



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)  
 CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

**APPLICATION BUDGET**

**CHILD CARE CENTER, ADULT DAY CARE CENTER, OUTSIDE SCHOOL HOURS CENTER,  
 EMERGENCY SHELTER, OR AT-RISK AFTER-SCHOOL PROGRAM**

NAME OF ORGANIZATION		<b>DHSS USE ONLY</b>	
		CONTRACT NUMBER	
NAME AND TITLE OF PERSON COMPLETING BUDGET			
TELEPHONE NUMBER		EMAIL ADDRESS	
(      )			
<p><i>The purpose of the budget is for the organization to demonstrate financial viability and show the budget for food service expenses. A new applicant must demonstrate that the organization has adequate financial resources to operate the CACFP on a daily basis, has adequate sources of funds to withstand temporary interruptions in Program payments and/or fiscal claims against the Institution. Costs in the new sponsor budget must be necessary, reasonable, allowable, and appropriately documented. This budget will not affect your reimbursement. The number of meals served and participants' classification in free, reduced, and paid categories determines the amount you receive from CACFP.</i></p>			
<b>INCOME</b>			
List <b>all</b> sources and total income received by your organization. List amount from each funding source.			
<b>INCOME SOURCE</b>		<b>AVERAGE MONTHLY AMOUNT</b>	
Day Care Fees			
Child Care Subsidy Title XX Monies (FSD, Department of Social Services)			
CACFP Reimbursement (estimate at \$4.00/per day/participant X 20 days)			
Funds Received from the Sale of Meals to Teachers / Parents / Guests			
Head Start Grants (Annual = \$                      )			
Adult Care Subsidy Money (Title XIX Social Security)			
Grants: (Source/length:    )			
Total amount of grant funds = \$			
Other (specify):			
Fund Raisers			
Cash/Food Donations			
If a sponsor of multiple centers, does the sponsoring organization charge a fee to the sponsored centers to support the oversight and claims processing for the CACFP?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
How much is charged to the centers?			
How are the charges to the centers determined?			
<b>TOTAL INCOME</b>		<b>\$</b>	

EXPENSES					
BUDGET CATEGORY	Total Expense (ONE MONTH)	X	Percentage of Expense Devoted to Food Service	=	FOOD SERVICE BUDGET (One Month)
<i>To calculate the monthly food service budget, multiply total expense by percentage of time devoted to food service.            Example: The director is paid \$2,000 per month. She spends 15% of her time on CACFP / food service paperwork,            food purchasing, etc. Multiply \$2,000 X 15% (.15) to get the food service budget amount of \$300.</i>					
<b>ADMINISTRATIVE LABOR</b>					
Owner Salary and Fringe		X		=	
Director Salary and Fringe		X		=	
Secretary Salary and Fringe		X		=	
Asst. Director Salary and Fringe		X		=	
Other Administrative Position(s) (specify):		X		=	
		X		=	
		X		=	
<b>TOTAL ADMINISTRATIVE EXPENSE</b>					<b>\$</b>
<b>FOOD SERVICE LABOR</b>					
Cook Salary and Fringe		X		=	
Other Food Service Position(s) (specify):					
		X		=	
		X		=	
		X		=	
FOOD SERVICE CONTRACTOR		X	100%	=	
FOOD		X	100%	=	
FOOD SERVICE RELATED SUPPLIES <i>(Ex: dishes, cleaning supplies, small equipment)</i>		X		=	
UTILITIES		X	(15% max.)	=	
OTHER (specify): May Require Approval					
		X		=	
		X		=	
		X		=	
<b>TOTAL FOOD SERVICE EXPENSES</b>					<b>\$</b>
<b>TOTAL MONTHLY FOOD SERVICE BUDGET (FOOD + ADMIN.)</b>					<b>\$</b>
<b>PERCENT OF TOTAL BUDGET FOR ADMIN. COSTS (ADMIN. TOTAL ÷ TOTAL MONTHLY BUDGET)</b>					<b>%</b>
Number of enrolled participants on which this budget is based: _____					