

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

Administrative Budget for Sponsoring Organizations – Homes

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

SPONSORING ORGANIZATION PROFILE

1. Institution Name:		2. Agreement Number:
		3. Number of Homes in N.C.
4. Institution Address:		5. Telephone Number:
		6b. Administrator Phone Number:
6a. Administrator:		8. Fax Number:
7. 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 homes 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 Homes in NC: (Total Administrative Costs from Page 8)	\$	
12. USDA Food Reimbursement – Homes:	\$	
13. List other Sources of Income: List Federal Funds Separately:	\$	
	\$	
Federal Funds:	\$	
	\$	
	\$	
14. Total Projected Annual Income:	\$	

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
20. Total Cost of Administrative Benefits:						\$

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
1. Equipment \$5,000 and Over ▼						
Total						
2. Equipment under \$5,000 ▼	Purchase Date	Acquisition Cost	Percentage Allocated to CACFP*			Annual Cost To CACFP
Total						
3. Postage	Quantity	Cost / Unit	Percentage Allocated to CACFP*			Annual Cost To CACFP
Total						
4. Office Supplies	Quantity	Cost / Unit	Percentage Allocated to CACFP*			Annual Cost To CACFP
Total						
5. Printing	Quantity	Cost / Unit	Percentage Allocated to CACFP*			Annual Cost To CACFP
Total						
* Cost Allocation Plan may be needed.						
▼ Item needs Specific Prior Written Approval.						

WORKSHEET C: ADMINISTRATIVE SERVICES

Office Space

1. Indicate if office is: Leased Less than Arms Length Transaction * In Home Office

Submit a copy of the lease for each location.

For "Less than Arms Length Transactions", only a monthly use fee is allowable.

* A "Less than Arms Length Transaction" is one under which one party to the transaction is able to control or substantially influence the action of the others. "Less than Arms Length Transactions" must have specific prior written approval from CACFP.

2. Provide information pertaining to the Lessor/Landlord:

Lessor: _____

Address: _____

City

State

Zip

Contact Person: _____

Telephone Number: _____

3. Terms of the Lease: _____ Beginning Date _____ Ending Date

4. Lease Cost Allocation Plan:

a. Monthly Amount of Lease Agreement _____

b. % of Space allocated to CACFP (CACFP Square Footage ÷ Total Space)

_____ CACFP Square Footage ÷ _____ Total Space = _____

c. % of Time the Space is Used for CACFP (CACFP Time Used ÷ Total Time Used)

_____ CACFP Time Used ÷ _____ Total Time Used = _____

d. Monthly Cost to CACFP (a x b x c = d) = _____

e. Annual Cost to CACFP (d x 12 months) = _____

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
1. Utilities (List)				
			Total	
2. Facility Maintenance / Janitorial Services				
			Total	
3. Equipment Rental / Lease				
			Total	
4. Insurance Premiums (List Type of Insurance & Policy #) ▼				
			Total	
5. Contracted Services (List Separately) ▼				
			Total	
6. Telephone:				
Monthly Service				
Cell Phone				
Internet				
			Total	
7. Advertising / Public Information Services				
			Total	
8. Dues / Subscriptions / Memberships (Indicate Member) ▼				
			Total	
9. Licensing Related Expenses ▼				
			Total	
10. Other Administrative Services (List) ▼				
			Total	
▼ Item needs Specific Prior Written Approval.				

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)
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Administrative:

Total							

Monitoring:

Total							

Other (List):

Total							

WORKSHEET E: ADMINISTRATIVE TRAINING

1. Type of Training	2. Location of Training	3. Total Budgeted Cost	4. % of Cost Allocated to CACFP	5. Annual Cost to CACFP	6. Remainder of Cost to be Paid with Non-CACFP Funds (3 - 5)
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Staff:

Total					

Facility:

Total					

7. Educational Supplies and Materials:

Total					

INDIRECT COSTS

Indirect Costs:
(Include rate information from cognizant agency)

Total Indirect Costs		

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

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

Board Chairman

Date

Printed Name