

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

Administrative Budget for Sponsoring Organizations – Homes

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

SPONSORING ORGANIZATION PROFILE		
1. Institution Name:	2. Agreement Number:	
	3. Number of Homes 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 homes for entire sponsorship: List the States:	
11. Are you a multi-purpose organization operating other programs in addition to CACFP? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No (List in Line 16)		
<ul style="list-style-type: none"> • 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 Homes in NC: (Total Administrative Costs from Page 8)	\$	
15. USDA Food Reimbursement – Homes:	\$	
16. List other Sources of Income:	\$	
	\$	
	\$	
	\$	
	\$	
17. Total Projected Annual Income:	\$	

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
22. Total Cost of Administrative Benefits:						\$	

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
1. Equipment \$5,000 and Over ▼						
Total						
2. Equipment under \$5,000 ▼	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
Total						
3. Postage	Quantity	Cost / Unit	Total Annual Cost	Percentage of Cost Allocated to CACFP*	Annual Cost To CACFP	Remainder of Cost to be Paid with Non-CACFP Funds
Total						
4. Materials and Supplies (Provide itemized list)	Quantity	Cost / Unit	Total Annual Cost	Percentage of Cost Allocated to CACFP*	Annual Cost To CACFP	Remainder of Cost to be Paid with Non-CACFP Funds
Total						
5. Printing (Provide list of items to be printed)	Quantity	Cost / Unit	Total Annual Cost	Percentage of Cost Allocated to CACFP*	Annual Cost To CACFP	Remainder of Cost to be Paid with Non-CACFP Funds
Total						

* Cost Allocation Plan may be needed.

▼ 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
1. Utilities (List)				
			Total	
2. Facility Maintenance / Janitorial Services * (List separately and provide copies of contracts)				
			Total	
3. Equipment Rental / Lease * (List and also provide a copy of the lease agreements)				
			Total	
4. Insurance Premiums (List Type of Insurance & Policy #) ▼				
			Total	
5. Contracted Services *(List Separately and provide copies of the contracts) ▼				
			Total	
6. Telephone:				
Monthly Service				
Cell Phone				
Internet				
			Total	
7. Advertising / Public Information Services * (List Separately and provide copies of the contracts)				
			Total	
8. Dues / Subscriptions / Memberships (Indicate Member) ▼				
			Total	
9. Licensing Related Expenses ▼				
			Total	
10. Other Administrative Services *(List and provide contract documentation) ▼				
			Total	
*Disclose any Less-than Arms Length Transactions and provide justification and appropriate contracts.				
▼ 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: (Provide names of those traveling, destinations, dates, mileage rates, per diem, miles)

Total							

Monitoring: (Provide names of those traveling, destinations, dates, mileage rates, per diem, miles)

Total							

Other: (List and provide any documentation necessary to explain need for expense item)

Total							

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)
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Staff: (List the Training)

Total					

Facility: (List the Training)

Total					

7. Educational Supplies and Materials: (Provide list of items)

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