Institution:				E	BALANCED NUTR	ITION INC.				Agreement #:	9460
	MINISTRATIVE LAB	OR									
Administrative Labor and Taxes A written compensation policy is required as part of your Management Plan. Please complete all information for all employees performing CACFP administrative duties. This information is required even if you are not using CACFP funds for labor.											
If CACFP funds will be used to pay either all or a portion of an employee's wages, ensure that column 8 is complete.											
Specific Prior Written Approval Obtained to work MORE THAN 173.33 hours per month for CACFP? No											
2 Will the institution be using CACFP funds to reimburse mandatory Employer Taxes? No											
*173.33 hours = full-time per month Employees Totals Funding											
3	4	5	6		7						Funding 8
Employee Name	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	Total Monthly Employer Taxes Attributable	Total Monthly Food Service Cost	Total Annual Food Service Cost	Total Applied to CACFP Funds
EX: Benny Johnso	A = 25% B = 75%	\$ 14.00	40	\$ 2,426.67	160	92.30%	\$ 2,239.81	to CACFP \$-	\$ 2,239.81	\$ 26,877.76	\$ 150.00
EX: Sally Creger	B = 100%	\$ 10.00	40	\$ 1,733.33	173.33	100.00%	\$ 1,733.33	\$ -	\$ 1,733.33	\$ 20,800.00	\$ 95.00
Yolanda Hill	A=70, C=25, D=5	\$ 57.69	40.0	\$ 9,999.60	173.33	100.00%	\$ 9,999.60	\$-	\$ 9,999.60	\$ 119,995.20	\$ 119,995.20
Kameron Brunson	A=100	\$ 10.00	15.0	\$ 650.00	64.95	99.90%	\$ 649.35	\$-	\$ 649.35	\$ 7,792.20	\$ 6,402.12
											-
									ł		
									-		
									ł		
Instructions for or	malating Workshoot	E.					I		Grand Totals	\$ 127,787.40	\$ 126,397.32
Column	mpleting Worksheet	E:									
1	SPWA for hours over	173.33 pe	r month. If	you have emp	loyees working	over 173.33 hours p	er month, you r	eed Specific Pr	ior Written Appr	oval. Please selec	t "Yes" and provide
	a copy of the SPWA.	- -									
2 A	Mandatory Employer FICA Rate: Enter the		-					wing:			
В											
С	Workers' Comp Rate								and the second second		
3	Employee Name: Ent			nclude State	or Federal With	olding or Income T	axes. These ar	e NOT Mandat	ory Employer Ta	xes.**	
	Classify Duties: Enter			g with the all	ocable % of time	spent by duty regar	dless of the tot	al number of ho	ours spent worki	ng those duties. Th	ne percentages
4	must equal 100%. Th	e fact that	a person do	es not spend	100% of his/her	monthly hours perf	orming CACFP o	luties has no be	earing on this allo	ocation.	
5	Hourly Wage Rate: E	•	, 0								
6	Total Hours Worked per Week: Enter the number of hours this employee normally works for the institution, regardless of hours spent performing CACFP duties.										
7	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 Approva	al.									
8	Total Applied to CAC	FP Funds: I	Determine a	mount to be	paid with CACFP	funds.					
Calculated Cells	Gro	ss Monthly	Wages		Column C x (Col	umn D x 52 / 12)					
		nt of Time				umn D x 52 / 12)					
Gross Monthly Wages Attributable to CACFP Column C x Column F											
Total Employer Taxes Attributable to CACFP Column H x B13 Total Monthly Food Service Cost Column H + Column I											
		-	Service Cos		Column J x 12						
	es General Approval i				-			han affi	the large of the state	mullion that the	
Specific Prior Written Approval is required for compensation to members of nonprofit institutions, trustees, directors, associates, officers or the immediate families thereof, and for payment of overtime, holiday pay for work performed on a non-work holiday and compensatory leave.											
payment of overtime, holiday pay for work performed on a non-work holiday and compensatory leave. Worksheet E: ADMINISTRATIVE LABOR											
Sponsoring Organizatio	n of Unaffiliated Centers										(6/20)