

North Carolina Department of Health and Human Services
 Division of Public Health
 Women's & Children's Health Section
 Nutrition Services Branch
 Special Nutrition Programs
 Child and Adult Care Food Program
 Annual Application: Sponsoring Organization of Day Care Centers- Budget
 Program Year: October 1, 2011 - September 30, 2012

SPONSOR PROFILE

1. Business Name:		2. Agreement Number:	3. Number of Centers in NC:
4. Do you operate the CACFP in other States? <input type="checkbox"/> Yes* <input type="checkbox"/> No		5. If "Yes", provide total number of centers for entire sponsorship: _____ List the other States.	
* A cost allocation plan to determine an equitable distribution of the administrative costs between the states must be used and the plan			
6. Are you a multi-purpose organization operating other programs in addition to CACFP? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. If "Yes", list the other programs administered by sponsor:			
a.		d.	
b.		e.	
c.		f.	
8. Will funds from any of these programs be used to perform CACFP functions? <input type="checkbox"/> Yes <input type="checkbox"/> No (List in Line 10)			

REVENUE

Income Source	Projected Annual Amount		
9. a. Administrative Funding from CACFP Centers:			
b. Reimbursement for CACFP Centers:			
10. Other Income Available for CACFP Operations:			
11. Total Projected Annual Income			\$ -
Administrative Expenditures	Budgeted Food Service Costs	Use of CACFP Funds	Use of Non-CACFP Funds
12. Administrative Expenditures:			
a. Administrative Labor	\$ -	\$ -	\$ -
b. Administrative Labor - Fringe Benefits	\$ -	\$ -	\$ -
c. Administrative Supplies	\$ -	\$ -	\$ -
d. Administrative Services - Office Space	\$ -	\$ -	\$ -
e. Administrative Services	\$ -	\$ -	\$ -
f. Administrative Travel and Training	\$ -	\$ -	\$ -
g. Indirect Costs	\$ -	\$ -	\$ -
13. Total Administrative Expenditures	\$ -	\$ -	\$ -
Operating Expenditures	Budgeted Food Service Costs	Use of CACFP Funds	Use of Non-CACFP Funds
14. Operating Costs (List):			
a. Non-Food Supplies (Food Service)	\$ -	\$ -	\$ -
b. Operating Labor	\$ -	\$ -	\$ -
c. Fringe Benefits - Operating Labor	\$ -	\$ -	\$ -
d. Rent and Utilities	\$ -	\$ -	\$ -
e. Contracted Services ▼	\$ -	\$ -	\$ -
15. Food	\$ -	\$ -	\$ -
Food Service Management Co.	\$ -	\$ -	\$ -
16. Travel	\$ -	\$ -	\$ -
17. Equipment ▼	\$ -	\$ -	\$ -
18. Other	\$ -	\$ -	\$ -
19. Total Operating Costs (Lines 14 - 18)	\$ -	\$ 0.00	\$ -
20. Total Admin. and Operating Costs (13+19)	\$ -	\$ 0.00	\$ -

CERTIFICATION AND SIGNATURE

The representations made herein on behalf of the Institution are true and correct to the best of my knowledge. I understand that these representations are being made in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Signature of Owner or Board Chairman	Printed Name	Date