OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
Child Nutrition Services
Old Capitol Building, PO Box 47200
OLYMPIA, WA 98504-7200
(360) 725-6200 TTY (360) 664-3631

AGREEMENT NUMBER

Child and Adult Care Food Program

FAMILY DAY CARE SPONSOR'S ADMINISTRATIVE BUDGET

SPONSOR NAME	TELEPHONE NUMBER
NAME OF INDIVIDUAL PREPARING BUDGET	FAX NUMBER ( )

☐ Original Budget
Projected number of homes:_____

Budget amounts must be explained and justified on attached worksheet. Only costs incurred for CACFP may be included. All original budgets must have board approval prior to OSPI approval.

Category	Budget Amount	Budget Amount Approved by OSPI
Administrative Labor		
1. Salaries and Required Employer Taxes		
2. Benefits		
3. Total (Lines 1 + 2)		
Administrative Supplies		
4. Equipment		
5. Educational Supplies		
6. Office Supplies		
7. Printing		
8. Printing (Minute Menu Forms)		
9. Postage		
10. Other Supplies		
11. Total (Lines 4 through 10)		
Administrative Services		
12. Office Space		
13. Utilities		
14. Contracted Services		
15. Equipment Lease/Rental		
16. Telephone		
17. B and O Tax		
18. Insurance Premiums		
19. Other Services (19a-19d)		
20. Total (Lines 12 through 19)		
Administrative Per Diem		
21. Mileage		
22. Lodging		
23. Meals		
24. Other a. (In-State Travel)		
b. (Out-of-State Travel)		
25. Total (Lines 21 through 24b)		
Education/Training		
26. Provider Training		
27. Staff Training		
28. OSPI Training		
29. TOTAL (Lines 26 through 28)		
30. GRAND TOTAL (Lines 3 + 11 + 20 + 25 + 29)		

Authorized Signature _____ Title _____ Date _____

For OSPI Use Only

Program Supervisor _____ Approval Date _____