Institution:	MINISTRATIVE LAB	OP		BAL	ANCED NUTRITIC	DN, INC.				Agreement #:	9460
Administrative La	-	UK									
written compens	sation policy is require ou are not using CACFI			agement Plan	. Please complet	e all informat	ion for all emplo	oyees performi	ng CACFP admin	istrative duties. Th	nis information is
CACFP funds will	be used to pay either	all or a po	rtion of an e	employee's wa	ages, ensure that	column 8 is c	omplete.		_		
pecific Prior Writ	ten Approval Obtaine	ed to work	MORE THA	N 173.33 hou	rs per month fo	CACFP?			1 No		
									2		
	n be using CACFP fund								Yes]	
A	7.65%				ledicare 1.45%)	-1	Dia and successful				
C	B Unemployment Rate (based on your historical usage) Please provide supporting documentation from NC ESC* Workers' Comp Rate (NC average for Child Care Centers is 2.81) Please provide supporting documentation from your insural									nolicy	
	7.65%	Total Tax		(ne average)	*173.33 hours =			supporting at		sin your insurance	poncy
-	Employees	1				,			To	otals	Funding
3	4	5	6		7			Total			8
	Classify Duties: a. Administrative b. Accounting c. Monitoring d. Training	HOURLY Wage Rate	Total Hours Worked per WEEK	Gross Monthly Wages	Total Hours Spent on CACFP on Center Duties per MONTH	% of Time on CACFP	Gross Monthly Wages Attributable to CACFP	Monthly Employer Taxes Attributable to CACFP	Total Monthly Food Service Cost	Total Annual Food Service Cost	Total Applied to CACFP Funds
EX: Benny Johnsol	A = 25%, B = 75%	\$ 14.00	40	\$ 2,426.67	160	92.30%	\$ 2,239.81	\$ 171.35	\$ 2,411.16	\$ 28,933.91	\$ 150.00
	B = 100%	\$ 10.00	40	\$ 1,733.33	173.33	100.00%	\$ 1,733.33	\$ 132.60	\$ 1,865.93	\$ 22,391.20	\$ 95.00
/olanda Hill	A=70%, C=30%	\$ 42.00	28.0	\$ 5,096.00	121.33	100.00%	\$ 5,096.00	\$ 389.84	\$ 5,485.84	\$ 65,830.13	\$ 65,830.13
Cassaundra Spinks	A=100%	\$ 16.00	40.0	\$ 2,773.33	173.33	100.00%	\$ 2,773.33	\$ 212.16	\$ 2,985.49	\$ 35,825.92	\$ 35,825.92
									Grand Totals	\$ 101,656.05	\$ 101,656.0
# Reference	SPWA for hours over	173.33 pe	r month. If		nstructions for co			. vou need Spec	ific Prior Writter		select "Yes" and
1	provide a copy of the	SPWA.									
	Mandatory Employe FICA Rate: Enter the			0 1 7	,			0			
В	Unemployment Rat	e: Enter th	e rate the ir	nstitution pays	for Unemploym	ent to the *N	C Employment	Security Comiss	sion. *		
с	Workers' Comp Rat								latony Employ	Tavos **	
3	Employee Name: Ent			ude state or l	ederal Withhol	ang or Incom	e raxes. These	are NUT Manc	atory Employer	raxes.**	
	Classify Duties: Enter	applicable	duties alon	-			-			-	
4	percentages must eq	ual 100%.	The fact tha	it a person do	es not spend 100	9% of his/her	nonthly hours p	performing CAC	FP duties has no	bearing on this all	ocation.
	Hourly Wage Rate: E Total Hours Worked	-								performing CACE	P duties
	Total Hours Worked per Week: Enter the number of hours this employee normally works for the institution, regardless of hours spent performing CACFP duties. Total Hours for the CACFP on Centers: Enter total number of hours employee works per month for the CACFP <u>on centers ONLY</u> . If total hours worked per month is split										
	between centers and homes, enter the number of hours worked for the CACFP on homes in the appropriate budget. The total hours per month cannot exceed 173.33 , unless with Specific Prior Written Approval.										
	Total Applied to CAC				paid with CACFP	funds.					
Calculated Cells	6		Column C x (Column D x 52 / 12)								
Calculated Cells	Gross Monthly Wages Percent of Time on CACFP				Column C x (Column D x 52 / 12) Column F / (Column D x 52 / 12)						
	Gross Monthly Wages Attributable to CACFP				Column C x Column F						
	Total Employer Taxes Attributable to CACFP Total Monthly Food Service Cost				Column H x B13 Column H + Column I						
	Total Monthly Food Service Cost Total Annual Food Service Cost				Column J x 12						
pecific Prior Writ	es General Approval i ten Approval is requi	ed for con	pensation	to members o	f non-profit insti		ees, directors, a	issociates, offic	ers or the imme	diate families the	reof, and for
	and the Robert strategy from the										
orksheet E: ADMINIS		огк регјог	mea on a n	on-work holid	ay and compens	atory leave.					