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			CEROMELE	2. Agre	cement Number:	3. Number of Centers in NC:	3a. Number of Homes in NC:
	BALANCED NUTRITION, INC.				9460	30 mil.	12
4. Do you operate the CACFP in other States?		* A cost allo	cation plan to deter be used and the plan	rmine an	equitable distributi	on of the administr	ative costs between the
5. If "Yes", provide total number of	of centers for entire sponsorship:	25. .0210,036			n/a		
4	ration operating other programs in a	ddition to CAC	P?			A	No
7. If "Yes", list the other programs	s administered by sponsor;					V	
in and the state of the state o	g or an a war property restriction, so		de de la companya de	THE STREET			
C.							
8. Are you a new sponsoring organ	ization to the NC CACFP?		. 0.00				No
		REV	ENUE				
O . Westerland out A. A designation	Income Source ve Funding from CACFP Centers				Proje	ected Annual Incon	16
b. Worksheet B: Reimbursem				5			107,689,34
The state of the s		Section 1		.5			753,094,82
	CACFP Funds (i.e. Excess CACFP I			\$			
The state of the s	rganization's Other Income Availah	le for CACFP		8			35,000.00
11. Total Projected Annual Income				s			895,784.16
CACRP Spon	sor Expenditures	Total A	nnual Expense (A)	CA	CFP Funded (B)		r Funding - B = C)
12. Administrative Expenditures:			The second		(4)	1	B ()
a. Worksheet D: Administrativ	e Labor	Ş	113,903.98	\$	103,611.34	\$	10,292.64
b. Worksheet E: Administrativ	e Fringe Benefits	\$	-	\$	-	\$	•
c. Worksheet F: Equipment		\$	-	\$		\$	-
d. Worksheet G: Equipment De	epreciation	\$	-	\$	-	\$	-
e. Worksbeet H: Administrativ	ve Supplies	\$	4,078.00	\$	4,078.00	\$	
f. Worksheet I: Communication	ns	\$		S		\$	
g. Worksheet J: Rent and Utili	ties	\$	-	\$		\$	<u>-</u>
h. Worksheet K: Insurance		\$	-	\$		\$	-
i. Worksheet L: Administrative	e Contracted Services	\$	-	\$		\$	-
j. Worksheet M: Travel		\$		\$		\$	
k. Worksheet N: Training		\$		\$		\$	
I. Worksheet O: Indirect Cost	ts	\$	_	\$	_	\$	
13. Total Administrative Expenditu	Jres	\$	117,981.98	S	107,689.34	\$2, 20, 20, 30, 30, 30, 30, 30, 30, 30, 30, 30, 3	10,292.64
CACFP Cent	ers Expenditures	I ofal Ai	inual Expense (A)	CA	CFP Funded (B)	CONTRACTOR OF THE PARTY OF THE	r Funding • B = C)
14. Center's Administrative Expen	ditures		THE STREET		(4)		
a. Sponsor Fee (per Above)		\$	107,689.34	s	107,689.34	\$	_
The same control occurs to the same and	eaters Other Administrative Costs	Ś	433,356.90	ę.	223,277.61	Ž.	210.079.29
15. Operating Expenditures:					2 2 3 2 3 2 3		-Avjord/23
a. Worksheet Pr Sponsored Ce	enters Operating Costs	\$	489,497.05	s	422,127.87	S	67,369.18
16. Total Operating Expenditures		\$	489,497.05	\$	422,127.87	\$	67,369.18
17. Total Centers Administrative a	nd Operating Expenditures	\$	607,479.03	\$	529,817.21		77,661.82
	CERTIFICATION AND	SIGNATI					
The representations made herein on behal	If of the Institution are true and correct to t	the best of my kno	wledge. I understand t	that these r			with the receipt of federa
tunds and that deliberate misrepresentation	on may subject me to prosecution under ap	plicable state and	ederal criminal statute	:3 .	**************************************	war shows a war fallen and the	
	TYLM				YOLANDA	HILL	19/12/18
Signature of Owner or Board Chair	7 7 7 7				Name		

Institution:	- · · · · · · · · · · · · · · · · · · ·	LANCED NUTRITION,	INC.	Agreement:	9460
WORKSH	EET A: ADMINISTRATIVE	FUNDING FROM	M CACFP CENTERS		
	EW SPONORS>> Organizations that ar		C CACFP should leave the first box belo	w blank (pertaining to pri	or fiscal year figures), and
Institution:	•		BALANCED NUTRITION, INC.		
Number of Sc	oonsored Centers:	30	· · · · · · · · · · · · · · · · · · ·		•
Agreement No		9460	-		
	ETE FOR EXISTING SPO	ONSORS:	<u> </u>		
	1		2		3
,	ctual CACFP Meal Reimbursement for ad 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		1		= ,	15.4%
Unaffiliated Centers	\$ 339,922.77		\$ 52,360,17	=	10.4%
Amount of Pr	ETE FOR ALL SPONSO 4 rojected CACFP Meal Reimbursement ored Centers in Current Fiscal Year		EXISTING): 5 Current Year Sponsor Fee %	1 1 = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6 Maximum Amount of Sponsor Fee's (1 x 2)
Affiliated Centers		x	15.0%	=	
Unaffillated Centers	\$ 717,928.96	, x	7010 /4	=	\$ 107,689.34
Instructions f Columns	include any Cash-In-Lieu Funds.* I	Meal Reimbursement DO NOT enter budget	for all affiliated and unaffiliated spor	•	
2	previous fiscal year. DO NOT ente	r budgeted figures.			
3	there is no excess balance carry-ove	er.**	scal year. If this value is less than the		
4	I thru month of last claim) Do not		ent for all affiliated and unaffiliated s Lieu Funds.*	ponsored centers for the	ne current fiscal year. (Oct
5	calculated only on the amount of m	eal reimbursement pro	nsoring Organization to administer the opjected for the sponsored centers. For quals the current year sponsor fee	new sponsors, the tota	l budgeted administrative
6	Maximum amount of Sponsor Fee's				
however, it is o			ount a sponsoring organization may reta bursement for the meals served to eligibl		
LESSER OF 1 prior year % p	5 percent of the total reimbursement pa	yments received and ne	n be applied to administrative costs for s t <u>allowable administrative costs</u> . To bud evant supporting documentation, Refe	get for a current year %	that differs from your

DHHS - CAC - 8A - SPONSORING ORGANIZATION CENTERS BUDGET

WORKSHEET A: ADMINISTRATIVE FUNDING FROM CACFP CENTERS

Institution:		LANCED NUTRITION, IN		Agreement:	9460
WORKSH	EET B: REIMBUR	SEMENT FOR CA	CFP CENTERS		
Program Yea	r: October 1, 2018 - Septer	mber 30, 2019			
Institution:			BALANCED NUTRITION,	INC.	
Number of S _l	oonsored Centers:		30		
Agreement N	umber:	9460		•	
	1		2	L	3
	unt of Projected CACFP Mement for Sponsored Cente	1	(1-Current Year Sponsor Fee %)	- 1	Amount of Reimbursement t Sponsored Centers (1 2)
Affiliated Centers	\$	- x	0%	= .	\$ -
Unaffiliated Centers	\$ 717,9	28.96 x	1	=	\$ 717,928.9
	4		5		6
	unt of Projected Cash In Li ement for Sponsored Cente		100%	=	Amount of Reimbursement t Sponsored Centers (1 : 2)
Affiliated Centers	Same all anne is a	x x	1	=	\$ -
Unaffiliated Centers	.\$ 35,11	85.86 x	1	=	\$ 35,165.8
Instructions	:				-
	he electronic version of the mount of Projected CACF				ot have to enter it. Do not include any Cash-In-
	percentage of affiliated an Reimbursement to Sponse		eimbursement that will be	distributed to the cent	ers.
5. 100% of C	mount of Projected Cash-l Cash-In-Lieu reimbursen	nent is distributed to a	ffiliated and unaffiliated		
	Reimbursement to Sponse		1-Lieu.		***
WURKSHEET B:	REIMBURSEMENT FOR CACFF	CENTERS			(7/1

DHHS - CAC - 8A - SPONSORING ORGANIZATION CENTER'S BUDGET

(7/18)

institution:			BALANCED NUTRIT	ION, INC.			Agreement:	9460
WORKSHE	ET C: OTHER IN	COME AVAILAB	LE FOR CACFP ADMIN	ISTRATIVE AND	PERATIONS			
			ment the CACFP. Refer to Food			sion 4 IX D A for exa	males of "ather lacome"	1 ist the income so
the amount expe	cted to be received.			(1 14	,			. List the mostle sc
					- 			
#	Federal Agency	GFDA No.	Program Title	Federal Award ID	Pass Through	Award Year	Amount Received	Total Income Av
1		200000000000000000000000000000000000000	Enter and the second					use in CA
2								
4			-					1
5			- 	 				
				<u>'</u>		Total Fe	deral income Sources	
			•					
Brokelings:		Sponsori	ng Organization's Other Availai	ale Income for CACFP A	Iministration			Total Income Av
1 1	Business Line of Credit							use in CA
3	Grants and Donations							\$
4								
5 6			w-s					
						Total (Other income Sources	
		Carry	Over from Other Nutrition Prog	rams (NON-CACEP FUN)	S ONLY!	establiche diels		Total Income Av
1.						Modern British		use in CA
2.		Hidalica Carabble my an area						5-0-05-5
3.						Total til	- 04050 0 0	
						TOTAL NEC	on-CACFP Carry Over:	<u> </u>
						Total Federal and O	ther Avallable income	\$
C. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)						***************************************		
	Ce	ny Over of GACEP Re	mbursement Funds from the Pi	ior Year (i.e. Excess Bal	ince - CACFP FUNDS I	ONLYI		Total income Av
1. 1	65. IRU 45.42 IR 41.641.4354.			Lighte Shadheralin			i Giriga Parkatata	S iliəli diletile
2. 3.				*				
						Tot	al CACFP Carry Over:	
instructions: Li	st each source of other in	come in appropriate line	es and the amount available to be	used for CACFP purpose	s. Only the amount of in-	come for the sponsori	ng organization's use fo	r administrative cost
carried to the from	nt page of the budget.			,				
					•			
WORKSHEET C	: OTHER INCOME AVA	ILABLE FOR CACFP C		ONSORING ORGANIZAT	ION CENTER'S BUDGI	ET		

	·					<u></u>			
nstitution:	1 1-4 1 - b		ALANCED NUTF	RITION, INC.			Agreement:	9460	
WORKSHEET D: Adm		or						<u></u>	
Administrative Labor and Taxes									
Please complete all information fo	or all employees perfo	rming CACFP admir	nistrative duties a	and determine thr	ose that CACFP (funds will be used f	to pay either all or	a portion of the wages.	
•							_	·	
Specific Prior Written Approval			tours per month	for CACFP?		S No	If "yes", include docum	rentation in application	
f "Yes", Approved Number of F	lours is? it "No", LEF	WE BLANK			1	Bodinali we work	<u>.</u>		
l. Total Hours Available	173.33								
2. Employer Tax Rate	AND THE REAL PROPERTY OF THE P								
	SUBSCIED WATTH INSIGNATION OF COMMING CONTINUES CONTINUE								
	Employees				Γ'	Тс	otals	Funding	
3		4	5	6	7	8	9	10	
	Classify Duties;			Gross Monthly	Total Monthly	Monthly Cost for	Total Annual Food		
imployee Name	a. Administrative b. Accounting c.	Gross Monthly Wages		Wages	Employer Taxes	Food Service	Service Cost	Total Applied CACFP Funds	
	Monitoring d.		CACFP on Centers	Attributable to CACFP	Attributable to CACFP	(includes wages and taxes)	(includes wages and taxes)		
X: Benny Johnson	Training A = 25%, B = 75%	\$ 2,000.00	17.33	\$ 199.97	\$ 16.48		\$ 2,597.31	\$ 150.00	
X: Sally Creger	B = 100%	\$ 1,000.00	25	\$ 144.23					
olanda Hill	A=75%, B=25%	\$ 6,000,00	160	\$ 5,538.57	\$ 456.38		\$ 71,939,35		
fark Robinson	C=75%, A= 25%	\$ 3,500.00	160	\$ 3,230.83	\$ 266.22		\$ 41,964.62	- A	
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	l	 	 	 -	 		<u> </u>		
		 -					 	 	
	·			<u> </u>		Grand Totals	\$ 113,903.98	\$ 103,811.34	
					ı		\$ 113,803.50	\$ 100,011.04	
nstructions for Worksheet D:				-					
# Reference								l	
	Total Hours Available: The							l	
2	Total Required Employer 1 Unemployment Insurance, S	faxes: Enter the cumulati	ve total percentage of	f employer tax paid pr	er month by your ager	ncy. The required emplo	oyer tax includes Worker	r's Compensation,	
	•								
3	Employee Name & Duties:	: Enter employee's name :	and applicable duties	along with the allocal	ale % of time spent by	y duty regardless of the t	otal number of hours sp	pent working those duties, For If this time is spent performing	
	monitoring functions. The co	orrect entry for Person A w	vould be; "B=50%, C=	=50%". The fact that P	≀is speni periorining c Person A does not sp∉	accounting fundations with and 100% of his/her mor	ie the remaining യാശ ഗ nthly hours performing C	of this time is spent performing CACFP duties has no bearing	
	on this allocation, 100% of P	Person A's time spent has :	been allocated, as rec	quired.					
4 Gross Monthly Wages: Enter employee's gross monthly rate of pay. Multiply hourly rate by total monthly hours worked for agency. 5 Total Hours for the CACEP on Centers: Enter total number of hours employee works per month for the CACEP on Centers ONLY if total hours worked pay month is shift between Centers and									
Homes, enter the number of hours worked for the CACFP on Homes in the appropriate budget.									
					•				
	Total Monthly Employer To			required employer to	ax allocated per month	h to the CACFP column	6 x row 2 (Employer Ta	ıx Rate)	
	Monthly Cost to Food Serv Annual Cost for Food Serv		-	3 months)					
	Annual Cost Funded by CA								
•			1 to 00 pmm 11.2. 2	FF Iulius.					
Vorksheet Requires General Ap	oproval in the Budget	except for the foil	owina:					-	
pecific Prior Written Approval				institutions, tru	stees, directors	, associates, offic	ers or the immed	late families thereof.	
ayment of overtime, holiday pa									
orksheet D: Administrative Labor								(7/18)	

Institution:	BALANCED NUTRITION, INC.	Agreement:	9460
WORKSHEET H:	ADMINISTRATIVE SUPPLIES		

This cost item is found under the cost category #27 named "Materials and Supplies" in FNS Instruction 796-2 Rev. 4. Allowable cost for durable supplies includes material and supplies that do not meet the definition of equipment. Allowable cost for durable supplies is the cost at the time of purchase. Allowable cost of expendable program material and supplies are the actual costs of material and supplies used within three months or less at the time of purchase.

1	2	3	4	5	
<u>Item</u>	Total Annual Cost	% Allocated to CACFP	Total Annual Expense for Food Service Operation		
Office Supplies	\$ 700.00	100,00%	\$ 700.00	\$ 700.00	
Computer Supplies	\$ -	0.00%			
Copier Supplies	\$ 1,956.00	100.00%	\$ 1,956.00	\$ 1,956.00	
Printer Supplies	\$ 982.00	100.00%	\$ 982.00	\$ 982.00	
Educational Supplies					
Printing Expense	\$ 330.00	100.00%	\$ 330.00	\$ 330,00	
Postage Expense	\$ 110.00	100.00%	\$ 110.00	\$ 110.00	
Other (list)					
	,				
		Total	\$ 4,078.00	\$ 4,078.00	

Cost Allocation Plan

Note: Each row with a percentage allocated to CACFP less than 100% requires a cost allocation plan.

Instructions for Worksheet H:

Columns

- 1 Item: Any item that do not meet the definition of equipment. For example, General Office Supplies (pens,
- 2 Total Annual Cost: Estimate the total cost spent a year for each item listed.
- 3 Percent Allocated to CACFP: The Percentage that is allocated to CACFP. Must be verified with documentation.
- 4 Total Annual Expense for Food Service Operation: Column 2 times Column 3.
- 5 Annual Applied CACFP Funds: Amount of Column 4 that will be paid with CACFP funds.

Attach the following documents to worksheet and submit to State Agency:

Documentation to support percentage allocated to CACFP (cost allocation plan).

Worksheet Requires General Approval in the Budget

WORKSHEET H: ADMINISTRATIVE SUPPLIES

(7/18)

DHHS - CAC - 8A - SPONSORING ORGANIZATION CENTER'S BUDGET

nstitution:	BALANCED NUTRITION, INC.	Agreement:	9460	_
WORKSHEET P: SPONSORED (FNTER'S ADMINISTRATIVE & ODERATING COSTS			

instructions>> Use the table below to list all centers under your sponsorship and their relating Other Administrative Expenses and Operating Expenditures per their individual Sponsored Center budgets. The totals are automatically drawn into the budget tab, and there is no limit to the number of rows that can be used so all centers can and must be listed.

Broke,	GRAND TOTALS LALUCENTERS								
	Other Administ	rative Expenses	Operating Expenditures						
	Annual Cost for ervice Operation	Total Applied CACFP Funds	100	i Annual Cost for Service Operation		Applied CACFP Funds			
\$	433,356.90	\$ 223,277.61	\$	489,497.05	\$	422,127.87			

		2)	(3)			
		ses (w/o Sponsor Fee)	Operating Expenditures			
Center Name	Total Annual Cost for Food Service Operation	Total Applied CACFP	Total Annual Cost for Food Service Operation	Total Applied CACFP Funds		
A BRIGHT CHILD LEARNING CENTER	\$ 9,956,55	\$ 4,331.90	\$ 21,266,78	\$ 13,408.60		
ACADEMY OF ANGELS	\$ 19,913.09	\$ 11,148.37	\$ 35,319.10	\$ 26,630.00		
BLOOM CHILD DEVELOPMENT CENTER	\$ 12,219.40		\$ 6,258.00	\$ 6,258.00		
BOOJAS PLAYHOUSE, INC.	\$ 14,482.25	\$ 9,625.82	\$ 7,960.00	\$ 7,960.00		
BRIDIGING OCEANS INTERNATIONAL DAYCARE	\$ 26,399.93	\$ 10,967.24	\$ 32,763.37	\$ 17,840.00		
BRIGHT BEGINNINGS	\$ 26,022.79	\$ 22,259,41	\$ 26,862.15	\$ 26,862.15		
BRIGHT KIDS LEARNING CENTER	\$ 20,818.23	\$ 15,914.17	\$ 30,549.57	\$ 29,300.00		
BUSY BEE DAYCARE	\$ 7,708.78		\$ 8,110.00	\$ 8,110.00		
CHILDREN OF TODAY CDC	\$ 17,650.24	\$ 15,636.27	\$ 24,202.39	\$ 24,202.39		
CLARENCE KIDS ACADEMY	\$ -	\$ -	\$ 19,046.58	\$ 13,862.09		
DUSK II DAWN	\$ 3,922.28	\$ 1,929.30	\$ 4,300.00	\$ 4,300.00		
FIRST CLASS PREPARTORY SCHOOL	\$ 6,637.70	\$ 3,789.41		\$ 6,650.00		
FOUNDATION BUILDERS ACADEMY	\$ 8,327.29	\$ 7,628.58	\$ 18,242.84	\$ 17,920.00		
FUTURE PROMISES CHILDCARE CENTER	\$ 25,343.93	\$ 7,215.37	\$ 7,130.00	\$ 7,130.00		
GINGERBREAD CHILD DEV. CENTER	\$ 18,102.81	\$ 3,167.97	\$ 8,030.00	\$ 8,030.00		
GINGERBREAD LEARNING CENTER	\$ 18,102.81	\$ 2,454.85	\$ 6,730,00	\$ 6,730.00		
HIGHER CALLING CHILD CARE CENTER	\$ 20,516.52	\$ 7,137.75	\$ 20,871.51	\$ 11,400.00		
HOUSE OF ANGELS DAYCARE III	\$ 19,875.38	\$ 3,962.28	\$ 7,400.00	\$ 7,400.00		
HOUSE OF ANGELS LEARNING CENTER	\$ 10,409.12	\$ 8,515.50		\$ 11,660.00		
KIDS ACADEMY CHILDCARE CENTER	\$ 16,895.96	\$ 15,337.21	\$ 32,459,66	\$ 25,150.00		
EARNING AS WE GO CHILD CARE CENTER	\$ 21,723.37	\$ 9,152.05	\$ 29,900,00	\$ 29,900.00		
NEW PARKERS GROVE LITTLE DISCIPLES	\$ 11,827.17	\$ 1,650.60	\$ 7,191.71	\$ 5,750.00		
DAK EARLY LEARNING CHILD DEV. CENTER	\$ 12,671.97	\$ 8,820.97	\$ 16,750.00	\$ 16,750.00		
PAMS LOVING HANDS CHILD DEV. CENTER	\$ 33,791.91	\$ 19,617.68	\$ 20,700.00	\$ 20,700.00		
SHOOTING STARS LEARNING CENTER	\$ 6,034.27	\$ 5,822.71	\$ 15,500.00	\$ 15,500.00		
HE BUTTERFLY GARDEN CHILD DEV. CENTER	\$ 16,895.96	\$ 8,254.16	\$ 11,800.00	\$ 11,800.00		
/ICTORY LEARNING CENTER	\$ 9,051.40	\$ 848.03		\$ 8,700.00		
M4C KIDS	\$ 13,577.11	\$ 11,742.29	\$ 15,900.00	\$ 15,900.00		
HE LEARNING EXPERIENCE	\$ 4,478.68	\$ 501.92		\$ 254.32		
MRS. LIP'S LOVING CARE, LLC	\$ -	\$ -	\$ 22,170.15	\$ 16,070.32		
			-			
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