

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: Budget for Sponsoring Organization of Centers
 Program Year: October 1, 2018 - September 30, 2019

SPONSOR PROFILE

1. Institution Name	2. Agreement Number:	3. Number of Centers in NC:	3a. Number of Homes in NC:
BALANCED NUTRITION, INC	9460	30	12
4. Do you operate the CACFP in other States?	No	* A cost allocation plan to determine an equitable distribution of the administrative costs between the states must be used and the plan submitted.	
5. If "Yes", provide total number of centers for entire sponsorship:	n/a		
6. Are you a multi-purpose organization operating other programs in addition to CACFP?	No		
7. If "Yes", list the other programs administered by sponsor:	n/a		
8. Are you a new sponsoring organization to the NC CACFP?	No		

REVENUE

Income Source	Projected Annual Income
9. a. Worksheet A: Administrative Funding from CACFP Centers	\$ 107,689.34
b. Worksheet B: Reimbursement for CACFP Centers	\$ 753,094.82
c. Worksheet C: Carry Over CACFP Funds (i.e. Excess CACFP Balance)	\$ -
10. Worksheet C: Sponsoring Organization's Other Income Available for CACFP	\$ 35,000.00
11. Total Projected Annual Income	\$ 895,784.16

CACFP Sponsor Expenditures	Total Annual Expense (A)	CACFP Funded (B)	Other Funding (A - B = C)
12. Administrative Expenditures:			
a. Worksheet D: Administrative Labor	\$ 113,903.98	\$ 103,611.34	\$ 10,292.64
b. Worksheet E: Administrative Fringe Benefits	\$ -	\$ -	\$ -
c. Worksheet F: Equipment	\$ -	\$ -	\$ -
d. Worksheet G: Equipment Depreciation	\$ -	\$ -	\$ -
e. Worksheet H: Administrative Supplies	\$ 4,078.00	\$ 4,078.00	\$ -
f. Worksheet I: Communications	\$ -	\$ -	\$ -
g. Worksheet J: Rent and Utilities	\$ -	\$ -	\$ -
h. Worksheet K: Insurance	\$ -	\$ -	\$ -
i. Worksheet L: Administrative Contracted Services	\$ -	\$ -	\$ -
j. Worksheet M: Travel	\$ -	\$ -	\$ -
k. Worksheet N: Training	\$ -	\$ -	\$ -
l. Worksheet O: Indirect Costs	\$ -	\$ -	\$ -
13. Total Administrative Expenditures	\$ 117,981.98	\$ 107,689.34	\$ 10,292.64

CACFP Centers Expenditures	Total Annual Expense (A)	CACFP Funded (B)	Other Funding (A - B = C)
14. Center's Administrative Expenditures			
a. Sponsor Fee (per Above)	\$ 107,689.34	\$ 107,689.34	\$ -
b. Worksheet P: Sponsored Centers Other Administrative Costs	\$ 433,356.90	\$ 223,277.61	\$ 210,079.29
15. Operating Expenditures:			
a. Worksheet P: Sponsored Centers Operating Costs	\$ 489,497.05	\$ 422,127.87	\$ 67,369.18
16. Total Operating Expenditures	\$ 489,497.05	\$ 422,127.87	\$ 67,369.18
17. Total Centers Administrative and Operating Expenditures	\$ 607,479.03	\$ 529,817.21	\$ 77,661.82

CERTIFICATION AND SIGNATURE (PAPER SUBMISSION ONLY)

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	YOLANDA HILL Printed Name	9/28/18 Date
State Approval (For State Use Only)		

WORKSHEET A: ADMINISTRATIVE FUNDING FROM CACFP CENTERS

NOTE FOR NEW SPONSORS>> Organizations that are new sponsors to the NC CACFP should leave the first box below blank (pertaining to prior fiscal year figures), and

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Number of Sponsored Centers: 30

Agreement Number: 9460

COMPLETE FOR EXISTING SPONSORS:

	1		2		3
Amount of Actual CACFP Meal Reimbursement for Sponsored Centers in <u>Previous Fiscal Year</u>	/		Amount of Actual Administrative Expenditures that were CACFP Funded in Previous Fiscal Year	=	Previous Year Sponsor Cost %
Affiliated Centers	\$	/	\$	=	15.4%
Unaffiliated Centers	\$ 339,922.77	/	\$ 52,360.17	=	

COMPLETE FOR ALL SPONSORS (NEW AND EXISTING):

	4		5		6
Amount of Projected CACFP Meal Reimbursement for Sponsored Centers in <u>Current Fiscal Year</u>	x		Current Year Sponsor Fee %	=	Maximum Amount of Sponsor Fee's (1 x 2)
Affiliated Centers	\$	x	15.0%	=	
Unaffiliated Centers	\$ 717,928.96	x		=	\$ 107,689.34

Instructions for Worksheet A: (Previous year equals Oct 1 through month of last claim)

Columns

- Enter the amount of actual CACFP Meal Reimbursement for all affiliated and unaffiliated sponsored centers in the previous fiscal year. Do not include any Cash-In-Lieu Funds. * DO NOT enter budgeted figures.
- Enter the amount of actual Administrative Expenditures that were CACFP Funded for all affiliated and unaffiliated sponsored centers in the previous fiscal year. DO NOT enter budgeted figures.
- This is the Sponsor Fee % or Cost % from the previous fiscal year. If this value is less than the approved sponsor fee percentage, ensure that there is no excess balance carry-over.**
- Enter the amount of Projected CACFP Meal Reimbursement for all affiliated and unaffiliated sponsored centers for the current fiscal year. (Oct 1 thru month of last claim) Do not include any Cash-In-Lieu Funds. *
- This is the percentage "Sponsor Fee" charged by the Sponsoring Organization to administer the CACFP for their sponsored centers and is calculated **only** on the amount of meal reimbursement projected for the sponsored centers. For new sponsors, the total budgeted administrative costs divided by projected CACFP meal reimbursement equals the current year sponsor fee % OR 15% whichever is less.
- Maximum amount of Sponsor Fee's allowable.

* Per USDA Guidance for Management Plans and Budgets, page 49, "The amount a sponsoring organization may retain is calculated and approved in the annual budget; however, it is generally monitored on a monthly basis against the earned reimbursement for the meals served to eligible children. **Cash-in-lieu of USDA Foods is not included in the calculation.**"

**The State agency must limit the amount of reimbursement payments that can be applied to administrative costs for sponsoring organizations of center Programs to the LESSER OF 15 percent of the total reimbursement payments received and net allowable administrative costs. To budget for a current year % that differs from your prior year % please submit for Written Approval with appropriate and relevant supporting documentation. Refer to Financial Management Guide 796-2, Rev 4, pg.84 for additional guidance

WORKSHEET B: REIMBURSEMENT FOR CACFP CENTERS

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	1		2		3
Total Amount of Projected CACFP Meal Reimbursement for Sponsored Centers		x	(1-Current Year Sponsor Fee %)	=	Amount of Reimbursement to Sponsored Centers (1 x 2)
Affiliated Centers	\$ -	x	0%	=	\$ -
Unaffiliated Centers	\$ 717,928.96	x	1	=	\$ 717,928.96

	4		5		6
Total Amount of Projected Cash In Lieu Reimbursement for Sponsored Centers		x	100%	=	Amount of Reimbursement to Sponsored Centers (1 x 2)
Affiliated Centers	\$ -	x	1	=	\$ -
Unaffiliated Centers	\$ 35,165.86	x	1	=	\$ 35,165.86

Instructions:

- When using the electronic version of this budget, this worksheet will populate from Worksheet A and you do not have to enter it.
1. Enter the amount of Projected CACFP Meal Reimbursement for Affiliated Centers and Unaffiliated Centers. Do not include any Cash-In-Lieu funds.
 2. This is the percentage of affiliated and unaffiliated centers' reimbursement that will be distributed to the centers.
 3. Amount of Reimbursement to Sponsored Centers.
 4. Enter the amount of Projected Cash-In-Lieu for affiliated and unaffiliated sponsored centers.
 5. **100% of Cash-In-Lieu reimbursement is distributed to affiliated and unaffiliated sponsored centers.**
 6. Amount of Reimbursement to Sponsored Centers for Cash-In-Lieu.

WORKSHEET C: OTHER INCOME AVAILABLE FOR CACFP ADMINISTRATIVE AND OPERATIONS

Other income includes other funds that will be available to supplement the CACFP. Refer to Food and Nutrition Service (FNS) Instruction 798-2 Revision 4, IX D 6 for examples of "other income". List the income source and the amount expected to be received.

#	Federal Agency	CFDA No.	Program Title	Federal Award ID	Pass Through	Award Year	Amount Received	Total Income Available for use in CACFP
1								
2								
3								
4								
5								
6								

Total Federal Income Sources \$0.00

Sponsoring Organization's Other Available Income for CACFP Administration

#	Description	Amount Received	Total Income Available for use in CACFP
1	Business Line of Credit	\$ 15,000.00	
2	Grants and Donations	\$ 20,000.00	
3			
4			
5			
6			

Total Other Income Sources \$35,000.00

Carry Over from Other Nutrition Programs (NON-CACFP FUNDS ONLY)

#	Description	Total Income Available for use in CACFP
1.		
2.		
3.		

Total Non-CACFP Carry Over: \$0.00

Total Federal and Other Available Income \$35,000.00

Carry Over of CACFP Reimbursement Funds from the Prior Year (i.e. Excess Balance - CACFP FUNDS ONLY)

#	Description	Total Income Available for use in CACFP
1.		
2.		
3.		

Total CACFP Carry Over: \$0.00

Instructions: List each source of other income in appropriate lines and the amount available to be used for CACFP purposes. Only the amount of income for the sponsoring organization's use for administrative costs will be carried to the front page of the budget.

Institution:

BALANCED NUTRITION, INC.

Agreement:

9480

WORKSHEET D: Administrative Labor

Administrative Labor and Taxes

Please complete all information for all employees performing CACFP administrative duties and determine those that CACFP funds will be used to pay either all or a portion of the wages.

Specific Prior Written Approval Obtained to work MORE THAN 173.33 hours per month for CACFP?

No

If "yes", include documentation in application

If "Yes", Approved Number of Hours is? If "No", LEAVE BLANK

1. Total Hours Available 173.33

2. Employer Tax Rate 8.24% Enter the combined employer-required tax %, see note below for detail

Table with columns: Employees (3), 4, 5, 6, 7, 8, 9, 10. Rows include Benny Johnson, Sally Creger, Yolanda Hill, Mark Robinson, and Grand Totals.

Instructions for Worksheet D:

Reference

- 1 Total Hours Available: The total hours per month cannot exceed 173.33, unless with Specific Prior Written Approval.
2 Total Required Employer Taxes: Enter the cumulative total percentage of employer tax paid per month by your agency.
3 Employee Name & Duties: Enter employee's name and applicable duties along with the allocable % of time spent by duty regardless of the total number of hours spent working those duties.
4 Gross Monthly Wages: Enter employee's gross monthly rate of pay.
5 Total Hours for the CACFP on Centers: Enter total number of hours employee works per month for the CACFP on Centers ONLY.
6 Gross Monthly Wages Attributable to CACFP: [(Column 4 / Total Hours Available) * Column 5]
7 Total Monthly Employer Taxes Attributable to CACFP: Calculated total required employer tax allocated per month to the CACFP column 6 x row 2 (Employer Tax Rate)
8 Monthly Cost to Food Service: (Column 6 + Column 7)
9 Annual Cost for Food Service Operation: Column 8 multiplied by 12 (12 months).
10 Annual Cost Funded by CACFP: Determine amount to be paid with CACFP funds.

Worksheet Requires General Approval in the Budget except for the following:

Specific Prior Written Approval is required for Compensation to members of nonprofit institutions, trustees, directors, associates, officers or the immediate families thereof. Payment of overtime, holiday pay for work performed on a non-work holiday and compensatory leave.

Worksheet D: Administrative Labor

(7/18)

