

**North Carolina Department of Health and Human Services  
Child and Adult Care Food Program**

**Administrative Budget for Sponsoring Organizations – Centers**

**Program Year: October 1, 2009 - September 30, 2010**

**SPONSORING ORGANIZATION PROFILE**

1. Institution Name:		2. Agreement Number:
		3. Number of Centers in N.C.
4. Institution Address:		5. Telephone Number:
		7. Fax Number:
6a. Administrator:		
6b. Administrator Phone Number:		8. E-Mail Address:
9. Do you operate the CACFP in other States? <input type="checkbox"/> Yes* <input type="checkbox"/> No	If yes, total number of centers for entire sponsorship:	
10. List the other States.		
* A cost allocation plan to determine an equitable distribution of the administrative costs between the states must be used and the plan submitted with this budget.		

**REVENUE**

Income Source	Projected Annual Amount	State Agency Approval
11. Projected Revenue from the Administration of Centers in NC*	\$	
12. USDA Food Reimbursement – Centers:**	\$	
13. List other Sources of Income: List Federal Funds Separately:	\$	
Federal Funds:	\$	
	\$	
14. Total Projected Annual Income	\$	
15. Administrative costs for sponsoring organizations of centers (affiliated and unaffiliated) are limited by Federal Regulations to 15% of the total food reimbursement earned by its sponsored centers. The 15% cap applies to all administrative costs, whether paid by the sponsoring organization or by its centers.		
* The Projected Revenue from the Administration of Centers must equal the total amount of expenses claimed on the budget for administrative costs for the sponsoring organization and administrative costs for the sponsored centers. These will be listed on the RECAP of COSTS worksheet (Page 9 of 9, Total CACFP Administrative Costs).		
16. For Sponsoring Organizations that do not plan to claim administrative costs, skip pages 2 - 7 and complete only Worksheet G: Sponsored Centers' Operating Costs on page 8 and carry this total to RECAP of COSTS (Page 9 of 9, Total CACFP Operating Costs).		
** The USDA Food Reimbursement - Centers must equal the total of Worksheet G: Sponsored Centers' Operating Costs. This worksheet will include the total operating costs from each Sponsored Centers Budget (CAC - 9A) and the operating costs of Sponsoring Organizations of affiliated centers.		
<b>For State Use Only: % of Administrative Revenue Approved:</b>		



**WORKSHEET A: ADMINISTRATIVE LABOR (CONTINUED)**

13. Employee Name	14. Type of Benefit: a. Health Insurance b. Dental Insurance c. Life Insurance d. Retirement e. Other (Identify)	15. Total Cost Per Month	16. Percentage Paid by CACFP	17. Percentage Paid by Employee and/or paid by other programs. 16 + 17 should equal 100%	18. Total Monthly Amount paid by CACFP  (15 x 16)	19. Annual Cost to CACFP  (18 x 12 mo.)
EX: Jane Doe	a = Health, c = Life	\$300.00	50%	50%	\$150.00	\$1,800.00
<b>20. Total Cost of Administrative Benefits:</b>						

## WORKSHEET B: ADMINISTRATIVE COSTS

Budgeted Items	Proposed or Original Purchase Date	Acquisition Cost	Life Expectancy	Annual Depreciation (Submit Depreciation Schedule)	Percentage of Cost Allocated to CACFP*	Annual Cost to CACFP
<b>1. Equipment \$5,000 and Over ▼</b>						
					<b>Total</b>	
<b>2. Equipment under \$5,000 ▼</b>	<b>Purchase Date</b>	<b>Acquisition Cost</b>	<b>Percentage Allocated to CACFP*</b>			<b>Annual Cost to CACFP</b>
					<b>Total</b>	
<b>3. Postage</b>	<b>Quantity</b>	<b>Cost/Unit</b>	<b>Percentage Allocated to CACFP*</b>			<b>Annual Cost to CACFP</b>
					<b>Total</b>	
<b>4. Office Supplies</b>	<b>Quantity</b>	<b>Cost/Unit</b>	<b>Percentage Allocated to CACFP*</b>			<b>Annual Cost to CACFP</b>
					<b>Total</b>	
<b>5. Printing</b>	<b>Quantity</b>	<b>Cost/Unit</b>	<b>Percentage Allocated to CACFP*</b>			<b>Annual Cost to CACFP</b>
					<b>Total</b>	

\* A Cost allocation plan must be submitted to document how costs are equitably divided between two or more programs.

▼ Item needs Specific Prior Written Approval.



**WORKSHEET C: ADMINISTRATIVE SERVICES (CONTINUED)**

Budgeted Items	Total Annual Cost	Percentage Of Cost Allocated to CACFP	Annual Cost to CACFP	Remainder of Cost to be Paid with Non-CACFP Funds
<b>1. Utilities (List)</b>				
			<b>Total</b>	
<b>2. Facility Maintenance / Janitorial Services</b>				
			<b>Total</b>	
<b>3. Equipment Rental / Lease</b>				
			<b>Total</b>	
<b>4. Insurance Premiums (List Type of Insurance &amp; Policy #) ▼</b>				
			<b>Total</b>	
<b>5. Contracted Services (List Separately) ▼</b>				
			<b>Total</b>	
<b>6. Telephone:</b>				
<b>Monthly Service</b>				
<b>Cell Phone</b>				
<b>Internet</b>				
			<b>Total</b>	
<b>7. Advertising / Public Information Services</b>				
			<b>Total</b>	
<b>8. Dues / Subscriptions / Memberships (Indicate Member) ▼</b>				
			<b>Total</b>	
<b>9. Other Administrative Services (List) ▼</b>				
			<b>Total</b>	
<b>▼ Item may need Specific Prior Written Approval.</b>				

**WORKSHEET D: ADMINISTRATIVE TRAVEL**

1. Employee Name	2. Mileage Expense	3. Meals	4. Lodging	5. Total Travel Expenses	6. % of Cost Allocated to CACFP	7. Annual Cost Allocated to CACFP	8. Remainder of Cost To be Paid with Non-CACFP Funds (5 - 7)
<b>Administrative:</b>							
<b>Total</b>							
<b>Monitoring:</b>							
<b>Total</b>							
<b>Other (List):</b>							
<b>Total</b>							

**WORKSHEET E: ADMINISTRATIVE TRAINING**

1. Type of Training	2. Location of Training	3. Total Budgeted Cost	4. % of Cost Allocated to CACFP	5. Cost Allocated to CACFP	6. Remainder of Cost to be Paid with Non-CACFP Funds (3 - 5)
<b>Staff:</b>					
<b>Total</b>					
<b>Facility:</b>					
<b>Total</b>					
<b>7. Educational Supplies and Materials:</b>					
<b>Total</b>					
<b>INDIRECT COSTS</b>					
<b>Indirect Costs:</b>					
<b>(Include rate information from cognizant agency)</b>					
<b>Total Indirect Costs</b>					

**WORKSHEET F: SPONSORED CENTERS' ADMINISTRATIVE COSTS**

Budgeted Items	Total Annual Costs	Annual Cost Allocated to CACFP	Remainder of Cost to be Paid with Non-CACFP Funds
1. Salaries (Including Employer Taxes)			
2. Benefits			
3. Postage			
4. Office Supplies			
5. Printing			
6. Facility Rent/Lease			
7. Contract/Professional Services ▼			
8. Telephone, Fax, Cell Phone, Internet			
9. Advertising, Public Information Services			
10. Other Administrative Costs (List) ▼			
<b>Total Administrative Costs</b>			

**WORKSHEET G: SPONSORED CENTERS' OPERATING COSTS**

11. Food Costs			
12. Food Service Management Co.			
13. Supplies (Food Service)			
14. Operating Labor			
15. Benefits – Operating Labor			
16. Utilities*			
17. Facility Maintenance*			
18. Janitorial Service*			
19. Staff Training			
20. Transportation			
21. Equipment – Over \$5,000 ▼			
22. Equipment – Under \$5,000 ▼			
23. Indirect Costs (List)			
<b>Total Operating Costs</b>			
<b>Total Administrative and Operating</b>			

▼ State Agency Use: Specific Prior Written Approval required.  
 \* Cost Allocation Plan may be needed.

<b>RECAP OF COSTS</b>		
<b>Budget Category</b>	<b>Annual Cost to CACFP</b>	<b>State Agency Approved</b>
<b>Administrative Labor (Worksheet A)</b>		
<b>Salaries, Employer Taxes</b>		
<b>Benefits</b>		
<b>Administrative Supplies (Worksheet B)</b>		
<b>Equipment \$5,000 and above</b>		
<b>Equipment under \$5,000</b>		
<b>Postage</b>		
<b>Office Supplies</b>		
<b>Printing</b>		
<b>Administrative Services (Worksheet C)</b>		
<b>Office Space</b>		
<b>Utilities</b>		
<b>Facility Maintenance, Janitorial</b>		
<b>Equipment Rental / Lease</b>		
<b>Insurance Premiums</b>		
<b>Contracted Services</b>		
<b>Telephone</b>		
<b>Advertising / Public Information Services</b>		
<b>Dues, Subscriptions, Memberships</b>		
<b>Other Administrative Services</b>		
<b>Administrative Travel (Worksheet D)</b>		
<b>Administrative Travel</b>		
<b>Monitoring Travel</b>		
<b>Other Travel</b>		
<b>Administrative Training (Worksheet E)</b>		
<b>Staff Training</b>		
<b>Facility Training</b>		
<b>Educational Supplies</b>		
<b>Indirect Costs</b>		
<b>Sponsored Centers' Administrative Costs (Worksheet F)</b>		
<b>TOTAL CACFP ADMINISTRATIVE COSTS</b>		
<b>TOTAL CACFP OPERATING COSTS (Worksheet G)</b>		
<b>TOTAL COSTS (ADMINISTRATIVE + OPERATING)</b>		

**CERTIFICATION AND SIGNATURE**

The representations made herein on behalf of the Institution 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 Sponsoring Organization**

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**Board Chairman**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Printed Name**