

Child and Adult Care Food Program
Contracting Entity Budget Detail - Centers

Those contracting entities that do not use TX-UNPS use this form in conjunction with the *Budget Justification and Disclosure – Centers* form.

SECTION I – CONTRACTING ENTITY (CE) INFORMATION

1. Name of Contracting Entity (CE):	2. CE ID:	3. Budget Version:

A. ANTICIPATED ANNUAL CACFP REIMBURSEMENT

	CE Complete this Column	FOR STATE USE ONLY Approved
Number of sites anticipated for sponsorship		
1. Projected Total Annual Revenue	\$ Total Non-Profit Food Service Revenue	\$

B. OPERATING EXPENSES (All expenses to be paid from the nonprofit food service account. The CE's figures come from column B page 6 of the Budget Justification and Disclosure – Centers form)

	CE Complete this Column	FOR STATE USE ONLY Approved
1. Total Labor Costs (Salaries, Wages, Taxes and Benefits):	\$	\$ Please provide detailed explanation if lowered
2. Total Food Expenses:	\$	\$
3. Facilities and Space:	\$	\$
4. Supplies and Equipment:	\$	\$
5. Purchased Services:	\$	\$
6. Financial Costs:	\$	\$
7. Media Costs:	\$	\$
8. Contracting Organization Costs:	\$	\$
9. Unaffiliated Facility Costs:	\$	\$
10. Other:	\$	\$
Total Operating Costs	\$	\$

C. NET OPERATING AMOUNT

	CE Completes this Column	FOR STATE USE ONLY Approved
1. Difference (A – B)	\$ Does not matter if +or-	\$

D. ADMINISTRATIVE EXPENSES (All expenses to be paid from the nonprofit food service account. The CEs figures come from column A page 6 of the Budget Justification and Disclosure – Centers form)

	CE Completes this Column	FOR STATE USE ONLY Approved
1. Total Labor Costs (Salaries, Wages, Taxes and Benefits):	\$	\$
2. Facilities and Space:	\$	\$
3. Supplies and Equipment:	\$	\$
4. Purchased Services:	\$	\$
5. Financial Costs:	\$	\$
6. Media Costs:	\$	\$
7. Contracting Organization Costs:	\$	\$
8. Unaffiliated Facility Costs:	\$	\$
9. Other:	\$	\$
Total Administrative Costs	\$	\$

E. SUMMARY E2+E3=E4/A1

	CE Complete this Column	FOR STATE USE ONLY Approved
1. Total Expenses (Operating and Administrative)	\$ populated from figures above	\$
2. Total Anticipated CACFP Reimbursement	\$ populated by CE (annual)	\$
3. Total Other Income	\$ must make up the difference between E2 and A1	\$
Explanation of Source of Other Income must have acceptable explanation of income		
4. Total Income (F2 + F3)	\$ carried down from A1	\$

F. TOTAL ADMINISTRATIVE EXPENSES

7 CFR 226.6 limits center sponsoring organizations' administrative costs charged to CACFP to 15% of meal reimbursement.
If Total Administrative Expenses exceeds 15% of Total Anticipated CACFP Reimbursement, are you requesting a Waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Source of Funds for Operating Costs (including food costs):

SECTION II – CERTIFICATION

I certify that the information on this form, and supporting documents, is true and correct and that I will immediately report to the Texas Department of Agriculture any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The Texas Department of Agriculture may verify information; and the deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

Signature - Authorized Representative

Date

Title - Authorized Representative

Printed Name - Authorized
Representative

This document becomes public record and is subject to disclosure. With a few exceptions, you have the right to request and be informed about the information that the Texas Department of Agriculture (TDA) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask TDA to correct information that is determined to be incorrect (Government Code, Sections 552.021, 552.023, 559.004). To find out about your information and your right to request corrections, please contact your Food and Nutrition Community Operations office.

For TDA Use Only

Effective Date: _____

Signature - TDA Representative

Date

Title - TDA Representative