



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		+		=	

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)