BUDGET FOR CACFP OPERATIONS OF SPONSOR OF AFFILIATED CHILD OR ADULT CARE CENTERS

Required Financial Documents:

1. For each employee to be charged to the CACFP, you must identify the name and position title in this budget. You must also ensure that a Time and Attendance Report is completed and signed by the employee for each pay period and also signed by the employee's supervisor. The time and attendance report must reflect the starting time, ending time, and absences for each working day in each pay period. If any employee will perform both duties under the CACFP and other programs, a time distribution report must be completed by the employee for each pay period and signed by the employee's supervisor. The signatures of the employee and employee's supervisor for the time and attendance report and time distribution report are to follow a statement that the information provided is true and correct. In addition, all payroll records required by Financial Instruction 796-2, Revision 3 must be maintained to support all labor costs charged to the CACFP.

2. For each employee charged to the CACFP, you must have a written compensation plan is in place to support this labor cost as required by Financial Instruction 796-2, Revision 3.

Required Job Descriptions for All Positions to be Charged to the CACFP:

1. Attach copies of job descriptions for all positions to be charged to the CACFP. Each job description is to identify the title, qualifications and duties of each position to be charged to the CACFP.

2. For each position to perform monitoring reviews of sponsored centers, the job description must include the Full-Time Equivalent staff year to be devoted to monitoring. A Full-Time Equivalent (FTE) staff year is the amount of work that one person working full-time (i.e., 40 hours per week) would perform in a year. For example, if a full time position will perform monitoring 20 hours per week, a FTE of .5 would be identified for the monitoring responsibilities of the position.

3. For clarification purposes, positions with job titles other than "monitors" can perform monitoring responsibilities. This includes supervisory, management, and other administrative staff who may spend a portion of their time conducting monitoring visits or addressing monitoring related issues.

Definitions:

1. Operating Costs: Costs related to the preparation and serving of meals under the CACFP.

2. Administrative Costs: Costs related to the planning, organizing, and managing of the CACFP food service, including the preparation and submission of the CACFP funding application; the review and approval of income eligibility applications for participants; the provision of nutrition education and other program training for employees; the performance of monitoring reviews of sponsored facilities; and the preparation and submission of claims for reimbursement.

Administrative Cost Ceiling and Indirect Administrative Costs:

Total administrative costs charged to the CACFP by the sponsoring agency cannot exceed 15% of the total CACFP meal payments received. If indirect administrative costs are budgeted, you must attach a photocopy of letter from a federal agency or the Tennessee Department of Human Services which approves an indirect cost rate or cost allocation plan for your agency.

CACFP FOOD SERVICE BUDGET FOR SPONSOR OF AFFILIATED CHILD OR ADULT CARE CENTERS

Name of Sponsor: | **Estimated Payments for Application Period: $**

EXPENSES BY OBJECT	PROPOSED OPERATING COSTS	APPROVED COSTS (TO BE COMPLETED BY DHS ONLY)	PROPOSED ADMINISTRATIVE COSTS	APPROVED COSTS (TO BE COMPLETED BY DHS ONLY)	TOTAL APPROVED COSTS (TO BE COMPLETED BY DHS ONLY)
Salaries/wages to prepare/ serve meals (excluding benefits/payroll taxes)	$	$			$
Fringe benefits/payroll taxes for employees who prepare/serve meals	$	$			$
Food Costs **(must be at least 50% of est. CACFP payments for program year)**	$	$			$
Expendable Supplies (i.e., napkins, straws, dishwashing detergent, etc.)	$	$			$
Durable Supplies (i.e., items costing less than $5,000 with life expectancy of more than 1 year)	$	$			$
Contracted meal services (enter amount if meals to be purchased from private company)	$	$			$
Contract personnel (non-employees who are under contract to prepare/serve meals)	$	$			$
Food service equipment purchase **(must attach description of each equipment item)**	$	$			$
Food service equipment rental and maintenance	$	$			$
Salaries/wages for CACFP administrative employees (excluding benefits/payroll taxes)			$	$	$
Fringe benefits/payroll taxes for CACFP administrative employees			$	$	$
Office Supplies			$	$	$
Communications			$	$	$
Postage, Printing and Publications			$	$	$
Contract personnel (non-employees who perform administrative duties)			$	$	$
Occupancy			$	$	$
Travel (If any projected costs, complete Page 4 of the budget)			$	$	$
Indirect administrative costs			$	$	$
TOTAL OPERATING AND ADMINISTRATIVE COSTS	$	$	$	$	$

PERSONNEL SALARY SCHEDULE FOR SPONSOR OF AFFILIATED CHILD OR ADULT CARE CENTERS

OPERATING PERSONNEL (TO BE CHARGED TO THE CACFP)				
Employee Name	Position Title	Duties	Annual Salary or Wage (including Fringe Benefits and Taxes)	Amount of Employee Salary or Wages to be Charged to CACFP
			$	$

ADMINISTRATIVE PERSONNEL (TO BE CHARGED TO THE CACFP)				
Employee Name	Position Title	Duties	Annual Salary or Wages (including Fringe Benefits and Taxes)	Amount of Employee Salary or Wages to be Charged to CACFP
			$	$

PROPOSED TRAVEL BUDGET

1. TRAVEL (In-State)	Name of Employee/Contract Individual: _____ Reason for Travel: _____ Estimated Cost: $_____
2. TRAVEL (In-State)	Name of Employee/Contract Individual: _____ Reason for Travel: _____ Estimated Cost: $_____
3. TRAVEL (In-State)	Name of Employee/Contract Individual: _____ Reason for Travel: _____ Estimated Cost: $_____
4. TRAVEL (In-State)	Name of Employee/Contract Individual: _____ Reason for Travel: _____ Estimated Cost: $_____
5. TRAVEL (Out-of-State)	Name of Employee/Contract Individual: _____ Reason for Travel: _____ Estimated Cost: $_____