

Name _____

Date _____

Member# _____

Phone# _____

Upstate Food Co-op Markup Rubric

PLEASE NOTE THAT THE MARK-UP CANNOT GO BELOW 5% FOR NON-OFFICERS

Check all that apply:

1. Paid yearly membership fee (baseline) 30% _____

WORKING CATEGORIES (DO **NOT** CHECK SENIOR OR DISABLED IF YOU ARE A WORKING MEMBER):

(Subtract from 30% to get mark-up %)

2. **Work Time for Co-op (CHECK ONLY ONE):**

- a. Works 1-3 hours per month -10% _____
- b. Works 4-7 hours per month -15% _____
- c. Works 8-11 hours per month -17% _____
- d. Works 12-15 hours per month -19% _____
- e. Works 16-19 hours per month -21% _____
- f. Works 20+ hours per month -23% _____

3. **Extra Responsibility/ Special Skills (CHECK ALL THAT APPLY):**

- a. Administrative Manager (ie. HR) -5% _____ Duty: _____
- b. Day or Department manager -4% _____ Duty: _____
(incl. manager meetings)
- c. Takes on other extra responsibility -3% _____ Duty: _____
(ie. cashier, team leader, making deposits, deliveries, minimum ordering, etc.)
- d. Uses specialized knowledge/skills or -3% _____ Details: _____
personal equipment for co-op (ie. Grounds, building maintenance, AC/Heat, etc.)

4. **Co-op Service Work (CHECK ONLY ONE):**

- a. Serves on the Board of Directors (BOD) -5% _____
- b. Is an officer -30% _____ Position: _____

NON-WORKING CATEGORIES: (USE ONLY IF **NOTHING ELSE** IS CHECKED & CHECK ONLY **ONE**)

5. **Special Need Categories**

- a. Is a senior citizen (65 yrs +) -5% _____
- b. Is disabled -10% _____

MARK-UP CALCULATION:

(Subtract total percents checked from 30%. **CANNOT** be less than 5% excepting OFFICERS.)

*Total markup _____
Gen. Man. initials _____ Date: _____

**Mark-up is not final until approved by General Manager*