**Sponsoring Organization Budget**

**For CACFP Administration of Family Day Care Homes**

**October 1 – September 30**

Name of Sponsoring Organization:

1. Request Administrative Advance: [ ]  Yes [ ]  No Sponsor Number:

|  |  |  |  |
| --- | --- | --- | --- |
| **PART ONE – Administrative Funds/Income** | **Original** | **Revision** | **Revision 2** |
| **Anticipated Income from CACFP Administrative Funds** |
| (2) Number of Homes (1-50)       x 12 Months x $       (Rate) |       |       |       |
|  Number of Homes (51-200)       x 12 Months x $       (Rate) |       |       |       |
|  Number of Homes (201-1000)       x 12 Months x $       (Rate) |       |       |       |
| **Anticipated CACFP Income from Other Sources** |
| (3) Audit Grant |       |       |       |
| (4) Other—Specify        |       |       |       |
| **Carry Over Administrative Funds from Previous Program Year** |
| (5) Carry-Over Funds |       |       |       |
| (6) **Total Anticipated Administrative Funds/Income** |       |       |       |
| **PART TWO – Wage/Salary** | **Original** | **Revision** | **Revision 2** |
| **Salaried Employees** |
| 1. Total Annual CACFP Wages for Salaried Employees
 |       |       |       |
| **Hourly Employees** |
| 1. Total Annual CACFP Wages for Hourly Employees
 |       |       |       |
| **Part THREE — Expenses** | **Original** | **Revision** | **Revision 2** |
| **Category 1 — Operation Expenses**  |
| 1. Rent or Use Allowance
 |       |       |       |
| 1. Utilities/Trash
 |       |       |       |
| 1. Maintenance of Building/Grounds
 |       |       |       |
| 1. Insurance
 |       |       |       |
| 1. Other—Specify
 |       |       |       |
| **Category 2 — Wages/Salaries** |
| 1. Wages
 |       |       |       |
| 1. Fringe Benefits
 |       |       |       |
| 1. Other—Specify
 |       |       |       |
| **Category 3 – Contractual Services** |
| 1. Accounting
 |       |       |       |
| 1. Audit
 |       |       |       |
| 1. Legal
 |       |       |       |
| 1. Other—Specify
 |       |       |       |
| **Category 4 – Provider Services** |
| 1. Resources and Reference Materials
 |       |       |       |
| 1. Workshops/Training
 |       |       |       |
| 1. Speakers Fees
 |       |       |       |
| 1. Other—Specify
 |       |       |       |
| **Category 5 – Office Costs** |
| 1. General Office/Computer Supplies
 |       |       |       |
| 1. Printing (Forms/Provider Training)
 |       |       |       |
| 1. Advertising and Public Relations
 |       |       |       |
| 1. Publications/Organizational Dues/Subscriptions
 |       |       |       |
| 1. Office Equipment and Furniture
 |       |       |       |
| 1. Maintenance Agreements (Equipment)
 |       |       |       |
| 1. Stop Payment Fees/Banking Fees
 |       |       |       |
| 1. Indirect Costs
 |       |       |       |
| 1. Other—Specify
 |       |       |       |
| **Part THREE — Expenses** | **ORIGINAL** | **REVISION 1** | **REVISION 2** |
| **Category 6 — Computer/Data Processing** |
| 1. Computer Equipment/Hardware
 |       |       |       |
| 1. Software Programs, General
 |       |       |       |
| 1. Software, Claims Processing
 |       |       |       |
| 1. Computer Repair/Services
 |       |       |       |
| 1. Other—Specify
 |       |       |       |
| **Category 7 — Communication** |
| 1. Postage/Delivery Service
 |       |       |       |
| 1. Telephone/Cellular Service
 |       |       |       |
| 1. Web Hosting/Internet
 |       |       |       |
| 1. Other—Specify
 |       |       |       |
| **Category 8 — General Travel Expenses** |
| 1. Mileage
 |       |       |       |
| 1. Lodging
 |       |       |       |
| 1. Per Diem
 |       |       |       |
| 1. Vehicle Lease/Rental
 |       |       |       |
| 1. Vehicle Insurance
 |       |       |       |
| 1. Vehicle Repairs (Routine)
 |       |       |       |
| 1. Other—Specify
 |       |       |       |
| **Category 9 — Training For Staff, In-State**  |
| 1. Registration Fee
 |       |       |       |
| 1. Mileage
 |       |       |       |
| 1. Lodging
 |       |       |       |
| 1. Per Diem
 |       |       |       |
| 1. Other—Specify
 |       |       |       |
| **Category 10 — Training For Staff, Out-Of-State** |
| 1. Registration Fee
 |       |       |       |
| 1. Mileage
 |       |       |       |
| 1. Airfare
 |       |       |       |
| 1. Lodging
 |       |       |       |
| 1. Per Diem
 |       |       |       |
| 1. Other—Specify
 |       |       |       |
| 1. **Total Expenditures from CACFP Administrative Funds** (Total of All Lines, Categories 1-10)
 |       |       |       |
| **Other Administrative Budget Information:** |
| 1. List all other programs administered by the sponsoring agency:

       |
| 1. List expenditures, which are **not** allowable from CACFP Administrative funds such as refreshments for provider meetings, provider gifts/incentives/stipends, meal costs for staff, entertaining, capital improvements to buildings, etc. In column 2, identify the source of funds for these expenditures.
 |
|  | Expenditure | Funding Source(s) |
| (64-1)  |       |       |
| (64-2) |       |       |
| (64-3) |       |       |
| (64-4) |       |       |

**Reminder: Anticipated expenditures may not exceed anticipated income**