

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

**Administrative Budget for Sponsoring Organizations – Centers**

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

**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:
6. Administrator and their Phone Number::		8. E-Mail Address:
9. Do you operate the CACFP in other States? <input type="checkbox"/> Yes* <input type="checkbox"/> No		10. If yes, total number of centers for entire sponsorship: List the other States.

11. Are you a multi-purpose organization operating other programs in addition to CACFP?  Yes  No  
 12. If “Yes”, list the other programs administered by sponsor:

13: Will funds from any of these programs be used to perform CACFP functions?  Yes  No (List in Line 16)

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.

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 be disclosed and justification provided. Specific prior written approval has to be received from CACFP.

**REVENUE**

Income Source	Projected Annual Amount	State Agency Approval
14. Projected Revenue from the Administration of Centers in NC:*	\$	\$
15. USDA Food Reimbursement – Centers:**	\$	\$
16. List other Sources of Income:	\$	\$
	\$	\$
	\$	\$
Federal Funds:		
17. Total Projected Annual Income:	\$	\$

\* Line 14 is computed by taking no more than 15% of the USDA Food Reimbursement expected to be received by the Sponsored Centers for the year.

\*\* Line 15 is the amount of reimbursement for the Sponsored Centers (No less than 85% of the USDA Food Reimbursement expected to be received by the Sponsored Centers for the year). This is considered Operating Costs and will equal Worksheet G (page 8). Line 14 and Line 15 together equal the total USDA Food Reimbursement for the Sponsored Centers.

**For State Use Only: % of Administrative Revenue Approved:**



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

14. Employee Name	15. Type of Benefit: a. Health Insurance b. Dental Insurance c. Life Insurance d. Retirement e. Other (Identify)	16. Total Cost Per Month	17. Percentage Paid by CACFP	18. Percentage Paid by Employee and/or paid by other programs. 16 + 17 should equal 100%	19. Total Monthly Amount paid by CACFP  (15 x 16)	20. Annual Cost to CACFP  (18 x 12 mo.)	21. Remainder of Cost to be Paid with Non-CACFP Funds
Ex: Jane Doe	a = Health, c = Life	\$300.00	50%	50%	\$150.00	\$1,800.00	\$0.00
<b>22. Total Cost of Administrative Benefits:</b>						\$	\$

## WORKSHEET B: ADMINISTRATIVE COSTS

Budgeted Items	Proposed or Original Purchase Date	Acquisition Cost	Annual Depreciation (Submit Depreciation Schedule)	Percentage of Cost Allocated to CACFP*	Annual Cost To CACFP	Remainder of Cost to be Paid with Non-CACFP Funds
<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>Annual Depreciation (Submit Depreciation Schedule)</b>	<b>Percentage of Cost Allocated to CACFP*</b>	<b>Annual Cost To CACFP</b>	<b>Remainder of Cost to be Paid with Non-CACFP Funds</b>
				<b>Total</b>		
<b>3. Postage</b>	<b>Quantity</b>	<b>Cost / Unit</b>	<b>Total Annual Cost</b>	<b>Percentage of Cost Allocated to CACFP*</b>	<b>Annual Cost To CACFP</b>	<b>Remainder of Cost to be Paid with Non-CACFP Funds</b>
				<b>Total</b>		
<b>4. Materials and Supplies (Provide itemized list)</b>	<b>Quantity</b>	<b>Cost / Unit</b>	<b>Total Annual Cost</b>	<b>Percentage of Cost Allocated to CACFP*</b>	<b>Annual Cost To CACFP</b>	<b>Remainder of Cost to be Paid with Non-CACFP Funds</b>
				<b>Total</b>		
<b>5. Printing (Provide list of items to be printed)</b>	<b>Quantity</b>	<b>Cost / Unit</b>	<b>Total Annual Cost</b>	<b>Percentage of Cost Allocated to CACFP*</b>	<b>Annual Cost To CACFP</b>	<b>Remainder of Cost to be Paid with Non-CACFP Funds</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

## 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 be disclosed and justification provided. They have to receive 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 or Use Allowance \_\_\_\_\_

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) = \_\_\_\_\_

f. Remainder of Cost to be Paid with Non-CACFP Funds = \_\_\_\_\_

## 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* (List separately and provide copies of contracts)</b>				
<b>Total</b>				
<b>3. Equipment Rental / Lease* (List and also provide a copy of the lease agreements)</b>				
<b>Total</b>				
<b>4. Insurance Premiums (List Type of Insurance &amp; Policy #) ▼</b>				
<b>Total</b>				
<b>5. Contracted Services* (List Separately and provide copies of the contracts) ▼</b>				
<b>Total</b>				
<b>6. Telephone:</b>				
Monthly Service				
Cell Phone				
Internet				
<b>Total</b>				
<b>7. Advertising / Public Information Services* (List Separately and provide copies of the contracts)</b>				
<b>Total</b>				
<b>8. Dues / Subscriptions / Memberships (Indicate Member) ▼</b>				
<b>Total</b>				
<b>9. Other Administrative Services *(List and provide contract documentation) ▼</b>				
<b>Total</b>				

**\*Disclose any Less-than Arms Length Transactions and provide justification and appropriate contracts.**

**▼ Item may need 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)
<b>Administrative: (Provide names of those traveling, destinations, dates, mileage rates, per diem, miles)</b>							
<b>Total</b>							
<b>Monitoring: (Provide names of those traveling, destinations, dates, mileage rates, per diem, miles)</b>							
<b>Total</b>							
<b>Other: (List and provide any documentation necessary to explain need for expense item)</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: (List the Training)</b>					
<b>Total</b>					
<b>Facility: (List the Training)</b>					
<b>Total</b>					
<b>7. Educational Supplies and Materials: (Provide list of items)</b>					
<b>Total</b>					

**INDIRECT COSTS**

<b>Indirect Costs:</b>		
(Include rate information from cognizant agency)		
<b>Total Indirect Costs</b>		

## WORKSHEET F: SPONSORED CENTER'S ADMINISTRATIVE COSTS

Budgeted Items	Total Annual Costs	Annual Cost Allocated to CACFP	Remainder of Cost to be Paid with Non-CACFP Funds
<b>Sponsor's Fee*</b> (Can be no more than 15% of Total USDA reimbursement for the sponsored Center.			
<b>*Do not include Sponsor's fee in total Sponsored Centers Administrative Cost</b>			
<b>1. Salaries (Including Employer Taxes)</b>			
<b>2. Benefits</b>			
<b>3. Postage</b>			
<b>4. Office Supplies</b>			
<b>5. Printing</b>			
<b>6. Facility Rent/Lease</b>			
<b>7. Contract/Professional Services ▼</b>			
<b>8. Telephone, Fax, Cell Phone, Internet</b>			
<b>9. Advertising, Public Information Services</b>			
<b>10. Other Administrative Costs (List) ▼</b>			
<b>11. Total Administrative Costs (Lines 1 – 10)</b>			

## WORKSHEET G: SPONSORED CENTER'S OPERATING COSTS

<b>1. Food Costs</b>			
<b>2. Food Service Management Co.</b>			
<b>3. Supplies (Food Service)</b>			
<b>4. Operating Labor</b>			
<b>5. Benefits – Operating Labor</b>			
<b>6. Utilities*</b>			
<b>7. Facility Maintenance*</b>			
<b>8. Janitorial Service*</b>			
<b>9. Staff Training</b>			
<b>10. Transportation</b>			
<b>11. Equipment – Over \$5,000 ▼</b>			
<b>12. Equipment – Under \$5,000 ▼</b>			
<b>13. Indirect Costs (List)</b>			
<b>14. Total Operating Costs (Lines 1 – 13)</b>			
<b>15. Total Administrative and Operating Costs</b>			

▼ Item may need Specific Prior Written Approval.

\* Cost Allocation Plan may be needed.

## RECAP OF COSTS

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

\_\_\_\_\_

Board Chairman

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name