

**INDIANA DEPARTMENT OF EDUCATION
ADMINISTRATIVE BUDGET FOR FAMILY DAY CARE HOME SPONSORS AND SPONSORS OF SEPARATE LEGAL ENTITIES**

FY 2013									Original Budget <input type="checkbox"/>			Amended Budget <input type="checkbox"/>										
Sponsor Name: <input style="width: 300px;" type="text"/>						Agreement Number: <input style="width: 100px;" type="text"/>																
* Requires amended budget and worksheets																						
	Total Agency	FDC	Unaffiliated Centers	Total CACFP	Agency Share		Total Agency	FDC	Unaffiliated Centers	Total CACFP	Agency Share											
A. SALARIES (Tabs 7-10)						E. POSTAGE, SUPPLIES, PRINTING (Tabs 19-22)																
1 Administrative*	\$ -	\$ -	\$ -	\$ -	\$ -	1 Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -										
2 Accounting*	\$ -	\$ -	\$ -	\$ -	\$ -	2 Office Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -										
3 Monitoring*	\$ -	\$ -	\$ -	\$ -	\$ -	3 Educational Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -										
4 Training*	\$ -	\$ -	\$ -	\$ -	\$ -	4 Printing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -										
5 Clerical*	\$ -	\$ -	\$ -	\$ -	\$ -	5 Minute Menu forms	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -										
6 Food Service Operational*	\$ -	\$ -	\$ -	\$ -	\$ -	6 Other (specify)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -										
7 Benefits*	\$ -	\$ -	\$ -	\$ -	\$ -							\$ -										
SUBTOTAL*	\$ -	\$ -	\$ -	\$ -	\$ -	SUBTOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -										
B. TRAVEL-PROGRAM OPERATIONS (Tab 11)						F. TRAINING (Tab 23)																
Travel for Program Operations (pg 1)	\$ -	\$ -	\$ -	\$ -	\$ -	1 Staff Training Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -										
Travel for Program Operations (pg 2)	\$ -	\$ -	\$ -	\$ -	\$ -	2 Site Personnel Training Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -										
SUBTOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	SUBTOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -										
C. STAFF WORKSHOPS TRAINING, CACFP RELATED CONFERENCES (Tabs 12-13)						G. OFFICE EXPENSES (Tabs 24-26)																
1 In-State*	\$ -	\$ -	\$ -	\$ -	\$ -	1 Office Rent	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -										
2 Out-of-State*	\$ -	\$ -	\$ -	\$ -	\$ -	2 Utilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -										
SUBTOTAL*	\$ -	\$ -	\$ -	\$ -	\$ -	3 Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -										
D. ADMINISTRATIVE EXPENSES (Tabs 14-19)						H. EQUIPMENT (Tabs 27-28)																
1 Advertising	\$ -	\$ -	\$ -	\$ -	\$ -	4 Building Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -										
2 Dues, Subscriptions, Memberships	\$ -	\$ -	\$ -	\$ -	\$ -	5 Other (specify)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -										
3 Consulting Fees*	\$ -	\$ -	\$ -	\$ -	\$ -	SUBTOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -										
4 Insurance*	\$ -	\$ -	\$ -	\$ -	\$ -	TOTAL ANNUAL BUDGET																
5 Licensing Related Costs*	\$ -	\$ -	\$ -	\$ -	\$ -	1 Durable Equipment UNDER \$5000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -										
6 Communications	\$ -	\$ -	\$ -	\$ -	\$ -	2 Equipment OVER \$5000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -										
7 Equip: rental/lease/maintenance*	\$ -	\$ -	\$ -	\$ -	\$ -	3 Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -										
8 Other* AUDIT	\$ -	\$ -	\$ -	\$ -	\$ -	4 Use Allowance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -										
9 Employee/Staff Incentives*	\$ -	\$ -	\$ -	\$ -	\$ -	SUBTOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -										
10 Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	<table border="1" style="margin: auto;"> <tr> <td>Total</td> <td>\$ -</td> </tr> <tr> <td>FDC Homes</td> <td>\$ -</td> </tr> <tr> <td>Unaffiliated Centers</td> <td>\$ -</td> </tr> <tr> <td>CACFP Share</td> <td>\$ -</td> </tr> <tr> <td>Agency Share</td> <td>\$ -</td> </tr> </table>							Total	\$ -	FDC Homes	\$ -	Unaffiliated Centers	\$ -	CACFP Share	\$ -	Agency Share	\$ -
Total	\$ -																					
FDC Homes	\$ -																					
Unaffiliated Centers	\$ -																					
CACFP Share	\$ -																					
Agency Share	\$ -																					
SUBTOTAL*	\$ -	\$ -	\$ -	\$ -	\$ -																	

Budget Prepared by: <input style="width: 300px;" type="text"/>	Authorized Representative's Signature: _____
E-mail: <input style="width: 150px;" type="text"/>	Printed Name & Title: <input style="width: 300px;" type="text"/>
Phone: <input style="width: 150px;" type="text"/>	Date: <input style="width: 150px;" type="text"/>

Jun-12

Carry Over of Funds Request
From FY 12 to FY 13

IDOE/CACFP

Sponsoring Organization:

Agreement Number:

Date Submitted:

Total FY12 Administrative Funds Available (actual homes times rates) A

Total FY 12 Administrative Costs B

Excess Funds Available for Carry-Over to FY 13 (A - B) C \$

Carry-Over Limit Allowable 10% of FY 12 Funds (A) D \$

MAXIMUM ALLOWABLE CARRY-OVER E \$
(lesser of C or D)

We request carry over funds from FY 12 to FY 13 in the amount of
to be used for

Signature of Authorized Representative Date _____

Printed Name and Title of Authorized Representative

We waive the carry over of available funds from FY 12 to FY 13.

Signature of Authorized Representative Date _____

Printed Name and Title of Authorized Representative

State Agency use only

Request reviewed by: _____ Date _____

Amended Budget approved on: _____

Excess/Waived Funds returned on: _____

PROJECTED ADMINISTRATIVE CACFP REVENUES FOR FDCH SPONSORS

Sponsor: Spon ID #
 Original Budget for FY Date:

Maximum Annual Revenues Based on the Number of Homes

Enter Number of Homes Claimed A

(based on the largest monthly total claimed within the last 12 months)

Maximum Projected Homes allowable for budget purposes B -

(maximum increase is 10%)

ENTER PROJECTED NUMBER OF HOMES FOR FY 12 C

Estimated Percent Increase in Homes #DIV/0!

Projected Monthly Revenue:			
	Number of Homes	Rates	Reimbursement
	first 50	\$102	
	next 150	\$78	
	next 800	\$61	
	each additional	\$53	
			(monthly total)

Projected current year annual administrative revenue (E * 12) \$ -

Carry over funds requested from prior fiscal year

Projected FY 12 Maximum Annual and Carryover Funds Administrative Revenues: \$ -

PROJECTED ADMINISTRATIVE CACFP REVENUES FOR SPONSORS OF AFFILIATED CENTERS

Estimated Monthly Food Reimbursement (Do not include Cash-in-Lieu)	Times Number of Months Operating for the year	Total Estimated Annual Meal Reimbursement
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> -

Administrative costs for Sponsors of Centers may not exceed 15% of the total annual meal reimbursement.

Total Estimated Annual Meal Reimbursement		Maximum Allowable Center Admin Costs paid for with CACFP funds
\$ <input type="text"/> -	times 15%	\$ <input type="text"/> -

Sponsors of Separate Legal Entities
(UNAFFILIATED CENTERS)

Estimated Reimbursement Worksheet

Organization:

Spon ID No

Number of Facilities you are currently approved to sponsor:

Estimate number of facilities your expect to sponsor in 2013:

(5-10% growth is acceptable. Over 10% required a written explanation)

Site Name	Estimated Monthly Reimbursement*	Estimated Annual Reimbursement*
1		\$ -
2		\$ -
3		\$ -
4		\$ -
5		\$ -
6		\$ -
7		\$ -
8		\$ -
9		\$ -
10		\$ -
11		\$ -
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23		\$ -
24		\$ -
25		\$ -
26		\$ -
26		\$ -
28		\$ -
29		\$ -
30		\$ -

Total Expected Reimbursement

*food only, do not include cash-in-lieu

Total Expected Reimbursement times 15% =

Budgeted Cost to Sponsor SLE: Within 15% Cap? Yes No
(from budget summary page)

SLE budget Approved by: Date:

SPECIFIC PRIOR WRITTEN APPROVAL (SPWA) LOG

Fiscal Year:

Sponsor ID No:

<i>Each cost category requires specific prior written approval</i>	<i>Refer to FNS 796-2, rev 3 or the prior approval chart for specific information</i>	<i>In Budget</i>		<i>SA Use Only</i>	
		<i>YES</i>	<i>NO</i>		
Communications	Cell phones/pagers owned/leased by SO				
Contribution/Donation Costs	Costs to make goods/service usable to Program				
DCH Licensing Standards Costs	Costs that will permit home to meet licensing				
Depreciation/Use Allowance	Space/facility other than 30-year straight line				
	Publicly owned buildings-assigned acquisition costs				
	Equip depreciation other than 30-yr straight line				
	Unknown Acquisition costs				
Employee Morale, Health, Welfare, Credits	All costs in this category				
Expensing equipment/property	Directly expensed instead of depreciation				
Facilities/Space Costs	Rearrangement/Alteration of Facility owned by Institution				
Insurance	Insurance not required by SA for general CACFP activities				
	Cost/contributions to self-insurance reserve-Govt Property				
	Contributions to self-insurance meets state requirements				
Interest, fund raising, financial costs	Stop payment charges for facility reimbursement or any				
	Program disbursement--check or EFT				
	Program account reconciliation/analysis fees, fees charged for commingled accounts				
	Interest incurred on dept used to acquire/replace equipment/property/allowable improvements				
	Arms-length transactions for financing arrangements				
	Less-than-arms-length transactions/fianacial arrangements				
Labor Costs	Compensation to members of the non-profit institution, trustees, directors, associates, officers and immediate families thereof				
	Stipends to attend corporate meetings				
	Any change to institution's compensation policy w/ substantial increase to individual/all employees				
	Overtime/holiday pay/compensatory pay				
Overtime/holiday pay/compensatory pay	All payments for overtime/holiday pay/compensatory pay				
	Incentive payments/Awards except those of minimal value				
	Severance Pay				
	Deferred Compensaton				
Legal costs/Professional Services	Amendments/modifictions to approved deferral plans				
	SO Cost to pursue admin and judicial recovery of funds from sponsored facilities				
	Costs for service performed by individuals who are officers, employees, or members of the institution				
Management Studies	Studies related to Program done by outside entities				
Meetings and Conferences	Travel/Registration for only CACFP- SPWA Not Required				
	Prorated share of travel/registration when CACFP is only a portion of the larger agenda				
Membership, subscriptions, Professional Organizations	Cost of public-nonprofit membership in civic/community organizations				
Proposal Costs	Cost of preparing proposals for FNS CN grants				
Purchased Services-Other	All less-than-arms-length transactions				
Rental Costs	Special lease arrangements: capital lease, sale-with-lease-back				
	leases, less-than-arms-length transactions, lease with option-to-purchase				
Termination Costs	Necessary/reasonable costs of ceasing CACFP operations				

SO=Sponsoring Organization SA=State Agency FNS=Food & Nutrition Service CN=Child Nutrition

This form is required to be submitted by every sponsor of homes and separate legal entities. For each cost that requires SPWA, you must submit a worksheet for each category that properly discloses the cost, why it is necessary for Program operations, and explains the amount of the cost to be charged to CACFP, including the cost allocation method. ***This form is considered a written request for SPWA.***

Signature/Title of Authorized Representative: Date:

State Agency Approval: Date:

Signature above constitutes specific written prior approval by the State Agency.

SPECIFIC PRIOR WRITTEN APPROVAL WORKSHEET

Organization:

Sponsor ID No.

What is the cost requiring Specific Written Prior Approval?

Explain why this cost is necessary for CACFP operations.

What is the total cost to your agency? Attach quotes/invoices to this worksheet.

If this cost is a less-than-arms-length transaction, explain the relationship and why this source was chosen.

Explain the amount of the cost to be charged to CACFP and show the method used to allocate the cost

What is the cost requiring Specific Written Prior Approval?

Explain why this cost is necessary for CACFP operations.

What is the total cost to your agency? Attach quotes/invoices to this worksheet.

If this cost is a less-than-arms-length transaction, explain the relationship and why this source was chosen.

Explain the amount of the cost to be charged to CACFP and show the method used to allocate the cost

Original Amended A. SALARIES AND BENEFITS (line items A1-A5)

Agreement Number

Fill in: Agency standard for fulltime employment in hours per day is 8 7.75 7.5 Other - enter other hours >

Total agency fulltime employee equivalents (FTE's) including CACFP hours:

Classify employees according to their job functions (column 1): 1 = administrative; 2 = accounting; 3 = monitoring; 4 = training; 5 = clerical; 6 = other

(1) Job Function	(2) Name/Title	(3) Total CACFP hours per month		(4) Gross Hourly Rate		(5) Monthly CACFP Cost		(6) Monthly Non-CACFP funding for this person		(7) Annual cost Claimed to CACFP	
		Homes	Centers	Homes	Centers	Homes	Centers	Homes	Centers	Homes	Centers
<i>example</i> 3	<i>Mary Jones</i> <i>Monitor</i>	142	20	10	10	1420	200	500		11040	2400
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Original Amended A. SALARIES AND BENEFITS (line items A1-A5)

Agreement Number

Fill in: Agency standard for fulltime employment in hours per day is 8 7.75 7.5 Other - enter other hours >

Total agency fulltime employee equivalents (FTE's) including CACFP hours:

Classify employees according to their job functions (column 1): 1 = administrative; 2 = accounting; 3 = monitoring; 4 = training; 5 = clerical; 6 = other

(1) Job Function	(2) Name/Title	(3) Total CACFP hours per month		(4) Gross Hourly Rate		(5) Monthly CACFP Cost		(6) Monthly Non-CACFP funding for this person		(7) Annual cost Claimed to CACFP	
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Original Amended A. SALARIES AND BENEFITS (line items A1-A5)

Agreement Number

Fill in: Agency standard for fulltime employment in hours per day is 8 7.75 7.5 Other - enter other hours >

Total agency fulltime employee equivalents (FTE's) including CACFP hours:

Classify employees according to their job functions (column 1): 1 = administrative; 2 = accounting; 3 = monitoring; 4 = training; 5 = clerical; 6 = other

(1) Job Function	(2) Name/Title	(3) Total CACFP hours per month		(4) Gross Hourly Rate		(5) Monthly CACFP Cost		(6) Monthly Non-CACFP funding for this person		(7) Annual cost Claimed to CACFP	
		Homes	Centers	Homes	Centers	Homes	Centers	Homes	Centers	Homes	Centers
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Original Amended A. SALARIES AND BENEFITS (line items A1-A5)

Agreement Number

Fill in: Agency standard for fulltime employment in hours per day is 8 7.75 7.5 Other - enter other hours >

Total agency fulltime employee equivalents (FTE's) including CACFP hours:

Classify employees according to their job functions (column 1): 1 = administrative; 2 = accounting; 3 = monitoring; 4 = training; 5 = clerical; 6 = other

(1) Job Function	(2) Name/Title	(3) Total CACFP hours per month		(4) Gross Hourly Rate		(5) Monthly CACFP Cost		(6) Monthly Non-CACFP funding for this person		(7) Annual cost Claimed to CACFP	
		Homes	Centers	Homes	Centers	Homes	Centers	Homes	Centers	Homes	Centers
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Original Amended A. SALARIES AND BENEFITS (line items A1-A5)

Agreement Number

Fill in: Agency standard for fulltime employment in hours per day is 8 7.75 7.5 Other - enter other hours >

Total agency fulltime employee equivalents (FTE's) including CACFP hours:

Classify employees according to their job functions (column 1): 1 = administrative; 2 = accounting; 3 = monitoring; 4 = training; 5 = clerical; 6 = other

(1) Job Function	(2) Name/Title	(3) Total CACFP hours per month		(4) Gross Hourly Rate		(5) Monthly CACFP Cost		(6) Monthly Non-CACFP funding for this person		(7) Annual cost Claimed to CACFP	
		Homes	Centers	Homes	Centers	Homes	Centers	Homes	Centers	Homes	Centers
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TOTALS		<u>Homes</u>	<u>Centers</u>	<u>Homes</u>	<u>Centers</u>	<u>Homes</u>	<u>Centers</u>	<u>Homes</u>	<u>Centers</u>	<u>Homes</u>	<u>Centers</u>
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Original Amended

B. TRAVEL FOR PROGRAM OPERATIONS

Agreement Number

Employee Name	Reason for Travel Enter code # 1- home visits 2- training 3- other	Are miles claimed for privately owned vehicles?		Annual Cost to Agency								Total Annual Cost to Agency		Total Annual Cost to CACFP	
				rate/mile used: <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block;"></div>											
		Check One		(a) # Miles		(b) Lodging		(c) Meals							
		YES	*NO	Total Cost											
		Homes	Centers	Homes	Centers	Homes	Centers	Homes	Centers	Homes	Centers	Homes	Centers		
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Column Totals				Homes	Centers	Homes	Centers	Homes	Centers	Homes	Centers	Homes	Centers		
Enter (a), (b), and (c) on lines B1, B2, and B3, respectively, of the agency budget summary sheet.				-	-	-	-	-	-	-	-	-	-		

* If miles claimed are for a commercially owned or leased vehicle, agencies may not claim lease/vehicle payments

Original Amended

IN-STATE TRAINING (line items C1-C3)

Agreement Number

Costs for non-program staff must be based upon an approved cost allocation plan

		Annual Cost to Agency										\$ Total Annual Cost to CACFP		
		Rate/mile used: <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></div>		# miles :		\$ Parking		\$ Lodging		\$ Meals				\$ Total Annual Cost to Agency
Meeting or Conference Name (please be specific)	Employee or number of employees attending	Number of Days per Meeting	Cost		AGENCY LIMIT:		AGENCY LIMIT:		AGENCY LIMIT:					
			Homes	Centers	Homes	Centers	Homes	Centers	Homes	Centers	Homes	Centers	Homes	Centers
			#	#										
			\$	\$								-	-	
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Annual Total for <u>In-State travel</u>											AGENCY TOTALS		CACFP TOTALS	
											Homes	Centers	Homes	Centers
											\$ -	\$ -	\$ -	\$ -

- With prior approval, the travel and registration fees for attending meetings and conferences devoted solely to the CACFP.
- With specific prior written approval, the prorated share of travel & registration fees when CACFP is only a portion of a larger child care related agenda.
- **Costs for non-program staff must be based upon an approved cost allocation plan**

Annual Cost to Agency														\$ Total Annual Cost to CACFP	
Rate/mile used: <div style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></div>															
Meeting or Conference Name / # attending	Registration Fee		Transportation/Air Fare		# miles :		\$ Parking		\$ Lodging		\$ Meals				
					Cost		AGENCY LIMIT:		AGENCY LIMIT:		AGENCY LIMIT:				
	Homes	Centers	Homes	Centers	Homes	Centers	Homes	Centers	Homes	Centers	Homes	Centers	Homes	Centers	
					#		#							-	-
					\$	-	\$	-						-	-
					#		#							-	-
					\$	-	\$	-						-	-
					#		#							-	-
					\$	-	\$	-						-	-
					#		#							-	-
					\$	-	\$	-						-	-
					#		#							-	-
					\$	-	\$	-						-	-
Annual Total for <u>Out-of-State travel</u>												CACFP TOTALS			
												Homes	Centers		
												\$	-	\$	-

Original Amended

ADMINISTRATIVE EXPENSES

Agreement Number

ADVERTISING (line D1): Include newspapers, magazines, radio, television related to CACFP recruitment and public information.

Type of Service	Company	Purpose of Service	% Cost to CACFP		\$ Annual Cost					
					Total for Agency	To CACFP				
						Homes	Centers			
			H			\$	-	\$	-	
			C							
			H			\$	-	\$	-	
			C							
Total					\$	-	\$	-	\$	-

DUES, SUBSCRIPTIONS, AND MEMBERSHIPS RELATED to CACFP program operations or staff and provider education.

Name	Group or Individual Membership? (G) or (I)	What does this membership or subscription contribute to sponsor management of the CACFP?	% Cost to CACFP		\$ Annual Cost					
					Total for Agency	To CACFP				
						Homes	Centers			
			H			\$	-	\$	-	
			C							
			H			\$	-	\$	-	
			C							
			H			\$	-	\$	-	
			C							
			H			\$	-	\$	-	
			C							
Total					\$	-	\$	-	\$	-

Original Amended

Agreement Number

CONSULTING FEES: Accounting, data processing, legal, and othe expenses (please specify). (line D3)

Type of Service	Company or Individual	Purpose	% Cost to CACFP		\$ Annual Cost		
					Total for Agency	To CACFP	
						Homes	Centers
			H			\$ -	\$ -
			C				
			H			\$ -	\$ -
			C				
			H			\$ -	\$ -
			C				
			H			\$ -	\$ -
			C				
Total					\$ -	\$ -	\$ -

INSURANCE: Do not duplicate insurance premiums for CACFP facilities listed on Office Expenses. Submit Declaration page for each policy.

Type	Company and Policy Number	Describe Service	% Cost to CACFP		\$ Annual Cost		
					Total for Agency	To CACFP	
						Homes	Centers
Liability			H			\$ -	\$ -
			C				
			H			\$ -	\$ -
			C				
Other (Describe)			H			\$ -	\$ -
			C				
			H			\$ -	\$ -
			C				
Total					\$ -	\$ -	\$ -

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LICENSE RELATED COSTS: Provider must be income eligible by Application for Free and Reduced-Price Meals. The maximum allowable expenditure is \$300 per provider. Sponsor must have documentation showing provider was denied child care licensing based on inability to pay for an inspection, tec. (line D5)

Service	Company and Purpose	Projected # of Providers	\$ Annual Cost		
			Total for Agency	To CACFP	
				Homes	Centers
Fire Inspection					
Health Inspection					
Other (specify):					
Other (specify):					
Other (specify):					
Other (specify):					
Total			\$ -	\$ -	\$ -

COMMUNICATIONS: Costs for privately owned or rented equipment is not allowable.

Service Charges	Company	Describe Service	% Cost to CACFP	\$ Annual Cost		
				Total for Agency	To CACFP	
					Homes	Centers
Monthly Service			H			
			C		\$ -	\$ -
Long Distance			H			
			C		\$ -	\$ -
Cell Phone			H			
			C		\$ -	\$ -
Pager			H			
			C		\$ -	\$ -
Internet Service			H			
			C		\$ -	\$ -
Other (be specific)			H			
			C		\$ -	\$ -
			H			
			C		\$ -	\$ -
Total				\$ -	\$ -	\$ -

Original Amended

Agreement Number

EQUIPMENT RENT/LEASE AGREEMENTS AND MAINTENANCE AGREEMENTS

Send a copy of all rent and service/maintenance agreement(s) for which the CACFP bears any cost.

Service	Company	Purpose of Service	% Cost to CACFP		\$ Annual Cost				
					Total for Agency	To CACFP			
						Homes	Centers		
			H			\$	-	\$	-
			C						
			H			\$	-	\$	-
			C						
			H			\$	-	\$	-
			C						
			H			\$	-	\$	-
			C						
			H			\$	-	\$	-
			C						
TOTAL						\$	-	\$	-

OTHER ADMINISTRATIVE SERVICES, including AUDITS: SPECIFY. Send a copy of any agreement/contract for which the CACFP bears a cost.

Service	Company	Purpose of Service	% Cost to CACFP		\$ Annual Cost				
					Total for Agency	To CACFP			
						Homes	Centers		
			H			\$	-	\$	-
			C						
			H			\$	-	\$	-
			C						
			H			\$	-	\$	-
			C						
			H			\$	-	\$	-
			C						
			H			\$	-	\$	-
			C						
TOTAL						\$	-	\$	-

Original Amended

Agreement Number

EMPLOYEE/STAFF INCENTIVES: Except for awards of minimal value, specific prior written approval is required for costs of an incentive payment or award given to an employee. Awards of minimal value, such as length of service pins, or certificates of appreciation are allowed to the extent the employee receiving the award performed program labor. Prior written approval is required BEFORE the costs related to incentives are given to employees.

Type	Number of Employees	Cost Per Incentive	Reason for Giving Incentive	% Cost to CACFP	\$ Annual Cost						
					Total for Agency	To CACFP					
						Homes	Centers				
				H		\$	-	\$	-		
				C							
				H		\$	-	\$	-		
				C							
Total						\$	-	\$	-	\$	-

INDIRECT COSTS: Specify each cost. Attach a copy of your organization's indirect cost plan & include details on costs included in the indirect cost pool. If applicable, attach documentation of the approval of your indirect cost rate by your organization's cognizant agency.

Indirect cost	Indirect Cost Rate	Plan Approved by:	% Cost to CACFP	\$ Annual Cost						
				Total for Agency	To CACFP					
					Homes	Centers				
			H		\$	-	\$	-		
			C							
			H		\$	-	\$	-		
			C							
			H		\$	-	\$	-		
			C							
			H		\$	-	\$	-		
			C							
Total					\$	-	\$	-	\$	-

Original Amended

Agreement Number

MINUTE MENU SERVICES: Do not include minute menu forms in this section.

Type of Service	Company or Individual	Purpose	% Cost to CACFP		\$ Annual Cost					
					Total for Agency	To CACFP				
						Homes	Centers			
			H			\$	-	\$	-	
			C							
			H			\$	-	\$	-	
			C							
			H			\$	-	\$	-	
			C							
			H			\$	-	\$	-	
			C							
			H			\$	-	\$	-	
			C							
TOTAL					\$	-	\$	-	\$	-

POSTAGE, SUPPLIES, AND PRINTING

POSTAGE: List postage charges such as stamps, bulk mailing, certified mail charges, and monthly postage meter costs.

List lease and maintenance costs for the postage meter under Other Administrative Services

Postage Item [Check box if 100% CACFP]	Quantity & Unit	Cost Per Unit	% Cost to CACFP		\$ Annual Cost					
					Total for Agency	To CACFP				
						Homes	Centers			
<input type="checkbox"/>			H			\$	-	\$	-	
			C							
<input type="checkbox"/>			H			\$	-	\$	-	
			C							
<input type="checkbox"/>			H			\$	-	\$	-	
			C							
TOTAL					\$	-	\$	-	\$	-

I

Original Amended

Agreement Number

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EDUCATIONAL SUPPLIES: Estimate the cost of staff and provider education and training supplies. Items must be used for CACFP and must include some nutrition education materials.

Educational Supply Item (be specific)	Quantity #	Cost Per Unit \$	Place X in box if Cost is 100% CACFP	Annual Cost to Agency	CACFP %		Annual Cost to CACFP	
					H	C	Homes	Centers
				\$ -	H		\$ -	\$ -
				\$ -	C		\$ -	\$ -
				\$ -	H		\$ -	\$ -
				\$ -	C		\$ -	\$ -
				\$ -	H		\$ -	\$ -
				\$ -	C		\$ -	\$ -
TOTAL				\$ -			\$ -	\$ -

- PRINTINGS:**
- (a) List charges for printing services. Printing costs are services paid to print forms, brochures, and newsletters. Do not include the cost of copying, which is listed under SUPPLIES.
 - (b) List items by title (child enrollment, income application, monitor report, etc.). Cost includes newsletters, handbooks, and manuals, whether direct cost to CACFP, or allocated cost.
 - (c) If the cost for any one item is \$100,000 or more in the same fiscal year, **Invitation for Bid** procedures must be followed.

Printing-specify item by name	Quantity #	Cost Per Unit \$	Place X in box if Cost is 100% CACFP	Annual Cost to Agency	CACFP %		Annual Cost to CACFP	
					H	C	Homes	Centers
				\$ -	H		\$ -	\$ -
				\$ -	C		\$ -	\$ -
				\$ -	H		\$ -	\$ -
				\$ -	C		\$ -	\$ -
				\$ -	H		\$ -	\$ -
				\$ -	C		\$ -	\$ -
TOTAL				\$ -			\$ -	\$ -

Original Amended

Agreement Number

MINUTE MENU FORMS

Item	Quantity #	Cost Per Unit \$	Annual Cost to Agency	CACFP %		Annual Cost to CACFP	
				H	C	Homes	Centers
			\$ -	H		\$ -	\$ -
			\$ -	C			
			\$ -	H		\$ -	\$ -
			\$ -	C			
			\$ -	H		\$ -	\$ -
			\$ -	C			
			\$ -	H		\$ -	\$ -
			\$ -	C			
TOTAL			\$ -			\$ -	\$ -

OTHER SUPPLY COSTS

Specific Item	Quantity #	Cost Per Unit \$	Annual Cost to Agency	CACFP %		Annual Cost to CACFP	
				H	C	Homes	Centers
			\$ -	H		\$ -	\$ -
			\$ -	C			
			\$ -	H		\$ -	\$ -
			\$ -	C			
			\$ -	H		\$ -	\$ -
			\$ -	C			
			\$ -	H		\$ -	\$ -
			\$ -	C			
TOTAL			\$ -			\$ -	\$ -

Original Amended

Agreement Number

TRAINING

Include costs directly related to conducting approved mandatory or approved optional training topics for FDC staff and providers. Allowable costs include rent for a meeting facility not owned by the sponsor, rent of audio-visual equipment, the cost of CACFP-related training materials, and educational supplies such as food for nutrition education demonstrations. Registration and conference fees are allowed for staff only. Request travel, printing, and general office supplies in the appropriate budget category.

STAFF TRAINING COSTS

Meeting Title or Topic	# Trainings per year	Training Costs					Total Cost to Agency (# of trainings x training costs)	% Cost to CACFP		\$ Annual Cost to CACFP	
		Facility Rent	Equipment Rent	Speaker Fees	Registration Fees	Training Supplies				Homes	Centers
							\$ -	H		\$ -	\$ -
							\$ -	C		\$ -	\$ -
							\$ -	H		\$ -	\$ -
							\$ -	C		\$ -	\$ -
							\$ -	H		\$ -	\$ -
							\$ -	C		\$ -	\$ -
TOTAL							\$ -			\$ -	\$ -

SITE PERSONNEL TRAINING COSTS

Meeting Title or Topic	# Trainings per year	Training Costs				Total Cost to Agency (# of trainings x training costs)	% Cost to CACFP		\$ Annual Cost to CACFP		
		\$ Facility Rent	\$ Equipment Rent	\$ Speaker Fees	\$ Training Supplies				Homes	Centers	
						\$ -	H		\$ -	\$ -	
						\$ -	C		\$ -	\$ -	
						\$ -	H		\$ -	\$ -	
						\$ -	C		\$ -	\$ -	
						\$ -	H		\$ -	\$ -	
						\$ -	C		\$ -	\$ -	
TOTAL							\$ -			\$ -	\$ -

Original Amended

OFFICE EXPENSES

Agreement Number

OFFICE RENTAL:

If office space is shared by more than one program, attach a description of the allocation method and the floor plan used to determine the CACFP portion of office space costs.

A. Check all that apply:

- CACFP funds are not used for rent
- Space is rented or leased. If more than one office is used, provide rent/lease information on each. Attach a copy of each new or renewed lease and identify each with an attachment number(s),
- Partially or fully owned by the sponsoring organization, its administrative personnel, or relatives/friends thereof. Attach a description and documentation to support the method used to calculate costs charged to the CACFP. NOTE: Costs associated with less-than-arms-length lease arrangements are limited to depreciation or use allowance.
- Office maintenance is included in rental or lease agreement.
- Utilities are included in rental or lease agreement.

B. For rented or leased space, provide the following:

LESSOR NAME:

STREET ADDRESS

CITY, STATE, ZIP

RELATIONSHIP TO LESSEE:

TELEPHONE NUMBER

C. Indicate length of rental or lease agreement:

from:
(date)

to:
(date)

D. Total square footage of office space

Total square footage used by CACFP

(Submit floor plan for entire office space and show square footage used for CACFP.)

Ownership status (Mark One with X)	Includes utilities	Includes maintenance	Facility Address	% Cost to CACFP	\$ Monthly Cost			\$ Annual Cost		
					To Agency		To CACFP		To CACFP	
					Homes	Centers	Homes	Centers	Homes	Centers
<input type="checkbox"/> rent/leased				H		\$ -	\$ -	\$ -	\$ -	
<input type="checkbox"/> agency owned				C		\$ -	\$ -	\$ -	\$ -	
<input type="checkbox"/> rent/leased				H		\$ -	\$ -	\$ -	\$ -	
<input type="checkbox"/> agency owned				C		\$ -	\$ -	\$ -	\$ -	
TOTAL						\$ -	\$ -	\$ -	\$ -	

Original Amended

Agreement Number

UTILITIES: For rented facilities, request only utilities **not** included in the rent/lease agreement. Attach documentation to support costs.

Specify Utility	Facility Address	% Cost to CACFP		\$ Monthly Cost				
				Monthly Total for Agency	To CACFP		To CACFP	
					Homes	Centers	Homes	Centers
Electricity		H		\$ -	\$ -	\$ -	\$ -	
		C						
Gas		H		\$ -	\$ -	\$ -	\$ -	
		C						
Water/Sewer		H		\$ -	\$ -	\$ -	\$ -	
		C						
Other (specify below)		H		\$ -	\$ -	\$ -	\$ -	
		C						
Total				\$ -	\$ -	\$ -	\$ -	

MAINTENANCE: enter maintenance and cleaning supply costs specifically related to the structure, NOT contents of structure. (Do not include costs that are part of the rent/lease agreement). Send a copy of any maintenance agreement for which CACFP bears a cost.

Specify Maintenance Service	Facility Address	% Cost to CACFP		\$ Monthly Cost				
				Monthly Total for Agency	To CACFP		To CACFP	
					Homes	Centers	Homes	Centers
Maintenance:		H		\$ -	\$ -	\$ -	\$ -	
		C						
		H		\$ -	\$ -	\$ -	\$ -	
		C						
		H		\$ -	\$ -	\$ -	\$ -	
		C						
		H		\$ -	\$ -	\$ -	\$ -	
		C						
Supplies, if applicable:		H		\$ -	\$ -	\$ -	\$ -	
		C						
		H		\$ -	\$ -	\$ -	\$ -	
		C						
Total				\$ -	\$ -	\$ -	\$ -	

Original Amended

Agreement Number

BULDING INSURANCE: Enter insurance premiums related to space, NOT contents of structure. Send a copy of the declaration page for EACH policy giving the effective dates of the policy.

Insurance Company & Policy Number	Facility Address	% Cost to CACFP		\$ Monthly Cost				
				Monthly Total for Agency	To CACFP		To CACFP	
					Homes	Centers	Homes	Centers
		H		\$ -	\$ -	\$ -	\$ -	
		C						
		H		\$ -	\$ -	\$ -	\$ -	
		C						
		H		\$ -	\$ -	\$ -	\$ -	
		C						
Total				\$ -	\$ -	\$ -	\$ -	

OTHER SPACE RELATED COSTS: SPECIFY. Send a copy of any agreement/contract/invoice for which the CACFP bears a cost.

Service Type	Company or Consultant	Describe Service	% Cost to CACFP		Total for Agency	To CACFP	
						Homes	Centers
						H	
C							
H		\$ -	\$ -				
C							
H		\$ -	\$ -				
C							
H		\$ -	\$ -				
C							
H		\$ -	\$ -				
C							
H		\$ -	\$ -				
C							
TOTAL					\$ -	\$ -	\$ -

Original Amended

Agreement Number

EQUIPMENT

EQUIPMENT UNDER \$5000 per unit (life expectancy of more than one year or an acquisition cost of less than \$5000 per unit).

Attach documentation to support the percent used by the CACFP and for determining CACFP percentage of use

Item	Purchase Date	Description (Give facility address where equipment will be located if more than one site)	Cost Per Unit	% Cost to CACFP		\$ Annual Cost					
						To Agency	To CACFP				
						Homes	Homes	Centers			
				H			\$	-	\$	-	
				C							
				H			\$	-	\$	-	
				C							
				H			\$	-	\$	-	
				C							
TOTAL						\$	-	\$	-	\$	-

EQUIPMENT OVER \$5000 per unit (life expectancy of more than one year). Obtain written price quotes from at least three suppliers. You are required to select the lowest quote most responsive to your needs.

Item	Purchase Date	Description (Give facility address where equipment will be located if more than one site)	Cost Per Unit	% Cost to CACFP		\$ Annual Cost					
						To Agency	To CACFP				
						Homes	Homes	Centers			
				H			\$	-	\$	-	
				C							
				H			\$	-	\$	-	
				C							
				H			\$	-	\$	-	
				C							
TOTAL						\$	-	\$	-	\$	-

Original Amended

Agreement Number

DEPRECIATION: Attach a copy of *Schedule of Depreciation* calculation.

Item	Description (Give facility address where equipment will be located if more than one site)	Cost Per Unit	% Cost to CACFP		\$ Annual Cost					
					To Agency	To CACFP				
					Homes	Homes	Centers			
			H			\$	-	\$	-	
			C							
			H			\$	-	\$	-	
			C							
			H			\$	-	\$	-	
			C							
TOTAL					\$	-	\$	-	\$	-

USE CHARGES: Attach a copy of the *use charge* calculation.

Item	Description (Give facility address where equipment will be located if more than one site)	Cost Per Unit	% Cost to CACFP		\$ Annual Cost					
					To Agency	To CACFP				
					Homes	Homes	Centers			
			H			\$	-	\$	-	
			C							
			H			\$	-	\$	-	
			C							
			H			\$	-	\$	-	
			C							
TOTAL					\$	-	\$	-	\$	-

ADDENDUM TO MANAGEMENT PLAN for STAFFING STANDARDS

MONITOR STAFFING REQUIREMENTS
SPONSORING ORGANIZATIONS with 25 or more centers and 50 or more homes

INSTRUCTIONS: CACFP Regulations require that all sponsoring organizations with 25 or more centers and 50 or more homes document and meet certain staffing ratios. Complete the table below, providing ALL the specified information. (A full time employee works a total of 2080 hours per year.) The State Agency will analyze the data to ensure that the required monitor-staffing ratio has been met. Detailed employee job descriptions that include the percentage of time devoted to each job activity/duty, including monitoring-related activities, must be submitted as part of the management plan for fiscal year 2009. Audit documentation that substantiates all submitted information must be maintained on file. Copy, complete, and submit additional pages of this form if needed.

MONITORING STAFF							
Name	Position	Agency (1) hrs/day	Agency (2) days/year	Agency (3) Total Hours/Year (1x2)	Non CACFP Hours/Year (4)	CACFP Non Monitoring Hours/Year (5)*	Net Yearly Hours spent on CACFP Monitoring** (3-4-5)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
Total Hours per Year Spent on CACFP Monitoring							

* **Non Monitoring-Related Activities:** The following supervisory or non-supervisory employee activities **cannot** be counted as monitoring duties: (1) Facility eligibility—day care home tiering determinations, for-profit determinations, facility licensing status, pre-approval visits, facility applications and agreements, free or reduced-price /tiering determinations for individual children; (2) Program outreach—recruitment activities designed to bring non-participating facilities in to CACFP; retention activities; (3) Initial and annual training—general training of facilities and sponsor staff on Program requirements; (4) Technical assistance—if provided over telephone; (5) Claims processing—aggregation of facility meal counts for claims submission; edit checks; and (6) Enrollment paperwork—handling facilities’ enrollment forms.

** **Monitoring-Related Activities:** Employee activities (supervisory and non-supervisory) that may be counted as monitoring duties include: (1) Monitoring—all activities related to conducting on-site reviews, including planning and scheduling; pre-review preparation; travel; supervisory oversight of monitors and the monitoring function; time spent in the facility during the review; writing review reports; conducting follow-up reviews; and activities relating to the serious deficiency process (issuance of notice, evaluation of corrective action, appeal, and termination); (2) Parental contacts—conducting parent contacts or parent surveys to help determine the validity of a provider’s claim; (3) On-site/Other training—All on-site training that occurs during a facility review; initial or subsequent training of sponsor staff that relates to the monitoring function; (4) Technical assistance—if provided during a review; (5) Claims processing—menu reviews to determine accuracy and meal eligibility, and (6) time spent in processing the annual update of enrollment forms.

CERTIFICATION

I HEREBY CERTIFY that all information submitted as part of this addendum is true and correct to the best of my knowledge. I understand that this information is being provided in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Name of Sponsoring Organization	Agreement Number
Name of Authorized Representative (please print)	Signature of Authorized Representative
	Date Signed