



CACFP BUDGET PLAN
of Reimbursements and Expenses

Name of Organization _____

Our organization conducted annual CACFP training for staff on the following date: _____

	Complete This Column	FOR STATE USE ONLY
		Approved
A. ANTICIPATED ANNUAL CACFP REIMBURSEMENT	\$ _____	\$ _____
B. OPERATING EXPENSES		
1. Total Food Expenses	\$ _____	\$ _____
2. Non-food Supplies		
Paper goods	\$ _____	
Food service related equipment under \$5,000	\$ _____	
Maintenance supplies	\$ _____	
Uniform allowance	\$ _____	\$ _____
3. Food Service Personnel (Complete page 2)		
Salaries	\$ _____	
F I C A	\$ _____	\$ _____
4. Capital Outlay [Food service related equipment over \$5,000]		
List items to be purchased _____	\$ _____	\$ _____
Total Operating Expenses	\$ _____	\$ _____
C. THE DIFFERENCE (A-B=C) (If zero or less, stop here)	\$ _____	\$ _____
D. ADMINISTRATIVE EXPENSES		
1. Administrative Personnel (Complete page 2)		
Salaries	\$ _____	
F I C A	\$ _____	
Fringe	\$ _____	\$ _____
2. Administrative Costs		
Office supplies, postage, printing	\$ _____	
Nutrition education and training supplies	\$ _____	
Fringe for food service personnel	\$ _____	
Mileage or public transportation costs	\$ _____	
Contract services (bookkeeping/payroll)	\$ _____	
Other: _____	\$ _____	\$ _____
3. Audit Fees	\$ _____	\$ _____
E. TOTAL ADMINISTRATIVE EXPENSES		
[May not exceed 15% of A.]	\$ _____	\$ _____

Complete the following chart only if your organization is charging any labor costs to CACFP. List all position titles of the Organization whose salary will be supported in total or in part by the CACFP reimbursement. This may include food service staff (cooks, cook's aides) as well as administrative staff (director, secretary, bookkeeper).

OPERATING LABOR						
TITLE OF POSITION	NUMBER OF PERSONS	HOURS PER DAY WORKED ON CACFP	WAGE PER HOUR	NUMBER OF DAYS PER YEAR	TOTAL YEARLY SALARY	AMOUNT OF SALARY PAID BY CACFP
						\$
						\$
						\$
						\$
						\$
						\$
					TOTAL	\$
ADMINISTRATIVE LABOR						
						\$
						\$
						\$
						\$
						\$
					TOTAL	\$

Completed by: _____

This form must be completed by an individual who has been authorized on the Certificate of Authority (DOH-3671).