**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 1** | **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 — EXPENSES** | **ORIGINAL** | **REVISION 1** | **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 |  |  |  |
| **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) |  |  |  |

🡺 Reminder: Anticipated expenditures may not exceed anticipated income 🡸

**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**

(61-1)

(61-2)

(61-3)

**Funding Source(s)**