

**ILLINOIS STATE BOARD OF EDUCATION**

Nutrition Programs Division  
100 North First Street, W-270  
Springfield, Illinois 62777-0001

**CACFP Annual Budget Summary**

(FOR NEW INSTITUTIONS APPLYING FOR PARTICIPATION IN THE CHILD AND ADULT CARE FOOD PROGRAM)

**INSTRUCTIONS:** Enter whole numbers only (no decimal places) into each column. Start with the first column titled TOTAL YEARLY EXPENSES. For each line, indicate the anticipated cost to your organization as it applies.

Institution Name	Anticipated CACFP Reimbursement (From Revenue Worksheet) \$ _____
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ADMINISTRATIVE BUDGETED COSTS	TOTAL YEARLY EXPENSES
1. Administrative Labor Costs ( <b>See Worksheet</b> )	\$ _____
2. Expenses for Training and Monitoring, Including Travel (multi-site sponsors only)	\$ _____
3. Administrative Supplies	\$ _____
4. Other Administrative Expenses	\$ _____
5. Subtotal—Administrative Budgeted Costs (Lines 1–4)	\$ _____

OPERATIONAL BUDGETED COSTS	TOTAL YEARLY EXPENSES															
6. Food Service Labor Costs	\$ _____															
7. Purchased Meals (Contracted Meals From Vendor)	\$ _____															
8. Food Costs	\$ _____															
9. Non-Food Costs	\$ _____															
a. Food Service Paper Goods and Cleaning Supplies	\$ _____															
b. Purchased Services for Food Service (Example: linen and janitorial contracts)	\$ _____															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Item to Purchase</th> <th style="width:40%;">Reason for Purchase</th> <th style="width:30%;">Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td style="text-align: center;">\$ _____</td></tr> <tr><td> </td><td> </td><td style="text-align: center;">\$ _____</td></tr> <tr><td> </td><td> </td><td style="text-align: center;">\$ _____</td></tr> <tr><td> </td><td> </td><td style="text-align: center;">\$ _____</td></tr> </tbody> </table>	Item to Purchase	Reason for Purchase	Amount			\$ _____			\$ _____			\$ _____			\$ _____	\$ _____
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		\$ _____														
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		\$ _____														
Subtotal Purchase Services for Food Service	\$ _____															
c. Food Service Equipment Purchases (Less Than \$5000)	\$ _____															
d. Food Service Equipment Depreciation	\$ _____															
Subtotal Non-Food (9a + 9b + 9c +9d)	\$ _____															
10. Overhead Costs ( <b>See Worksheet</b> )	\$ _____															
11. Other Food Service Related Expenses	\$ _____															
12. Subtotal Operational Budgeted Costs (Lines 6–11)	\$ _____															
Grand Total CACFP Budgeted Expenses (Line 5 + Line 12)	\$ _____															

**FUNDED WITH OTHER SOURCES OF REVENUE**

What sources of revenue does your organization receive to cover food service expenses when CACFP expenses are in excess of CACFP reimbursement/cash in lieu? (Mark appropriate box with an "x")

Tuition for Child Care     
 Subsidized Child Care Benefit     
 Head Start     
 Department of Children and Family Services Protective Care

Other \_\_\_\_\_