

**North Carolina Department of Health and Human Services
Child and Adult Care Food Program (CACFP)
Sponsored Center's Budget**

Program Year: October 1, 2010 - September 30, 2011

FACILITY PROFILE		
1. Facility Name:	2. Agreement Number:	
3. Facility Address:	4. Telephone Number:	
5. Facility Administrator:	6. Fax Number:	
7. Facility Administrator Phone Number:	8. E-mail Address:	
FACILITY REVENUE - CACFP		
Income Source	Projected Annual Amount	State Agency Approval
9. Projected CACFP Annual Revenue (Reimbursement from claims and must equal Total Administrative + Operating Costs from Page 3)	\$	\$
10. List other Sources of Income Available for Food Service Operations:	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
11. Total Projected Annual Income	\$	\$
12. Administrative costs are those to be paid to the Sponsor for administering the CACFP. These costs will be listed on Line 14. (No more than 15% of the total of Line 9.)		
13. Include a Cost Allocation Plan to demonstrate how costs are determined. The costs can be computed using the space allocation method, time usage method, or a combination of both.		

Worksheet A: Administrative Costs

Budgeted Items	Total Annual Cost	Annual Cost Allocated to CACFP	Cost Paid with Non-CACFP Funds
14. Sponsor Fees (No more than 15% of Line 9)			
15. Administrative Labor			
16. Benefits – Administrative Labor			
17. Postage			
18. Office Supplies			
19. Printing			
20. Facility Rent/Lease			
21. Contract/Professional Services ▼			
22. Telephone, Fax, Cell Phone, Internet			
23. Advertising, Public Information Services			
24. Other Administrative Costs (List) ▼			
Total Center Administrative Costs (Lines 14 -24)			

Worksheet B: Operating Costs

Budgeted Items	Total Annual Cost	Annual Cost Allocated to CACFP	Cost Paid with Non-CACFP Funds
25. Food			
26. Food Service Management Co.			
27. Supplies (Food Service)			
28. Operating Labor			
29. Benefits – Operating Labor			
30. Utilities*			
31. Facility Maintenance*			
32. Janitorial Service*			
33. Staff Training			
34. Transportation			
35. Equipment – Over \$5,000 ▼			
36. Equipment – Under \$5,000 ▼			
37. Indirect Costs (List)			
Total Operating Costs (Line 25 – 37)			
TOTAL ADMINISTRATIVE (page 2) + OPERATING COSTS (page 3) (Total must equal Page 1, Line 9)			

*Cost Allocation Plan must be submitted to document how shared costs (CACFP and non-CACFP) are equitably divided.

▼ Item needs Specific Prior Written Approval

CERTIFICATION AND SIGNATURE

The representations made herein on behalf of the facility are true and correct to the best of my knowledge. I understand that these representations are being made in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Signature on Behalf of Facility:

Facility Administrator

Date

Printed Name