsatisfactory
A. Fiscal Information		
1. Promptness of Reporting		
2. Accuracy of Sales Reports		
3. Profit Percentages:		
a. Average % since last evaluation:		
Gross _____%		
Net _____%		
b. Average % current fiscal year:		
Gross _____%		
Net _____%		

Describe items that are unsatisfactory _____

RATING: 1 - Unacceptable, 2 - Needs improvement, 3 - Satisfactory, 4 - Above average,
5 - Excellent

B. Cleanliness:	1	2	3	4	5
1. Counter tops					
2. Under counters and counter tracks and sinks					
3. Fountain heads and ice makers					
4. Food preparation, (if applicable); Utensils, coffee pots, etc.					
5. Pest control					

6. Equipment/Furnishings: tables, chairs, bar towels, etc.					
7. Walls, floors and ceilings (if not manager's responsibility, note here.)					
8. Refrigerators and freezers					

Comments: _____

C. Equipment: For Office Use Only. Not to be included as part of manager's rating. Check each item which is in need of repair or maintenance.

	1	2	3	4	5
1. Cabinets					
2. Tables and/or chairs					
3. Refrigerators or freezers					
4. Coffee makers					
5. Drink machines					
6. Microwaves					

7. Other, specify _____

Comments: _____

D. Food Preparation

	1	2	3	4	5
1. Utensils					
2. Food preparation methods					
3. Prepared food storage: Cold					
Hot					

Comments: _____

	1	2	3	4	5
E. Personal Hygiene:					

Comments: _____

	1	2	3	4	5
F. Customer Relations:					
1. Courtesy					
2. Individual sales					
3. Speed of service					

Comments: _____

G. Marketing and Merchandising:

1	2	3	4	5	
1. Adequate inventory					
2. Stock rotation					
3. Display of merchandise					
4. Pricing of merchandise					

Comments: _____

H. Training Needs:

Specialist's comments: _____

Vendor's comments: _____

I. Upward Mobility Training Comments or Needs:

Specialist's comments: _____

Vendor's comments: _____

Comments of Grantor or Designee: _____

Date: _____ Grantor's or Designee's Signature: _____

	1	2	3	4	5	
J. Overall Evaluation Rating:						

Specialist's comments: _____

Vendor's comments: _____

Recommendations for possible promotion or reassignment: _____

Comments: _____

I have been read and understand all sections of this evaluation. I understand that my signature does not signify agreement with the evaluation but the fact that the entire evaluation has been presented to me. I further understand that any changes or amendments to this evaluation will not be made unless I have had an opportunity to review any changes and that no changes will be made without my knowledge of the specific changes.

Date: _____ Vendor's Signature: _____

Date: _____ Specialist's Signature: _____

DSB-8002 (R. 4/91)

Vending Facility Program Site Survey Form

1. Name of Company or Building _____

Federal ☐ State ☐ Private ☐

2. Location _____
Street City Zip

3. Name and title of person responsible for approval of Vending Facility Program
installation _____ Telephone #

E-mail _____

4. Area market/trends: _____

5. Estimated number of employees or occupants x
\$1.50 _____

6. Number of work shifts or hours of operation _____

7. Estimated distance from competition. _____

8. Length of lunch break _____

9. Would lunch area meet minimum Randolph-Sheppard standards? Yes ____ No

10. Is present level of work force reasonably stable or does employee level fluctuate?

11. Are there prolonged periods of employee layoff or shut down; i.e., plant closing
for periods longer than one week? _____

12. Is transportation available to site? _____

13. Will grantor provide plumbing and electric hookup. Yes ____ No ____

Comments/needs:

Surveyor Name: _____ Date: _____

VFP-20
2/92

DIVISION OF SERVICES FOR THE BLIND
Vending Facility Program
700 Main, P.O. Box 3237
Little Rock, AR 72203

TO: _____

FROM: _____
Vending Facility Program

DATE: _____

SUBJECT: Closing of Location, VFP #_____

VFP #_____, _____ was closed on

_____. The location was closed because:

- ☐ location was deficit.
- ☐ location was deficit and converted to vending machine, VFP #_____.
- ☐ vending machine location was converted to manned location, VFP #_____.
- ☐ grantor was dissatisfied with services offered.
- ☐ grantor was dissatisfied with vendor.
- ☐ grantor wanted services that program cannot offer or _____

☐ Other, specify. _____

/ps

cc: files

DIVISION OF SERVICES FOR THE BLIND
Vending Facility Program
700 Main, P.O. Box 3237
Little Rock, AR 72203
Statement of Account

Name of Trainee

The above trainee was provided with on-the-job training, on dates checked below,
during the month of _____.

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28
29	30	31											

____ TOTAL DAYS _____

Vendor

Training fee payable ____ days @ \$5.00 per day \$_____

Approved by Training Specialist

DIVISION OF SERVICES FOR THE BLIND
Vending Facility Program
700 Main, P.O. Box 3237
Little Rock, AR 72203
Statement of Account

Name of Trainee

The above trainee was provided with on-the-job training, on dates checked below,
during the month of _____.

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28
29	30	31											

____ TOTAL DAYS _____

Vendor

Training fee payable ____ days @ \$5.00 per day \$_____

Approved by Training Specialist

State of Arkansas
Department of Human Services
Division of Services for the Blind
Vending Facility Program

Purchase Verification

The following services have been provided and payment is approved for:

VFP # _____

Location at _____

This work falls in the following category:

Repairs and maintenance of equipment _____

New equipment #'s _____

VFP Account # _____ Invoice/acct. # _____

VFP Account # _____ Invoice/acct. # _____

VFP Account # _____ Invoice/acct. # _____

VFP Account # _____ Invoice/acct. # _____

Description of improvement or work done: _____

Mail check to: _____

Cost: \$ _____

Date _____ Signed _____

VF Specialist

Date _____ Signed _____

Administrator, Vending Facility Program

Paid by check No. _____ Date: _____

Accounting - White, Stand File - Pink, Inventory Control - Yellow

VENDING FACILITY PROGRAM
Trainee Progress Report

Name of Trainee _____ Date _____

VFP Vendor Training From _____ To _____

1. Attendance: Days scheduled _____ Days absent _____ Days tardy _____

Reason for absence or tardiness: _____

2. Trainee's progress for this report _____

3. Does trainee's appearance or mannerisms need improvement?

Yes _____ No _____ If yes, in what area _____

4. Is trainee a clean person? Yes _____ No _____

If no, what needs improvement _____

5. Abilities and attitudes of trainee:

A. Cooperativeness

- ☐ Gets along well with others
- ☐ Falls in line

- ☐ Sometimes argues
- ☐ Disagreeable

B. Production

- ☐ Always Works hard and steadily
- ☐ Does only work required
- ☐ Slow
- ☐ Avoids the job

C. Work Attitude

- ☐ Enthusiastic about work
- ☐ Shows some/much interest
- ☐ Usually appears indifferent

D. Ability to learn

- ☐ Learns very rapidly
- ☐ Learns reasonably well
- ☐ Needs repeated instructions
- ☐ Very slow to learn

E. Work Quality

- ☐ Always Accurate and neat
- ☐ Generally acceptable
- ☐ Inferior
- ☐ Usually not acceptable

F. Dependability

- ☐ Very Dependable
- ☐ Usually dependable
- ☐ Requires close supervision

☐ Shows very little interest

☐ Cannot be relied upon

6. Is trainee's work habits and attitudes suitable for public employment? Yes ____

No ____ If no, why _____

7. Does trainee have adequate physical ability to perform the duties of a vendor?

Yes ____ No ____ If no, in what area is the trainee limited.

Can trainee work a full day. _____

8. Does trainee need special accommodations (e.g., hearing aid, calculator, magnifier). _____

9. Does trainee have the skills necessary for communication and record keeping?

Yes ____ No ____ Comments: _____

10. Are trainee's mobility skills adequate? Yes ____ No ____

Does trainee need additional instruction? _____

11. Can trainee discriminate various denominations of coins/bills?

12. Any problems encountered with trainee during this report period?

13. Summary (narrative) of training for this report.

Trainer: _____

Signature

AGREEMENT FOR OPERATION
OF A VENDING FACILITY
UNDER RANDOLPH-SHEPPARD ACT
BETWEEN
THE DIVISION OF SERVICES FOR THE BLIND
(The Designated State Licensing Agency) AND

(A Licensed Blind Vendor)

THIS AGREEMENT entered into this ____ day of _____ 19____, by and between the Division of Services for the Blind (hereinafter, DSB), and _____, licensed as a blind vendor under the Randolph-Sheppard program (hereinafter, vendor) by the DSB, WITNESSETH:

WHEREAS, the DSB has been granted a permit by _____ for the operation of a vending facility by a licensed blind vendor under the Randolph-Sheppard program (hereinafter, permit) on the property located at _____, a copy of which permit is attached hereto and made a part hereof; and,

WHEREAS, the DSB has offered the vendor the opportunity to operate the vending facility under the terms and conditions hereinafter set forth; and,

WHEREAS, the vendor has agreed to undertake the operation of the vending facility under the terms and conditions hereinafter set forth; and,

WHEREAS, the parties do not intend to derogate in any way from responsibilities and rights imposed and granted by applicable Federal, State or local laws or regulations by this agreement;

NOW, THEREFORE, in consideration of the premises, it is mutually agreed as follows:

A. THE DSB WILL:

1. Equip the vending facility for carrying out the business authorized by the permit.
2. Furnish initial stocks of merchandise and petty cash sufficient to enable the vendor to commence operating the business authorized by the permit.
3. Furnish the vendor with a complete inventory of all equipment, initial stocks, and petty cash provided.
4. Maintain the equipment at the vending facility in good repair, and replace obsolete and worn-out equipment as necessary.

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5. Provide for substitute operation of the vending facility as may be necessitated by the vendor's absence because of illness, vacation, or otherwise. The salary of the person who substitutes for the vendor or that of other emergency help, shall be charged to the vending facility where the service is performed, except to the extent that is otherwise covered by the vacation and sick leave plan provided by the DSB.
6. Provide supervisory and management services necessary for the efficient operation of the vending facility.

B. THE VENDOR WILL:

1. Be responsible for having the vending facility open for business on the days and during the hours specified in the permit.
2. Operate the vending facility business on a cash basis except for such credit accounts as may be established or authorized in writing by the DSB.
3. Be accountable to the DSB for the proceeds of the business of the vending facility, and handle the proceeds, including payments to suppliers and deposits of funds, in accordance with instructions from the DSB.
4. Carry on the business of the vending facility in accordance with: (a) the Randolph-Sheppard Act and the regulations issued pursuant thereto; (b) the rules and regulations of DSB and the written standards and policies issued thereunder after consultation with the State Committee of Blind Vendors; (c) applicable Federal, State, and local laws, ordinances or regulations; (d) terms and conditions of the permit.
5. Maintain a neat business-like appearance while working at the vending facility, and conduct the facility in an orderly, business-like manner.
6. Take proper care of the equipment of the vending facility, and make alterations or changes therein only with the written approval of the DSB.
7. Notify the DSB a reasonable time in advance of taking of any voluntary leave from the vending facility, and as soon as possible with respect to any involuntary leave.

8. Keep such records and make such reports as the DSB shall require and furnish information and comply with such conditions as may be necessary to assure the correctness and verification of such records and reports, including participation in management audits of the facility's operation.

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9. If the value of the inventory and cash-on-hand is less than the value of the inventory when the vendor was assigned to the facility, the amount of the deficit is due and payable by the vendor to the Special Programs Fund. Any loss of commission(s), payroll, or other financial obligations related to the Vending Facility Program (VFP) manager and his stand operations will be due and payable to the Program by the VFP manager upon revocation of vendor's license or vendor's resignation. Notification of this amount will be given to the vendor in writing by the VFP. Any financial loss not paid to the VFP will be processed through the established legal system for recovery.
10. Cooperate with the officials of the DSB and provide them access to the vending facility and to such pertinent information as they may require in discharging the responsibilities of the DSB as the State Licensing Agency.

C. GENERAL:

1. The business to be carried on at the vending facility will be limited to that specified and authorized in the permit.
2. The right, title, and interest in and to the equipment of the vending facility, the stock in trade, and funds on hand are vested in the DSB, and will be left at the vending facility or turned over to the DSB upon the termination of this agreement for any reason by either of the parties. In such event, the fair market value of the vendor's interest will be determined by the DSB and paid to the vendor or to the vendor's heirs or assignees.
3. Rebates, commissions, or bonuses received by the vendor from suppliers are, and must be accounted for, as income of the vending facility. Under no circumstances are such funds to be treated as the separate, personal funds of the vendor.
4. Merchandise taken from the stock in trade of the vending facility by the vendor for the vendor's own use shall be accounted for by the vendor and paid for at cost prices.
5. The business premises of the vending facility shall be covered by public liability insurance, and any such other insurance as will protect the vendor,

any one employed by the vendor, and the DSB against losses and claims arising out of the conduct of the business of the vending facility. The cost of such insurance shall be a cost of operating the business of the vending facility and taken into account as such in determining the net proceeds of the business.

6. The income of the vendor shall be 100% of the net profits of the facility less funds to be set aside in accordance with the schedule prescribed by DSB after consultation with the State Committee of Blind Vendors. Payments and adjustments will be made periodically as determined by DSB after consultation with the State Committee of Blind Vendors. The vendor will be guaranteed a fair minimum return uniformly applicable to all locations, as determined by DSB after consultation with the State Committee of Blind Vendors.

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7. If the Vendor is dissatisfied with an action by the DSB arising from the operation or administration of the Vending Facility Program, the vendor may request an administrative review and, if necessary, a full evidentiary hearing. If the vendor is dissatisfied with the decisions of the Review and Hearing, the vendor may request that an arbitration panel be convened by filing a complaint with the Secretary of the Department of Education.
8. This agreement may be terminated at any time by the vendor. It shall be terminated upon revocation or termination of the permit or contract. In addition, it may be terminated by the DSB if the business of the vending facility is not conducted in accordance with this agreement, or with applicable Federal, State, or local laws and regulations.

Division of Services for the Blind

Date: _____ by _____

Title

Date: _____ by _____

Vendor

Date: _____ by _____

Witness

Vending Stand Trainee - Progress Report

Name of Trainee: _____

Location of Training Stand: _____

Training Period From: _____ To: _____

Attendance Record: Days Absent _____ Reasons: _____

Days Tardy _____

A. Attitude and Personal Characteristics	Good	Fair	Poor	Improving
1. Alert and attentive to customers				
2. Friendly and courteous				
3. Dresses and grooms self appropriately				
4. Cares for personal hygiene				
5. Willingness to work				
6. Eagerness to learn				
7. Sincerity of purpose				
8. Acceptance of supervision and instruction				
9. Memory and ability to learn				
10. Common sense and good				
11. Poise and confidence				

B. Orientation to Stand	Good	Fair	Poor	Improving
1. Moves about stand area easily				
2. Locates and handles merchandise properly				

C. Change Making	Good	Fair	Poor	Improving
1. Accurate				
2. Fast				
3. Sense of touch				
4. Ability to count and roll money				

5. Hand and finger dexterity				
6. Adds amounts without difficulty				
7. Ability to handle fast lines				

D. Handling Daily Stand Routine	Good	Fair	Poor	Improving
1. Cleaning table area				
2. Cleaning counters and equipment				
3. Cleaning of sink				
4. Arrange and display stock (including coffee making and stocking drink box)				
5. Knows selling prices				
6. Knows cost prices				
7. Knows how to order merchandise				
8. Understands making reports				
9. Ability to open and close stand				
10. Familiarity with inventory management				

Vendor's Comments: (Progress since last report and other)

Signed: _____
Vendor

Training Supervisor's Comments:

Signed: _____
Training Specialist

DIVISION OF SERVICES FOR THE BLIND
Vending Facility Program
700 Main, P. O. Box 3237
Little Rock, AR 72203

Application for Evaluation and Training

I. Client's Name _____ Telephone # _____
Address _____
Date of Birth _____ Social Security # _____ Sex _____
Race _____ Marital Status _____ High School Diploma Yes ___ No ___
Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
GED ___ College Degree _____ Emergency _____

II. Legally blind Yes ___ No ___ Other disabilities _____

Current Medication _____
Last job _____ From _____ To _____
Has client had mobility training? ___ DSB ___ LWS ___ Other _____
Basic mathematical skills: Good ___ Average ___ Poor ___
Communication skills: Reads print ___ Reads braille ___ Neither ___
Uses low vision aids: Yes ___ No ___ Type _____
Is client willing to accept assignment anywhere in the state. Yes ___ No ___
Counselor's assessment of client's personal adjustment. _____

Grooming and hygiene _____
Date client is available for training _____ Client's statement of why he
selected vending facility management as a vocational objective:

Client's signature _____

Counselor's signature: _____

Date: _____

Vending Facility Training Program Checklist

Criteria

1. Legally blind
2. Citizen of U.S.A.
3. High school diploma, GED or equivalent
4. Client can travel independently
5. Client's hygiene and grooming is acceptable
6. Ability to:
 - A. Read and write braille or
 - B. Read and write print or
 - C. Use recorded and taped materials

Documentation

1. VFP Application for Evaluation and Training
2. Orientation and mobility report
3. Ophthalmological report
4. General medical report (current)
5. Client Referral and Survey Information, DSB-8006
6. Client's profile or interest inventory
7. Client's work history
8. Client's statement for entry
9. Other pertinent information
10. Audiological examination report, if needed
11. Any other special medical or visual reports, if needed
12. Any psychological and/or vocational test results, if needed
13. Final summary report from a training facility, if needed
14. Mobility assessment and/or IL assessment if available

Vending Facility Program
Receipt for Petty Cash Funds

VFP #_____

Petty Cash Amount _____

Date _____

Received by: _____

VFP Vendor

Date

VFP Specialist

Date

Distribution: 1 copy to bookkeeping/accounting
1 copy to vendor with stock and merchandise inventory
1 copy to files

DSB VENDING FACILITY PROGRAM

Trainer Agreement

Between

Division of Services for the Blind

and

Vending Facility Manager

Statement of Agreement

I, _____ assigned as manager of Vending Facility # _____
Name of Vendor

located at _____ agree to provide
Location

on-the-job vending facility training for _____
Name of Trainee

for _____ for the period beginning _____ and
Number of Days Date

ending _____ at the rate of \$ _____ per day. Payment
will be computed only for actual days trainee is on-the-job.

It is understood that the trainee assigned will be under my supervision while on-the-job and that the training provided will be under the direction and authority of the DSB/VFP Training Specialist. Training Progress Reports will be furnished as requested.

Signed: _____ Date: _____
Vendor

Signed: _____ Date: _____
Training Specialist

Management Service Contract

I, _____, Social Security # _____,

Address _____, City _____,

contract with _____, assigned licensed blind

vendor to VFP # _____, agree to provide management services in the

absence of the licensed blind vendor on the following date(s)

_____ and the following hours from _____ to _____ for

the following amount _____. I further certify to the licensed blind vendor that I am not liable for backup withholding to the Federal Internal Revenue Service as a private self-employed contractor. I further understand and agree that I will comply with the written policies of the Vending Facility Program as they apply to a licensed blind vendor as well as any additional written requirements attached to this contract. I further understand that I am not an employee of the Vending Facility Program and in no way hold the Vending Facility Program liable for payments due through this contractual agreement.

Notations of any additional instructions or agreements attached to this document:

Private Management Contractor

Date

Licensed Blind Vendor

Date

Retirement Contributions Schedule

Years of Service	Amount of Contribution
5	\$ 200.00
6	\$ 225.00
7	\$ 250.00
8	\$ 275.00
9	\$ 300.00
10	\$ 325.00
11	\$ 350.00
12	\$ 375.00
13	\$ 400.00
14	\$ 425.00
15	\$ 450.00
16	\$ 475.00
17	\$ 500.00
18	\$ 525.00
19	\$ 550.00
20	\$ 575.00
21	\$ 600.00
22	\$ 625.00
23	\$ 650.00
24	\$ 675.00
25	\$ 700.00
26	\$ 725.00
27	\$ 750.00
28	\$ 775.00
29	\$ 800.00
30	\$ 825.00
31	\$ 850.00
32	\$ 875.00
33	\$ 900.00
34	\$ 925.00
35	\$ 950.00
36	\$ 975.00
37	\$1,000.00
38	\$1,025.00
39	\$1,050.00
40	\$1,075.00
41	\$1,100.00
42	\$1,125.00
43	\$1,150.00
44	\$1,175.00
45	\$1,200.00
46	\$1,225.00

47	\$1,250.00
48	\$1,275.00

Certification for Vending Facility Program Management Licensing

This is to certify that Mr./Ms. _____ has/has not
successfully completed all of the requirements for licensing as a Vending Facility
Vendor. I am, therefore, recommending/not recommending that
_____ be certified for licensing.

Training Specialist

VFP Manual Receipt

I, _____ received a copy of the Vendor Operating
Procedures Manual on _____.

Signature

Check Pickup Authorization

has permission to pick up the paycheck of _____ from the
Vending Facility Program Accounting Department until further notice. No one else will
be allowed to pick up a check.

Signature

Date

VFP-35

VENDING FACILITY KEY CHECKOUT FORM

Name	# of Sets	VFP #	Date Checked Out	Date Checked In

VFP-36

Arkansas Division of Services for the Blind
Vending Facility Program

_____ Stage _____ Semi-Final _____ Final

REMODELING/CONSTRUCTION INSPECTION REPORT

VFP # _____ Location _____

Date of Inspection _____

Contractor: _____

Inspector: _____

Date Work Began _____ Date to be Completed _____

% Drawn on Job _____ Unpaid Balance _____

Date Job Substantially Complete _____

Inspection Party: _____

REMARKS:

Submitted by _____

Date _____

VFP-37

VENDING FACILITY PROGRAM
MISCELLANEOUS CASH RECEIPTS

DATE: _____

Program SA/SP/HWY	A/R #	Description	Deposit

			TOTAL

VFP-38

Data Entry Form

Check Date: _____

Payroll: SA SP SP-302

Period Ending:

Records Selected:

Regular Hours:

Overtime Hours:

Regular Earnings:

Overtime Earnings:

TOTAL EARNINGS:

Starting Check #:

DIVISION OF SERVICES FOR THE BLIND VENDING FACILITY PROGRAM

The Division of Services for the Blind of the State of Arkansas requests approval of to place a vending facility on the property located .

SATISFACTORY SITE: It has been determined that this location meets the criteria of a satisfactory site. Any exceptions are documented in Exhibit A.

TYPE, LOCATION AND SIZE OF FACILITY: Type of facility ; facility location ; Facility size sq. ft. (floor plan, Exhibit B). The types of articles to be sold and services to be offered are enumerated in Exhibit C. The fixtures and equipment for this facility, including the responsibility for the provision thereof, are set forth in Exhibit D. The location, type and number of vending machines which constitute all or part of this facility are noted in Exhibit E. The facility will operate days of the week from A.M. to P.M. commencing on .

OTHER TERMS AND CONDITIONS: Any additional terms and conditions applicable to this location are included in Exhibit F. This permit shall be issued for an indefinite period of time subject to suspension or termination on the basis of non compliance by either party with any of the agreed upon terms and conditions of the permit. By mutual agreement the State Licensing Agency and the property agency/owner may terminate the permit after providing 30 days notice of the intended terminations, including the reason therefore and supporting documentation to the other party. Both parties shall comply with all regulations issued in Title VI of the Civil Rights Act of 1964.

Approving Property Official

Approving Division Official

Title

Date

Title

Date