

## SNP CACFP Sponsor Budget Training Manual

All applicants must complete a 12-month administrative budget based on the current facility enrollment. This must be received and approved by the state agency prior to application processing.

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1. (a) Name of institution or sponsoring organization: MISS MARY'S DAY CARE CENTERS PO BOX 123 LITTLE ROCK, AR 72223  Telephone Number: 501 888-8888 County: PULASKI COUNTY  (b) Mailing address, including zip code of the above institution. If post office box is used for correspondence, a physical address where records will be maintained <b>MUST</b> be included.  MISS MARY'S DAY CARE CENTERS 123 MAIN STREET SUITE 300 LITTLE ROCK, AR 72223  (c) Purpose or Mission Statement of Organization: <div style="border: 1px solid gray; height: 40px; width: 100%;"></div>	2. Agreement Number: B47  3. Name and Title of CACFP Sponsoring Organization representative (individual to contact for program information)  Last Name: SMITH First Name: JANE Title:  4. Type of Institution: <input checked="" type="radio"/> Public (GOVERNMENT-FUNDED [e.g. schools, tribes, universities]) <input type="radio"/> Private nonprofit (MUST SUBMIT COPY OF TAX EXEMPTION UNDER 501(c)(3)) <input type="radio"/> Proprietary Title XX <input type="radio"/> Proprietary Title XIX (Adult Day Care Only) <input type="radio"/> Proprietary Free/Reduced-Price Eligibility	5. Does your institution operate the CACFP in any other states? Yes If yes, where:
6. Number of facilities with food service under your administration Child Care Centers:      Adult Care Centers:      Outside School Hours Centers: Day Care Homes:          Emergency Shelter:      At-Risk:		

1. (a) The Name, Address, Phone Number and County of the institution or sponsoring organization will be prepopulated based on existing records.  
 (b) Mailing Address will be prepopulated based on existing records.  
 (c) Purpose or Mission Statement of the Organization – data required.
2. Agreement Number will be prepopulated based on existing records
3. Name and Title of CACFP Sponsoring Organization representative will be prepopulated based on existing records
4. Type of Institution – This field is required. If the Program Type is CACFP Home Sponsor, 'Private nonprofit' will be automatically selected and the other options are disabled.
5. Does your institution operate the CACFP in any other states? - This field is required and defaults to Yes. When Yes is selected, user must list the state(s) in which the institution operates.
6. Number of facilities with food service under your administration. At least one facility is required.

7. Total number of participants enrolled at facilities under your administration						
	Centers Only					
	Children <small>(Enter total Tier I and Tier II for homes)</small>	Adult <small>(adult care centers only)</small>	(a) Free Category	(b) Reduced Price Category	(c) Not Eligible for Free or Reduced-Price Category	Total Number of Participants
Centers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Homes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. <b>Public or private nonprofit institution ONLY:</b> Total federal funds expended in the previous fiscal year (Title XX, commodities, grants, etc.), excluding CACFP reimbursements: \$ <input type="text"/>  List months of institution's fiscal year (i.e., October to September): July to June						
9. Are all sites under the sponsorship of the same legal entity (affiliated)? <input type="text"/> <p style="font-size: small; margin-top: 5px;"><i>For Private Nonprofit Unaffiliated Sites Only:</i> Each site must have its own 501(c)(3) form submitted.</p>						
10. Will all participants be served the same meals at no separate charge, regardless of race, color, national origin, sex, age, or disability, and will there be no discrimination in the course of the meal service? <input type="text"/>						

7. Total number of participants enrolled at facilities. At least one participant is required.
8. Total federal funds expended in the previous fiscal year is **required if institution type is Public or Private nonprofit**
9. Are all sites under the sponsorship of the same legal entity? **User must select Yes or No.**
10. Will all participants be served the same meals at no separate charge, regardless of race, color, national origin, sex, age, or disability, and will there be no discrimination of meal service? **User must select Yes or No**

11. Prepare an Annual CACFP Budget and list sources of income. Budget amounts must be justified and explained in detail in each Schedule, as applicable, for each line item in which expenses are reported. Enter a Budget item by clicking the link. Each budget item includes a help section, accessed by selecting the  beside each listed item.

Administrative Budget Sponsoring Institutions (Only costs incurred for the CACFP may be included)			
PART A. ANNUAL PROJECTED ADMINISTRATIVE EXPENSES	SPONSOR BUDGET \$	CACFP PORTION (IF ANY) \$	HNP APPROVED \$
<b>ADMINISTRATIVE LABOR</b>			
1. <a href="#">Salaries/Employer Taxes (Schedule 1)</a> 	0.00	0.00	0.00
2. <a href="#">Benefits (Schedule 2)</a> 	0.00	0.00	0.00
<b>ADMINISTRATIVE SUPPLIES</b>			
3. <a href="#">Equipment purchased \$2,500 and up (Schedule 3)</a> 	0.00	0.00	0.00
4. <a href="#">Materials/Supplies/Items—Durable (Schedule 4)</a> 	0.00	0.00	0.00
5. <a href="#">Materials/Supplies/Items—Expendable (Schedule 5)</a> 	0.00	0.00	0.00
6. <a href="#">Printing (Schedule 6)</a> 	0.00	0.00	0.00
7. <a href="#">Postage (Schedule 7)</a> 	0.00	0.00	0.00
<b>ADMINISTRATIVE SERVICES</b>			
8. <a href="#">Office Space Rental/Lease (Schedule A-8 and A-8[A])</a> 	0.00	0.00	0.00
9. <a href="#">Utilities (Schedule 9)</a> 	0.00	0.00	0.00
10. <a href="#">Insurance Premiums (Schedule 10)</a> 	0.00	0.00	0.00
11. <a href="#">Contracted/Professional Services (Schedule 11)</a> 	0.00	0.00	0.00
12. <a href="#">Equipment Rental/Lease (Schedule 12)</a> 	0.00	0.00	0.00
13. <a href="#">Telephone (Schedule 13)</a> 	0.00	0.00	0.00
14. <a href="#">Advertising/Public Information (Schedule 14)</a> 	0.00	0.00	0.00
15. <a href="#">Dues, Memberships, Subscriptions (Schedule 15)</a> 	0.00	0.00	0.00
<b>TRAVEL</b>			
16. <a href="#">Travel—Program Operations (Preapproval visits; monitoring reviews; follow-ups) (Schedule 16)</a> 	0.00	0.00	0.00
17. <a href="#">Travel—Training (Workshops attended; workshops conducted) (Schedule 17)</a> 	0.00	0.00	0.00
<b>TRAINING/EDUCATION</b>			
18. <a href="#">Provider/Site Training—Materials/Facilities (Schedule 18)</a> 	0.00	0.00	0.00
19. <a href="#">Staff Training—Materials/Facilities (Schedule 19)</a> 	0.00	0.00	0.00
20. <a href="#">Other Administrative Services (Specify): (Schedule 20)</a> 	0.00	0.00	0.00
21. <a href="#">INDIRECT COSTS (Upload of Indirect Cost Plan from Checklist) (Schedule 21)</a> 	0.00	0.00	0.00
22. <b>TOTAL ADMINISTRATIVE EXPENSES</b>	0.00	0.00	0.00

Budget Part A

1. Salaries/Employer Taxes (Schedule 1)

**SCHEDULE A-1  
ADMINISTRATIVE SALARIES/EMPLOYER TAXES**

*NOTE FOR CENTER SPONSORS: Staff who are paid with both sponsor funds (Administrative Expenses) and CACFP food service funds (Operating Expenses) MUST have their hours counted separately. For example: A teacher working 2,080 hours annually, of which 3/4 is paid by the SO and 1/4 is paid by CACFP, should be reported on Schedule A-1 (Column 2 only) as 1560 hours and on Schedule B-1 as 520 hours.*

No records for this budget item. Click "Add Item" to add a new record.

Select the link, then Add Item

Similar popup will appear when selecting any one of the Budget items from the list.

Complete the form and Select 'Calculate' in order to display totals. Select 'Add' to save the record. NOTE: It is not necessary to Calculate before adding the record. Selecting Add will both Calculate and Save.

Each employee record will be displayed on the next screen

**SCHEDULE A-1  
ADMINISTRATIVE SALARIES/EMPLOYER TAXES**

**NOTE FOR CENTER SPONSORS:** Staff who are paid with both sponsor funds (Administrative Expenses) and CACFP food service funds (Operating Expenses) MUST have their hours counted separately. For example: A teacher working 2,080 hours annually, of which 3/4 is paid by the SO and 1/4 is paid by CACFP, should be reported on Schedule A-1 (Column 2 only) as 1560 hours and on Schedule B-1 as 520 hours.

	Employee Name	Title of Position	Total Annual Wages/Taxes Paid by SO	Total Annual SO Hours	Total Annual CACFP Hours	Percentage of Annual CACFP Hours	Total Annual CACFP Expense for This Employee	HNP Approved
 	JOHN SMITH	MONITORING	\$44,000.00	400.00	40.00	9.091%	\$4,000.04	\$0.00
 	MARY SMITH	ACCOUNTING	\$26,000.00	40.00	20.00	33.333%	\$8,666.58	\$0.00

Add Item Close

Records may be edited or deleted by selecting the appropriate icon to the left of Employee Name.

ervice funds (Operating Expenses) MUST have their hours counted separately. For example: A teacher working 2,080 hours annually, of which 3/4 is paid by the SO and 1/4 is paid by CACFP, should be reported on Schedule A-1 (Column 2 only) as 1560 hours and on Schedule B-1 as 520 hours.

Employee Name: MARY SMITH		Employee Position: ACCOUNTING	
<b>COLUMN 1</b>	<b>COLUMN 2</b>	<b>COLUMN 3</b>	\$ 24,000.00 + \$ 2,000.00 = \$ 26,000.00
<b>Job Duties of Employee</b>	<b>Total SO Hours by Classification (Annual)</b>	<b>Total CACFP Hours by Classification (Annual)</b>	<b>Total Annual Wages/Taxes for Employee Paid by SO</b>
Administrative	0.00	0.00	20.00 + 60.00 = 33.333
Accounting	40.00	20.00	Total Annual CACFP Hours (Column 3)
Monitoring	0.00	0.00	Total Annual Hours (Column 2 + 3)
Clerical	0.00	0.00	Percentage of Annual CACFP Hours
Other	0.00	0.00	\$ 26,000.00 x 33.333 = \$ 8,666.58
<b>Total Annual Hours</b>	<b>40.00</b>	<b>20.00</b>	<b>Total Annual Wages/Taxes Paid by SO</b>
			<b>Percentage of Annual CACFP Hours</b>
			<b>Total Annual CACFP Expense for This Employee</b>

Calculate

Update Clear Entry Close Approved Amount: \$ 0.00

After changes are complete, select 'Update' to update and save the record.

Only CACFP staff will see the Approved Amount field on this form.

Select Close to return to the main budget form.

Total will now be displayed.

<b>Administrative Budget Sponsoring Institutions (Only costs incurred for the CACFP may be included)</b>				
<b>PART A. ANNUAL PROJECTED ADMINISTRATIVE EXPENSES</b>		<b>SPONSOR BUDGET</b>	<b>CACFP PORTION (IF ANY)</b>	<b>HNP APPROVED</b>
		<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>ADMINISTRATIVE LABOR</b>				
1.	Salaries/Employer Taxes (Schedule 1) ?	70,000.00	12,666.62	10,500.00
2.	Benefits (Schedule 2) ?	0.00	0.00	0.00

2. Benefits Schedule A-2

Select Benefits (Schedule 2) and Add Item. If A1 has been completed, the name field dropdown on A2 will display all employee names from A1 that do not yet have a record entered for Benefits.

**SCHEDULE A-2  
BENEFITS**

(For CACFP portions, use percentage calculated in Item 4 on Schedule A-1.)

Employee Name (Schedule A-1)

Total Health Paid SO

Total Dental Paid SO

Total Life Paid SO

Total Disability Paid SO

Total Retirement Paid SO

Total Other Paid SO

Other Reason

Total Annual Paid By SO

% CACFP Hours (Schedule A-1)

Total Annual Paid by CACFP

Approved Amount: \$  Enter the total of Column 14 on Part A.

Budget items 3-7 will appear and function the in the same way as Schedule A2.

3. Equipment purchased \$2,500 and up
4. Materials/Supplies/Items—Durable
5. Materials/Supplies/Items—Expendable
6. Printing
7. Postage
8. Office Space Rental/Lease Agreement. This form requires the user to select an option, which is followed by the appropriate form being displayed.

**SCHEDULE A-8  
OFFICE SPACE AGREEMENT**

Agreement for office space is between unrelated parties. Complete the appropriate Schedule A-8(A).—Rental/Agreement Between Unrelated Parties.

Agreement for office space is between related parties when leasing or purchasing or if the building is owned by the sponsor (or by anyone connected to the sponsor). Complete the appropriate Schedule A-8(A).—Computation for Depreciation for Owning/Purchasing or Related Parties.

Office space used for CACFP is in the sponsor's home. Complete the Internal Revenue Service (IRS) Form 8829 (Schedule A-8[A] alternative).

None of the above.

Approved Amount: \$

Budget items 9-15 will appear and function the in the same way as Schedule A2.

- 9. Utilities
- 10. Insurance Premiums
- 11. Contracted/Professional Services
- 12. Equipment Rental/Lease
- 13. Telephone
- 14. Advertising/Public Information
- 15. Dues, memberships, Subscriptions
- 16. Travel – Program Operations
- 17. Travel – Training
- 18. Provider/Site Training
- 19. Staff Training – Materials/Facilities
- 20. Other Administrative Services
- 21. Indirect Costs
- 22. Schedule A8 Office Space Agreement

**PART B. ANNUAL PROJECTED OPERATED EXPENSES CENTER SPONSORS ONLY**

<i>CENTER SPONSORS ONLY</i> PART B. ANNUAL PROJECTED OPERATING EXPENSES		CACFP BUDGET	HNP APPROVED
		\$	\$
1.	Food and Milk Costs <a href="#">?</a>	0.00	0.00
2.	CACFP Food-Related Supplies <a href="#">?</a>	0.00	0.00
3.	Food Service Labor (Schedule B-1) <a href="#">?</a>	0.00	0.00
4.	Food Service Benefits (Schedule B-2) <a href="#">?</a>	0.00	0.00
5.	<b>TOTAL OPERATING EXPENSES</b>	0.00	0.00

Enter budget for B1 and B2

B3 and B4 function in the same way as those in Part A, Schedules 1 and 2.

If B1 has been completed, the name field dropdown on B2 will display all employee names from A1 that do not yet have a record entered for Benefits.

**PART C -- ANNUAL PROJECTED REVENUE (INCOME)**

For C1 – C8, enter revenue for each source listed.

**PART D -- ANNUAL COMPLIANCE WITH 15% RULE**

D1-3 will calculate based on data previously entered.

**PART E --**

E1-3 will calculate based on data previously entered.

After all required fields have been populated, select Save and continue to begin Page 2

## Section A - Record Collection and Fund Disbursement

All fields are required.

## Section B - Ethnic and Racial Break-down

### 1. Actual Enrollment

All fields are required.

Total of Ethnic breakdown must equal the total Racial Breakdown

### 2. Potential eligible beneficiaries

All fields are required.

Total of Ethnic breakdown must equal the total Racial Breakdown

## Section C – Monitoring

All fields are required

### MONITOR STAFFING RATIO

All counties and # of sites per county must be entered. Based on the Metro and Rural counties entered, a minimum number of Monitoring Personnel is required.

#### 1) Full-time Employees (FTE) Required for Number of Facilities Served

Add Metro and Rural county sites below to determine Full-Time Employees (FTE) required for monitoring:

County Name:

# Sites in county:

##### a. Metro Counties Served

Total Metro Sites =  + 75 Metro Limit =  FTE

##### b. Rural Counties Served

Total Rural Sites =  + 60 Rural Limit =  FTE

c. Total FTE required to monitor sites =  FTE (a + b)

#### 2) FTE Devoted to Monitoring Activities:

Add hours spent per week for all personnel performing monitoring duties:

Name:

# Hours per week spent monitoring:

##### a. List of Monitoring Personnel

b. Total hours spent on monitoring duties each week =  + 40 hours per week =  FTE devoted to monitoring activities. The number of FTE devoted to monitoring duties must be equal or exceed the total FTE required to monitor sites (1c).

Once counties are entered, the Total number of FTE required will be displayed. Application may not be saved until the required number of Monitoring Personnel has been added.

a. Metro Counties Served

Delete	County	# Sites in County
<input type="button" value="Delete"/>	Pulaski	1
<input type="button" value="Delete"/>	Faulkner	2

Total Metro Sites = 3 + 75 Metro Limit = 0.04 FTE

b. Rural Counties Served

Delete	County	# Sites in County
<input type="button" value="Delete"/>	Arkansas	1

Total Rural Sites = 1 + 60 Rural Limit = 0.017 FTE

c. Total FTE required to monitor sites = 0.057 FTE (a + b)

2) FTE Devoted to Monitoring Activities:

Add hours spent per week for all personnel performing monitoring duties:

Name:

# Hours per week  
spent monitoring:

a. List of Monitoring Personnel

Delete	Personnel	# Hours/Week Spent on Monitoring Duties
<input type="button" value="Delete"/>	JOE JOHNSON	40.00

b. Total hours spent on monitoring duties each week = 40 + 40 hours per week = 1 FTE devoted to monitoring activities. The number of FTE devoted to monitoring duties must be equal or exceed the total FTE required to monitor sites (c).

## Section D – Training

All fields are required.

After completing Page 2, in order for data to be saved, the form must be either Saved or Submitted. Simply selecting Return to Page 1 will not save data entered on Page 2.