



**ADMINISTRATIVE BUDGET**  
Child and Adult Care Food Program

SPONSORING ORGANIZATION: \_\_\_\_\_

BUDGET PERIOD: October 1, 2020 through September 30, 2021

A **Budget Narrative in WORD** format is required to be attached behind this page. Include a sentence (or more) description of each entry listed below. For allocated items, include a description. Example: AUDIT: CACFP portion of 16% of the annual \$7,500 audit. We sent out an RFP this year from which the board of directors selected the firm that best met our needs.

LINE ITEM JUSTIFICATION: Use the Line Item Justification form to justify any budget item greater than 5% of the total administrative budget.  
(Not required for staff salaries or travel)

5% indicator  
Justify these lines

**PART A - EXPENSES:**

**1. SALARIES** (Complete and attach Salaries Table)

1.1 CACFP Regular Personnel	
1.2 Benefits	
1.3 Temporary Personnel	
1.4 Other - Specify	

**SPWA is requested for overtime?**       Y       N

Refer to attachment: \_\_\_\_\_

**2. OPERATIONS**

2.1 Rent/Use Allowance	
2.2 Utilities - Specify	
2.3 Maint. Bldg/Grounds	
2.4 Insurances	
2.5 Real Estate Taxes	
2.6 Minute Menu System	
2.7 Office Supplies (under \$5,000)	
2.8 Office Equipment (over \$5,000)	
2.9 Printing	
2.10 Advertising	
2.11 Telephone	
2.12 Postage	
2.13 Bank Fees	
2.14 Other-Specify	

**3. CONTRACTED SERVICES**

3.1 Accounting Services	
3.2 Audit (Over Program Grant)	
3.3 Internet Service	
3.4 Legal Service	
3.5 Consultant Service-Specify	
3.6 Other-Specify	

**4. TRAINING/EDUCATION**

4.1 Registration/User/Participant Fees	
4.2 Speaker Fees/Honorarium	
4.3 Meeting Room Rental/Space	
4.4 Training/Educ. Materials/Supplies	
4.5 Publications/Reference/Subscriptions	
4.6 Membership/Professional Dues	
4.7 Other - Specify	

**5. TRAVEL IN-STATE**

5.1 Mileage/Vehicle Use	
5.2 Hotel	
5.3 Per Diem	
5.4 Other-Specify	

**6. TRAVEL OUT-OF-STATE**

6.1 Airfare	
6.2 Hotel	
6.3 Per Diem	
6.4 Ground Transport/Taxi/Parking	
6.5 Other-Specify	

**All items sections 1-6      TOTAL**

Note: For items in yellow, an SPWA submitted at the time of renewal should cover entire fiscal year and does not need to be re-submitted at the time of the expenditure.

**PART B – REIMBURSEMENT INCOME**

Anticipated income from CACFP administrative funds:

For the calculation below, use the average number of homes that have claimed over the last 6 months:

	Homes	1 yr	Rate	Income
1.1 Number of homes (1-50) is		x 12 months	\$118.00	
1.2 Number of homes (51-200) is		x 12 months	\$90.00	

**Anticipated CACFP income from other sources**

- 2.1 Sale of print materials [ ]
- 2.2 Other – Specify [ ]

TOTAL ANTICIPATED ADMINISTRATIVE REIMBURSEMENT/INCOME [ ]

Budget as listed on page 1

**Budget amount and provider reimbursement should be very similar** Difference [ ]

List the average number of homes in your sponsorship for the five most recent Federal fiscal years:

FY15-Homes	[ ]
FY16-Homes	[ ]
FY17-Homes	[ ]
FY18-Homes	[ ]
FY19-Homes	[ ]
	Average

List source and amount of donations to CACFP. (Note: If donations to your organization are not specifically designated to CACFP, they are NOT considered CACFP donations.)

I hereby certify that the information on this form and the budget attachment is true and correct to the best of my knowledge. I understand that this information is being given in conjunction with the receipt of federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.

\_\_\_\_\_  
SIGNATURE OF SPONSOR'S AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE