



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 SUMMER FOOD SERVICE PROGRAM (SFSP)
PROGRAM COST REPORT

NAME OF SPONSOR _____

PROGRAM COSTS FOR PERIOD BEGINNING (MM/DD/YYYY) _____ ENDING (MM/DD/YYYY) _____

Position	Salary per Hour	Number of Hours Worked per Day		Number of Days Worked		Fringe Benefits		Total	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	

- 1. Total Labor Costs for Period..... _____
 - 2. Food Purchased for Period..... _____
 - 3. Food Service Supplies..... _____
 - 4. Transportation..... _____
 - 5. Communication..... _____
 - 6. Rental of Office Space (non public or sponsor owned)..... _____
 - 7. Office Supplies..... _____
 - 8. Utilities..... _____
 - 9. Use allowance on fixtures and furniture (non public or sponsor owned)..... _____
 - 10. Audit Fees..... _____
 - 11. Legal fees..... _____
 - 12. Other (specify)..... _____
- Total Monthly Program Costs (sum of lines 1 through 12)** _____