

**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**

<b>FACILITY PROFILE</b>		
<b>1. Facility Name:</b>	<b>2. Agreement Number:</b>	
<b>3. Facility Address:</b>	<b>4. Telephone Number:</b>	
<b>5. Facility Administrator:</b>	<b>6. Fax Number:</b>	
<b>7. Facility Administrator Phone Number:</b>	<b>8. E-mail Address:</b>	
<b>FACILITY REVENUE - CACFP</b>		
Income Source	Projected Annual Amount	State Agency Approval
<b>9. Projected CACFP Annual Revenue (Reimbursement from claims and must equal Total Administrative + Operating Costs from Page 3)</b>	\$	\$
<b>10. List other Sources of Income Available for Food Service Operations:</b>	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>11. Total Projected Annual Income</b>	\$	\$
<b>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.)</b>		
<b>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.</b>		

**Worksheet A: Administrative Costs**

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

## 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)			
<b>Total Operating Costs (Line 25 – 37)</b>			
<b>TOTAL ADMINISTRATIVE (page 2) + OPERATING COSTS (page 3)</b> (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**