

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

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

**SPONSORED CENTER PROFILE**

<b>1. Facility Name:</b>	<b>2. Agreement Number:</b>
<b>3. Facility Address:</b>	<b>4. Telephone Number:</b>
<b>5. Administrator:</b>	<b>6. Fax Number:</b>
<b>7. Administrator Phone Number:</b>	<b>8. E-Mail Address:</b>

**REVENUE**

Income Source	Projected Annual Amount	State Agency Approval
<b>9. Projected CACFP Annual Revenue (Reimbursement) (Projected revenue must not exceed the annual total cost allocated to CACFP)</b>	\$	
<b>10. List other Sources of Income Available for Food Service Operations</b>	\$	
<b>Federal Funds:</b>	\$	
	\$	
	\$	
	\$	
	\$	
<b>11. Total Projected Annual Income</b>	\$	

**12. For Centers that do not plan to claim administrative costs, complete only Budget Worksheet B: Operating Costs.**

**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.**

**Worksheet A: Administrative Costs**

Budgeted Items	Total Annual Cost	Annual Cost Allocated to CACFP	Remainder of Cost to be Paid with Non-CACFP Funds
<b>14. Salaries (Including Employer Taxes)</b>			
<b>15. Benefits</b>			
<b>16. Postage</b>			
<b>17. Office Supplies</b>			
<b>18. Printing</b>			
<b>19. Facility Rent / Lease</b>			
<b>20. Contract / Professional Services*</b>			
<b>21. Telephone, Fax, Cell Phone, Internet</b>			
<b>22. Advertising, Public Information Services</b>			
<b>23. Other Administrative Costs (List)*</b>			
<b>Total Administrative Costs</b>			

**Worksheet B: Operating Costs**

<b>24. Food Costs</b>			
<b>25. Food Service Management Co.</b>			
<b>26. Supplies (Food Service)</b>			
<b>27. Operating Labor</b>			
<b>28. Benefits – Operating Labor</b>			
<b>29. Utilities</b>			
<b>30. Facility Maintenance</b>			
<b>31. Janitorial Service</b>			
<b>32. Staff Training</b>			
<b>33. Transportation</b>			
<b>34. Equipment – Over \$5,000*</b>			
<b>35. Equipment – Under \$5,000*</b>			
<b>36. Indirect Costs (List)</b>			
<b>37. Total Operating Costs</b>			
<b>38. Grand Total of Administrative and Operating Costs</b>			

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**

\_\_\_\_\_

**Board Chairman**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Printed Name**