**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**