



# Product Formulation Statement for Documentation of Meat/Meat Alternate in School Meals

Child Nutrition Program operators should include a copy of the label from the purchased product carton in addition to the following information on letterhead signed by an official company representative.

Product Name: **40174-00 Cooked Italian Style Meatballs - 1/2 oz**

Code No: **40174-00**

Manufacturer: **Rosina Food Products, Inc.**

Case/Pack/Count/Portion/Size: **10# Italian Style Meatballs**

## I. Meat/Meat Alternate Credit Determination

| Description of Creditable Ingredients per Food Buying Guide (FBG)       | OZ/Raw Portion |          | FBG Yield/ Servings Per Unit | Creditable Amount* |
|---|----------------|----------|------------------------------|--------------------|
|   |                | X        |                              |                    |
| <b>BEEF AND PORK</b>  | <b>1.9507</b>  | <b>X</b> | <b>70%</b>                   | <b>1.36552</b>     |
| <b>LIQUID WHOLE EGGS</b>  | <b>0.0612</b>  | <b>X</b> | <b>18/16oz</b>               | <b>0.06889</b>     |
| <b>ROMANO CHEESE (Pasteurized cow's and sheep's milk, rennet, salt,</b> | <b>0.0244</b>  | <b>X</b> | <b>16/16oz</b>               | <b>0.02438</b>     |
|   |                |          |                              |                    |
|   |                |          |                              |                    |
| <b>A. Total Creditable M/MA Amount <sup>1</sup></b>                     |                |          |                              | <b>1.45879</b>     |

\* Creditable Amount - Ounces per raw portion of creditable ingredient multiplied by the FBG Yield Information.

## II. Alternate Protein Product (APP) Credit Determination (Documentation provided for each APP used.)

| Description of APP, manufacturer's name, and code number | OZ Dry APP Per Portion |          | % of Protein As-Is* | Divide by 18** | Creditable Amount APP*** |
|--|------------------------|----------|---------------------|----------------|--------------------------|
| <b>TEXTURED SOY FLOUR</b>                                | <b>0.1684</b>          | <b>X</b> | <b>52.2000</b>      | <b>/18 =</b>   | <b>0.48824</b>           |
| <b>SOY FLOUR</b>   | <b>0.0596</b>          | <b>X</b> | <b>52.2000</b>      | <b>/18 =</b>   | <b>0.17286</b>           |
|  |                        |          |                     |                |                          |
| <b>B. Total Creditable APP Amount <sup>1</sup></b>       |                        |          |                     |                | <b>0.6611</b>            |

\* Percent of Protein As-Is is provided on the attached APP documentation.

\*\* 18 is the percent of protein when fully hydrated.

\*\*\* Creditable amount of APP equals ounces of Dry APP multiplied by the percent of protein as-is divided by 18.

|   |             |
|---|-------------|
| <b>C. TOTAL CREDITABLE AMOUNT<sup>1</sup>(A+B rounded down to nearest 1/4 oz)</b> | <b>2.00</b> |
|---|-------------|

<sup>1</sup>Total Creditable Amount is reduced to no more than the portion weight and then rounded down to the nearest 0.25oz (e.g., 1.49 rounds down to 1.25 oz meat equivalent). When crediting M/MA and APP, rounding does not occur in box A or in box B, but only in box C after the Total Creditable amounts from box A and box B are added together and reduced to no more than the portion weight.

Total weight (per portion) of product as purchased: **3.00 ounces**

Total creditable amount of product (per portion): **2.00 ounces** (not more than the total weight of portion)

I certify that the above information is true and correct and that a **3.00**ounce serving of the above product (ready for serving) contains **2.00** ounces of equivalent meat/meat alternate when prepared according to directions.

I further certify that any APP used in the product conforms to the Food and Nutrition Service Regulations (7 CFR Parts 210, 220, 225, 226, Appendix A) as demonstrated by the attached supplier documentation.

*Dan Metzinger*

Signature

**Dan Metzinger**

Printed Name

**Regulatory Compliance Coord.**

Title

**02/11/2022**

Date

Phone Number