

**North Carolina Department of Health and Human Services
Child and Adult Care Food Program
Annual Budget for Independent Centers**

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

INDEPENDENT INSTITUTION'S PROFILE	
1. Institution Name:	2. Agreement Number:
3. Institution Address:	4. Telephone Number:
5. Administrator:	6. Fax Number:
7. Administrator's Phone Number:	8. Fiscal Year End:
9. E-mail Address:	

REVENUE		
Income Source	Projected Annual Amount	State Agency Approval
10. Projected CACFP Reimbursement: (Total Administrative and Operating Costs, on page 2 must equal this amount.)	\$	\$
11. List other Sources of Income Available for Food Service Operations.		
	\$	\$
	\$	\$
	\$	\$
12. Total Projected Annual Income	\$	\$
13. For Centers not claiming administrative costs, complete only Budget Worksheet B: Operating Costs		
14. 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.		

Worksheet A: Administrative Costs

Budgeted Items	Total Annual Costs	Annual Cost Allocated to CACFP	Remainder of Cost to be Paid with Non-CACFP Funds
15. Administrative Labor			
16. Benefits - Administrative Labor			
17. Postage			
18. Office Supplies			
19. Printing			
20. Facility Rent/Lease*			
21. Contract/Professional Services ▼			
22. Telephone, Fax, Cell Phone, Internet			
23. Advertising, Public Information Services			
24. Other Administrative Costs (List) ▼			
Total Administrative Costs (Lines 15 - 24)			

Worksheet B: Operating Costs

25. Food Costs			
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)			
Total Operating Costs (Lines 25 - 37)			
Total Administrative and Operating Costs			

* Cost Allocation Plan may be needed.

▼ State Agency Use: Specific Prior Written Approval required

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 Institution

Owner or Board Chairman

Date

Printed Name