Institution: BALANCED NUTRITION, INC. Agreement #: 9460											
Worksheet E: ADMINISTRATIVE LABOR											
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											
Will the institution be using CACFP funds to reimburse mandatory Employer Taxes?											
*173.33 hours = full-time per month											
	Employees				*1/3.33 nours =	Juli-time per monti	1		To	otals	Funding
3	4	5	6		7						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 to CACFP	Total Monthly Food Service Cost	Total Annual Food Service Cost	Total Applied to CACFP Funds
EX: Benny Johnso EX: Sally Creger	A = 25%, B = 75% B = 100%	\$ 14.00 \$ 10.00	40 40	\$ 2,426.67 \$ 1,733.33	160 173.33	92.30% 100.00%	\$ 2,239.81 \$ 1,733.33	\$ -	\$ 2,239.81 \$ 1,733.33	\$ 26,877.76 \$ 20,800.00	\$ 150.00 \$ 95.00
Yolanda Hill	A = 70%, C = 25% D=5%	\$ 67.31	40.0	\$ 11,666.66	173.33	100.00%	\$ 11,666.66	\$ -	\$ 11,666.66	\$ 139,999.92	\$ 135,000.00
Kandace Stephenson	A=100%	\$ 12.00	18.0	\$ 936.00	77.94	99.90%	\$ 935.06	\$ -	\$ 935.06	\$ 11,220.77	\$ 7,527.49
Instructions for o	ompleting Worksheet	E.					•		Grand Totals	\$ 151,220.69	\$ 142,527.49
Column						472 22 h		- d Cifi- D-i-	. 14/-:++ 4	N	V!!! ::-!
1	SPWA for hours over 173.33 per month. If you have employees working over 173.33 hours per month, you need Specific Prior Written Approval. Please select "Yes" and provide a copy of the SPWA.										
2 A	Mandatory Employer Taxes: If you are claiming Employer Taxes, select "Yes" and enter any or all of the following: FICA Rate: Enter the employer's share of FICA which is OASDI 6.2% and Medicare 1.45%, or 7.65% total.										
B C	Unemployment Rate: Enter the rate the Institution pays for Unemployment to the *NC Employment Security Comission. * Workers' Comp Rate: Enter the rate the Institution pays for Workers' Compensation to the their insurance carrier.										
3	**Do NOT include State or Federal Withholding or Income Taxes. These are NOT Mandatory Employer Taxes.** Employee Name: Enter employee's name										
4	Cassify Duties: Enter applicable duties along with the allocable % of time spent by duty regardless of the total number of hours spent working those duties. The percentages must equal 100%. The fact that a person does not spend 100% of his/her monthly hours performing CACFP duties has no bearing on this allocation.										
5	Hourly Wage Rate: Enter employee wage rate per hour. To calculate the hourly rate for an annual salary, divide the salary by 2080.										
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. Total Hours for the CACFP on Centers: Enter total number of hours employee works per month for the CACFP on centers ONLY. If total hours worked per month is split between										
7	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.										
8	Total Applied to CAC	FP Funds:	Determine a	mount to be p	aid with CACFP fo	ınds.					
Calculated Cells Gross Monthly Wages Column C x (Column D x 52 / 12) Percent of Time on CACFP Column F / (Column D x 52 / 12)											
Gross Monthly Wages Attributable to CACFP Total Employer Taxes Attributable to CACFP Total Monthly Food Service Cost Total Annual Food Service Cost					Column C x Column F Column H x B13 Column H + Column I Column J x 12						
Supporting Documentation Requirements for this worksheet:											
A copy of written compensation plan, if it has been updated. A copy of job description for each new employee and/or curreent employee if requested											
Documentation to keep on file Resumes for each employee											
☐ Timesheets and work schedule for each employee											
☐ Job descriptions for each position ☐ A written compensation plan											
Payroll records, i.e. canceled checks, documents supporting payment of payroll taxes, bank statements, etc Documentation to support the calculation of projected cost, and allocated percentage rate, if less than 100%											
Worksheet Requir	res General Approval i	n the Budg	et except fo	r the following	g:						

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.

Worksheet E: ADMINISTRATIVE LABOR

Sponsoring Organization of Unaffiliated Centers