

**Child and Adult Care Food Program
 FAMILY DAY CARE SPONSOR'S
 ADMINISTRATIVE BUDGET**

SPONSOR NAME	TELEPHONE NUMBER
NAME OF INDIVIDUAL PREPARING BUDGET	FAX NUMBER ()

Original Budget Budget Revision
 Projected number of homes: _____

Budget amounts must be explained and justified on attached worksheet.
 Only costs incurred for CACFP may be included. All original budgets must
 have board approval prior to OSPI approval.

Category	Budget Amount	Budget Amount Approved by OSPI
Administrative Labor		
1. Salaries and Required Employer Taxes		
2. Benefits		
3. Total (Lines 1 + 2)		
Administrative Supplies		
4. Equipment		
5. Educational Supplies		
6. Office Supplies		
7. Printing		
8. Printing (Minute Menu Forms)		
9. Postage		
10. Other Supplies		
11. Total (Lines 4 through 10)		
Administrative Services		
12. Office Space		
13. Utilities		
14. Contracted Services		
15. Equipment Lease/Rental		
16. Telephone		
17. B and O Tax		
18. Insurance Premiums		
19. Other Services		
20. Total (Lines 12 through 19)		
Administrative Per Diem		
21. Mileage		
22. Lodging		
23. Meals		
24. Other a. (In-State Travel)		
b. (Out-of-State Travel)		
25. Total (Lines 21 through 24b)		
Education/Training		
26. Provider Training		
27. Staff Training		
28. OSPI Training		
29. TOTAL (Lines 26 through 28)		
GRAND TOTAL (Lines 3 + 11 + 20 + 25 + 29)		

Authorized Signature	Title	Date
For OSPI Use Only		
Program Supervisor		Approval Date

Monitoring Staffing Requirements for Sponsoring Organizations with 50 or more Facilities

Instructions: Sponsoring organizations with 50 or more facilities must document and meet the required staffing ratios. Complete the table below, providing all the specified information. (A full time employee works a total of 2080 hours per year). CNS will analyze the data to ensure the required monitor staffing ratio has been met. Detailed employee position descriptions that include the percentage of time devoted to each job activity/duty, including monitoring-related activities, must be submitted only if there are changes to the employee's job description. Documentation that substantiates all submitted information must be maintained on file. Copy, complete, and submit additional pages of this form if needed.

Monitoring Staff									
Name	Position	Hours Per Day	Days Per Year	Total Hours/Year	Minus Non CACFP Hours per Year	Minus CACFP Non Monitoring Hours per Year	Net Yearly Hours Spent on CACFP Monitoring	Hourly Wage	Total \$ for Monitoring
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
Total									

The total net yearly hours spent on CACFP monitoring divided by 2080 = _____ FTEs. The total \$ for monitoring divided by total \$ of budget = _____ % of resources spent on monitoring.

Non Monitoring Related Activities: The following employee activities cannot be counted as monitoring duties: (1) Facility eligibility—day care home tiering determinations, facility licensing status, pre-approval visits, facility applications/agreements, free or reduced-price/tiering determinations for children; (2) Program outreach—recruitment activities designed to bring non-participating facilities into CACFP retention activities; (3) Initial/annual training—training of facilities and sponsor staff on program requirements; (4) Technical assistance—by telephone; (5) Claims processing—aggregation of facility meal counts for claims submission; edit checks; and (6) Enrollment paperwork—handling facilities enrollment forms.

Monitoring Related Activities: Employee activities that may be counted as monitoring duties include: (1) Monitoring—all activities related to conducting on-site reviews, including planning and scheduling; pre-review preparation; travel; supervisory oversight of monitors and the monitoring function; time spent in the facility during the review; writing review reports; conducting follow-up reviews; and activities relating to the serious deficiency process (issuance of notice, evaluation of corrective action, appeal, and termination); (2) Parental contacts—conducting parent contacts/surveys to help determine the validity of a provider's claims; (3) On-site and other training—All on-site training that occurs during a facility review, initial or subsequent training of sponsor staff that relates to the monitoring function; (4) Technical assistance—if provided during a review; (5) Claims processing—menu reviews to determine claim accuracy and meal eligibility.

Administrative Labor and Benefits

1a. Administrative Labor and Taxes (salaried employees only)

Please complete all information for salaried employees. Round figures to the nearest dollar.

Salaried Employees

Salaried Employees			Hours Worked per Month			Monthly Required Tax		Totals		
1 Employee Name	2 Work Hours	3 Gross Monthly Rate	4 Total Hours for Agency	5 Total Hours for CACFP	6 Percent of Total Hours Worked for CACFP	7 Total Required Employer Taxes	8 Total Required Employer Taxes Paid by CACFP	9 Monthly Cost to CACFP	10 Annual Cost to CACFP	
		\$			%	\$	\$	\$	\$	
		\$			%	\$	\$	\$	\$	
		\$			%	\$	\$	\$	\$	
		\$			%	\$	\$	\$	\$	
		\$			%	\$	\$	\$	\$	
		\$			%	\$	\$	\$	\$	
		\$			%	\$	\$	\$	\$	
		\$			%	\$	\$	\$	\$	
		\$			%	\$	\$	\$	\$	
		\$			%	\$	\$	\$	\$	
		\$			%	\$	\$	\$	\$	
		\$			%	\$	\$	\$	\$	
		\$			%	\$	\$	\$	\$	
							11	Grand Total	\$	\$

Have hourly wages been increased over the approved prior year budget level? Yes No

If yes: Date increase is effective _____

Percentage of increase _____

* Nature of increase _____
(cost-of-living or merit increase)

*Cost-of-living must be based on current, generally accepted statistical data. Merit increase must be based on a state agency-approved merit pay plan developed by sponsor's board of directors.

1b. Administrative Labor and Taxes (hourly employees only)

Please complete all information for hourly employees.

Hourly Employees

Hourly Employees			Hours Worked per Month			Monthly Required Tax		Totals	
1 Employee Name	2 Work Hours	3 Gross Monthly Rate	4 Total Hours for Agency	5 Total Hours for CACFP	6 Percent of Total Hours Worked for CACFP	7 Total Required Employer Taxes	8 Total Required Employer Taxes Paid by CACFP	9 Monthly Cost to CACFP	10 Annual Cost to CACFP
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
							11	Grand Total	\$

Have hourly wages been increased over the approved prior year budget level? Yes No

If yes: Date increase is effective _____

Percentage of increase _____

*Nature of increase _____
(cost-of-living or merit increase)

*Cost-of-living must be based on current, generally accepted statistical data. Merit increase must be based on a state agency-approved merit pay plan developed by sponsor's board of directors.

(Use 1c and 1d for CACFP Employee Salaries Funded With Non-CACFP Funds)

1c. Administrative Labor and Taxes (salaried employees only)

Please complete all information for salaried employees. Round figures to the nearest dollar.

Indicate source of funding (by employee): _____

Salaried Employees			Hours Worked per Month			Monthly Required Tax		Totals		
1	2	3	4	5	6	7	8	9	10	
Employee Name	Work Hours	Gross Monthly Rate	Total Hours for Agency	Total Hours for CACFP	Percent of Total Hours Worked for CACFP	Total Required Employer Taxes	Total Required Employer Taxes Paid by CACFP	Monthly Cost to CACFP	Annual Cost to CACFP	
		\$			%	\$	\$	\$	\$	
		\$			%	\$	\$	\$	\$	
		\$			%	\$	\$	\$	\$	
		\$			%	\$	\$	\$	\$	
		\$			%	\$	\$	\$	\$	
		\$			%	\$	\$	\$	\$	
		\$			%	\$	\$	\$	\$	
		\$			%	\$	\$	\$	\$	
		\$			%	\$	\$	\$	\$	
		\$			%	\$	\$	\$	\$	
		\$			%	\$	\$	\$	\$	
		\$			%	\$	\$	\$	\$	
		\$			%	\$	\$	\$	\$	
		\$			%	\$	\$	\$	\$	
		\$			%	\$	\$	\$	\$	
							11	Grand Total	\$	\$

Have hourly wages been increased over the approved prior year budget level? Yes No

If yes: Date increase is effective _____

Percentage of increase _____

* Nature of increase _____
(cost-of-living or merit increase)

*Cost-of-living must be based on current, generally accepted statistical data. Merit increase must be based on a state agency-approved merit pay plan developed by sponsor's board of directors.

1d. Administrative Labor and Taxes (hourly employees only)

Please complete all information for salaried employees. Round figures to the nearest dollar.

Indicate source of funding (by employee): _____

Hourly Employees			Hours Worked per Month			Monthly Required Tax		Totals	
1	2	3	4	5	6	7	8	9	10
Employee Name	Work Hours	Gross Monthly Rate	Total Hours for Agency	Total Hours for CACFP	Percent of Total Hours Worked for CACFP	Total Required Employer Taxes	Total Required Employer Taxes Paid by CACFP	Monthly Cost to CACFP	Annual Cost to CACFP
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
							11	Grand Total	\$

Have hourly wages been increased over the approved prior year budget level? Yes No

If yes: Date increase is effective _____

Percentage of increase _____

*Nature of increase (cost-of-living or merit increase) _____

*Cost-of-living must be based on current, generally accepted statistical data. Merit increase must be based on a state agency-approved merit pay plan developed by sponsor's board of directors.

Administrative Supplies

4. Equipment Purchased \$5,000 and Over. Attach documentation to support the percent used by the CACFP and for determining annual depreciation.

Item	Purchase Date	Total Cost	Life Expectancy	Annual Depreciation	% Allocated to CACFP	CACFP Annual Depreciation	Monthly Cost to CACFP	Annual Cost to CACFP
1. example: copier	2/00	\$5,500	7	\$785.71	50	\$393	\$32.75	\$393
2.								
3.								
4.								
5.								
6.								
7.								
Total (4)								

Depreciation example for a \$5,500 copier with a useful life of 7 years:
 $\$5,500 \div 7 = \785.71
 $\$785.71 \times .50 = \393 , or the annual depreciation amount (as allocated to CACFP)
 $\$393 \div 12 = \32.75 , or the monthly depreciation amount

Transfer total cost to CACFP to line 4, page 1, Administrative Budget.

5. Educational Supplies Purchased Under \$5,000, Less Than 1 Year Life Expectancy. Attach documentation to support the percent used by the CACFP. Supplies must include some nutrition education materials.

Item/Description	Cost/Unit	Quantity	Total Cost	% Allocated to CACFP	Monthly Cost to CACFP	Annual Cost to CACFP
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
Total (5)						

Transfer total annual cost to CACFP to line 5, page 1, Administrative Budget.

6. **Office Supplies Purchased Under \$5,000, Less Than One Year Life Expectancy.** Attach documentation to support the percent used by the CACFP.

Item	Cost/Unit	Quantity	Total Cost	% Allocated to CACFP	Monthly Cost to CACFP	Annual Cost to CACFP
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
Total (6)						

Transfer total annual cost to CACFP to line 6, page 1, Administrative Budget.

7. **Printing.** Do not include cost of copying which should be listed under office supplies. Attach documentation to support the percent used by the CACFP.

Item/Description	Cost/Unit	Quantity	Total Cost	% Allocated to CACFP	Monthly Cost to CACFP	Annual Cost to CACFP
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
Total (7)						

Transfer total annual cost to CACFP to line 7, page 1, Administrative Budget.

8. Printing (Minute Menu Forms). Additional documentation may be required.

Item	Quantity	Cost/Unit	% Allocated to CACFP	Monthly Cost to CACFP	Annual Cost to CACFP
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
Total (8)					

Transfer total annual cost to CACFP to line 8, page 1, Administrative Budget.

9. Postage. The cost of the postage meter rental or purchase must be listed under Equipment Rental or Lease, while postage refills should be listed here. Attach documentation to support the percent used by the CACFP.

Item/Description	Cost/Unit	Quantity	Total Cost	% Allocated to CACFP	Monthly Cost to CACFP	Annual Cost to CACFP
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
Total (9)						

Transfer total annual cost to CACFP to line 9, page 1, Administrative Budget.

10. Durable Supplies Purchased under \$5,000, Greater Than One Year Life Expectancy. Attach documentation to support the percent used by CACFP. Additional documents may be required.

Item/Description	Purchase Date	Total Cost	% Allocated to CACFP	Monthly Cost to CACFP	Annual Cost to CACFP
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
Total (10)					

Equipment Inventory. Attach an inventory of all equipment currently available for use by CACFP staff including the quantity and type of each item listed.

Transfer total annual cost to CACFP to line 10, page 1, Administrative Budget.

11. Total of lines 4 through 10 = \$_____

Transfer to line 11, page 1, Administrative Budget.

13. Utilities

Indicate utility costs not included in the office rental. Attach documentation to support the percent allocated to the CACFP.

Utility Charges	Total Cost	Percent Allocated to CACFP	Monthly Cost to CACFP	Annual Cost to CACFP
1. Electricity				
2. Gas				
3. Water/Sewer				
4. Other (Specify)				
5. Other (Specify)				
Total (13)				

Transfer total annual cost to CACFP to line 13, page 1, Administrative Budget.

14. Contracted Services

Attach copies of all contracts as well as documentation to support the percent allocated to the CACFP.

Type of Service	Number of Contract Months	Total Cost	Total Cost Percent Allocated to CACFP	Monthly Cost to CACFP	Annual Cost to CACFP
1. Electricity					
2. Gas					
3. Water/Sewer					
4. Audit					
5. Other (Specify)					
Total (14)					

Transfer total annual cost to CACFP to line 14, page 1, Administrative Budget.

15. Equipment Rental/Lease

Attach copies of all equipment rental agreements or leases as well as documentation supporting the percent allocated to the CACFP.

Type of Equipment	Total Cost	Percent Allocated to CACFP	Monthly Cost to CACFP	Annual Cost to CACFP
1.				
2.				
3.				
4.				
5.				
6.				
Total (15)				

Transfer total annual cost to CACFP to line 15, page 1, Administrative Budget.

16. Telephone. Attach documentation to support the percent allocated to the CACFP.

Telephone	Total Cost	Percent Allocated to CACFP	Monthly Cost to CACFP	Annual Cost to CACFP
1. Monthly Service Charge				
2. Long Distance Charge				
3. Cellular Charges (number of units: _____)				
4. Pager Charges (number of units: _____)				
5. Internet Charge				
6. Other (specify)				
Total (16)				

Transfer total annual cost to CACFP to line 16, page 1, Administrative Budget.

17. B and O Tax

	Monthly Cost to CACFP	Annual Cost to CACFP
Total (17)		

Transfer total annual cost to CACFP to line 17, page 1, Administrative Budget.

18. Insurance Premiums

Attach a copy of all new or renewed policies as well as documentation supporting the percent allocated to the CACFP.

Type of Insurance	Name of Company	Policy Number	Total Cost	Percent Allocated to CACFP	Monthly Cost to CACFP	Total Cost to CACFP
1. Fire						
2. Liability						
3. Other (specify)						
Total (18)						

Transfer total annual cost to CACFP to line 18, page 1, Administrative Budget.

19a. Dues, Subscriptions or Memberships

Attach documentation supporting the percent allocated to the CACFP.

Dues, Subscription or Membership	Purpose	Indicate Group or Individual Membership	Total Cost	Percent Allocated to CACFP	Monthly Cost to CACFP	Annual Cost to CACFP
Total (19a)						

19b. Advertising/Public Relations

Attach documentation to support the percent allocated to the CACFP.

Purpose/Description	Total Cost	Percent Allocated to CACFP	Monthly Cost to CACFP	Annual Cost to CACFP
Total (19b)				

19c. Licensing Related Expenses

List projected numbers of homes and corresponding average per home cost.

Number of Homes	Average Assistance Per Home	Monthly Cost to CACFP	Annual Cost to CACFP
Total (19c)			

19d. Indirect Costs or Other Administrative Services-Specify

Attach a copy of your organization's indirect cost plan, including detail on costs included in the indirect cost pool. If applicable, attach documentation of the approval of your indirect cost rate by your organization's cognizant agency.

Indirect Cost Rate	Plan Approved By	Monthly Cost to CACFP	Annual Cost to CACFP
Total (19d)			

Transfer total annual cost to CACFP of lines 19a plus 19b plus 19c plus 19d to line 19, page 1, Administrative Budget.

20. Total of lines 12 through 19 = \$ _____

Transfer to line 20, page 1, Administrative Budget.

Administrative Per Diem

21. Program Operation-Mileage

Include mileage for facility reviews and other local travel required to manage the program. Maximum allowable rate is the current state rate.

Employee Name	Purpose of Travel	Monthly Averages		Annual Cost to CACFP
		Miles	Monthly Cost	
Total (21)				

Rate used to compute miles: \$_____

Transfer total annual cost to CACFP to line 21, page 1, Administrative Budget.

22. Program Operation-Lodging. Include lodging for facility reviews. Estimate lodging for overnight travel at current state rates.

Employee Name	Purpose of Travel	Monthly Cost to CACFP	Annual Cost to CACFP
Total (22)			

Transfer total annual cost to CACFP to line 22, page 1, Administrative Budget.

23. Program Operation-Meals. Include meals for facility reviews. Estimate meal allowance for overnight travel at current state rates.

Employee Name	Purpose of Travel	Monthly Cost to CACFP	Annual Cost to CACFP
Total (23)			

Transfer total annual cost to CACFP to line 23, page 1, Administrative Budget.

24a. Travel for in-state meetings, workshops, and related staff training.

Conference/Class	Employee Name/Number of Employees Attending	Registration Fee	Mileage/Airfare	Lodging	Meals	No. Days	Annual Cost to CACFP
State Agency Training							
Total (24a)							

Transfer total annual cost to line 24a, page 1, Administrative Budget.

24b. Travel for out-of-state CACFP related conferences or training. Provide written request with actual expenses at least 30 days prior to travel. If the conferences or event is not CACFP focused, travel costs must be prorated.

Name of Conference or Training	Employee Name/Number of Employees Attending	Registration Fee	Mileage	Airfare	No. Days	Lodging	Meals	Ground Transportation	Total
Total (24b)									

Percent CACFP cost is: _____ Attach allocation documentation, if applicable.

Transfer total annual cost to line 24b, page 1, Administrative Budget.

25. Total of lines 22 through 24b = \$_____

Transfer to line 25, page 1, Administrative Budget.
FORM SPI FDCH 1136W (Rev. 9/06)

Education and Training

26. Annual Provider Training

Include non-travel related costs for conducting provider training workshops. Attach copies of training agendas as well as documentation supporting the percent allocated to the CACFP, if applicable.

Type of Purchase	Total Cost	Percent Allocated to CACFP	Monthly Cost to CACFP	Annual Cost to CACFP
1. Facility Rental				
2. Training Supplies (specify)				
3. Equipment (specify)				
4. Registration Fees				
5. Other (specify)				
Total (26)				

Number of workshops scheduled: _____

Workshop locations:

1. _____
2. _____
3. _____
4. _____

Training plan/agenda attached? Yes No
 If no, explain.

Transfer total annual cost to line 26, page 1, Administrative Budget.

27. Staff Training

Include non-travel related costs for conducting staff training workshops. Attach copies of training agendas as well as documentation supporting the percent allocated to the CACFP, if applicable.

Item/Description	Total Cost	Percent Allocated to CACFP	Monthly Cost to CACFP	Annual Cost to CACFP
1. Facility Rental				
2. Training Supplies (specify)				
3. Equipment (specify)				
4. Registration Fees				
5. Other (specify)				
Total (27)				

Number of training sessions planned. _____

Location of training sessions:
 1. _____
 2. _____

Frequency of training. _____

Training plan/agenda attached? Yes No If no, explain.

Transfer total annual cost to line 27, page 1, Administrative Budget.

28. OSPI Training

Individual/Position	Total Cost	Percent Allocated to CACFP	Monthly Cost to CACFP	Annual Cost to CACFP
1.				
2.				
3.				
4.				
Total (28)				

Transfer total annual cost to line 28, page 1, Administrative Budget.

29. Total annual cost of lines 26 through line 28 = \$_____

Transfer to line 29, page 1, Administrative Budget.

Grand total (lines 3 + 11 + 20 + 25 + 29). \$_____