Procedures for the Administrative Budget Form Family Day Care Homes

This document provides step-by-step instructions on how to complete the Administrative Budget Form for Family Day Care Home Sponsors. Complete each section that is applicable to your organization. Provide explanations for ALL budget items.

Income

Sponsor Information

Enter Sponsor Name, Agreement Number and Date

Maximum Allowed Budget

The maximum allowed budget is based upon, and may not exceed, the sum of expected fiscal year administrative reimbursements and the previous fiscal year's carryover funds.

Enter the number of homes projected to be sponsored during the fiscal year. The Expected Annual Reimbursements is calculated based on the number of homes entered and the current rate per home.

Enter the amount of carryover funds estimated to be available based on internal financial management reports. If carryover funds are not projected to be available or accepted, enter zero in the FY Carryover Amount box.

The Annual Maximum Allowed Budget box will automatically calculate based on information entered above.

Oregon Department of Education
255 Capitol Street NE
Salem, OR 97310

Office of the Deputy Superintendent
Child Nutrition Programs
(503) 947-5902

Click on the Section Completed box and select from the drop down options

Program Income

Click on the Does the institution expect to accrue or receive non-reimbursement program income? And select from the drop down options
If yes, enter all Program Income the sponsor expects for the upcoming fiscal year. Include the Income Source and provide an explanation. If no, enter N/A.

Click on the Section Completed box and select from the drop down options

Non-Program Funds

Click on the Non-program funding sources are required. List below all non-program funding sources available to be used to meet CACFP requirements box and enter the funding source(s), the type of funds, the annual amount and an explanation for each type of funds. Supporting documentation must be submitted with the budget.

Click on the Section Completed box and select from the drop down options

Schedule A

Administrative Labor

Part 1 Labor Expenses - (a) Geographic Preference

Select the geographic preference used for each position type. A single, consistent preference must be used for all employees under that position type. For each selection, include a brief justification. When a Preference is selected, the Approved CACFP-Funded Salary Ranges table to the right will automatically populate with the appropriate approved salary ranges. This table is for reference only.

Part 1 Labor Expenses - (b) Salaried Employees

The following are instructions per column. Complete the tables for each employee. If the status of an employee will change midyear (e.g. pay raise, change in monitoring hours, etc.), add a second line for that employee. Ensure that the Months Active reflect the change accurately. If merit and/or longevity raises are expected to occur during the fiscal year, place an asterisk beside the

Oregon Department of Education
255 Capitol Street NE
Salem, OR 97310

Office of the Deputy Superintendent
Child Nutrition Programs
(503) 947-5902

employee(s) name. When raises are awarded, include your pay policy for issuing.
Enter the Employee Name and Position/Title
Select the Employee type from the drop down box
Enter the Employees gross monthly pay (excluding benefits)
Enter the Number of months for which the employee is paid at this rate
Enter the Total Number of hours the employee works per month for the agency (173 hours or more is considered full-time)
Enter the Number of hours the employee works per month specifically on CACFP related tasks
Enter the Total Number of hours the employee works per month directly on monitoring activities. See July 22, 2003, memo for detailed information:
Monitoring Standards
The spreadsheet will automatically calculate and populate the percent for CACFP
Enter the Total required employer tax paid per month by your agency. Such taxes include Worker's Compensation, Unemployment Insurance, Social Security Tax, and any other required tax
Enter the Total required employer tax paid per month with CACFP funds
The spreadsheet will automatically calculate and populate the percent paid by CACFP
The spreadsheet will automatically calculate and populate the monthly cost to CACFP
The spreadsheet will automatically calculate and populate the annual cost to CACFP

Part 1 Labor Expenses - (c) Hourly Employees

The following are instructions per column. Complete the tables for each employee. If the status of an employee will change midyear (e.g. pay raise, change in monitoring hours, etc.), add a second line for that employee. Ensure that the Months Active reflect the change accurately. If merit and/or longevity raises are expected to occur during the fiscal year, place an asterisk beside the employee(s) name. When raises are awarded, include your pay policy for issuing.
Enter the Employee Name and Position/Title
Select the Employee type from the drop down box
Enter the Employees gross hourly rate (excluding benefits)
Enter the Number of months for which the employee is paid at this rate
Enter the Total Number of hours the employee works per month for the agency (173 hours or more is considered full-time)
Enter the Number of hours the employee works per month specifically on CACFP related tasks
Enter the Total Number of hours the employee works per month directly on monitoring activities. See July 22, 2003, memo for detailed information:

Oregon Department of Education
255 Capitol Street NE
Salem, OR 97310

Office of the Deputy Superintendent
Child Nutrition Programs
(503) 947-5902

Monitoring Standards
The spreadsheet will automatically calculate and populate the percent for CACFP
 Enter the Total required employer tax paid per month by your agency. Such taxes   include Worker's Compensation, Unemployment Insurance, Social Security Tax, and any other required tax
Enter the Total required employer tax paid per month with CACFP funds
The spreadsheet will automatically calculate and populate the percent paid by CACFP
The spreadsheet will automatically calculate and populate the monthly cost to CACFP
The spreadsheet will automatically calculate and populate the annual cost to CACFP

Click on Have salary and/or hourly wages been increased above the previous approved FY budget level? and select from the drop down box and options, If Yes,
enter the effective date
enter the percent increase
enter the nature of the increase

Click on the Section Completed box and select from the drop down options

Part 2 Employee Benefits - (a) Standard Insurance

Click on Does your organization have a union-negotiated contract which includes benefits? And select from drop down options. If yes, only include the Combined Benefits Total for each employee. If no, include all benefit costs separately.

The names of the employees will automatically populate from Section 1(b and c). Fill in the applicable information for each. If the employee is not receiving benefits, enter zero in the Months Active column. If an employee's benefits change midyear, make a second entry for the employee and enter the number of months each rate was in effect in Months Active.
Enter the Employee Name and Position/Title
Enter the Number of months for which the employee is active for the corresponding insurance payment rates
Enter the following information for: Health Insurance, Dental Insurance, and Life Insurance
Enter the Total Dollar Amount your agency pays per month for employee's insurance
Enter the Total Dollar Amount paid with CACFP funds for the employee's insurance

Oregon Department of Education
255 Capitol Street NE
Salem, OR 97310

Office of the Deputy Superintendent
Child Nutrition Programs
(503) 947-5902

The spreadsheet will automatically calculate and populate the percent paid by CACFP

The spreadsheet will automatically calculate and populate the monthly cost to CACFP

The spreadsheet will automatically calculate and populate the annual cost to CACFP

Part 2 Employee Benefits - (b) Other Benefits

The names of the employees will automatically populate from Section 2(a). Fill in the applicable information for each. If an employee did not receive Retirement or Other benefits, enter zero in the Months Active column. Sponsor must describe and justify "Other" benefits for each employee if any amount is allocated to CACFP.

Enter the Employee Name and Position/Title

Enter the Number of months for which the employee is active for the corresponding insurance payment rates

Enter the following information for: Retirement Benefits, and Other Benefits

Enter the Total Dollar Amount your agency pays per month for employee's benefits

Enter the Total Dollar Amount paid with CACFP funds for the employee's benefits

The spreadsheet will automatically calculate and populate the percent paid by CACFP

The spreadsheet will automatically calculate and populate the monthly cost to CACFP

The spreadsheet will automatically calculate and populate the annual cost to CACFP

Click on the Section Completed box and select from the drop down options

The Schedule A Total Cost to CACFP box at the bottom of the page will automatically populate from the information entered above

Schedule B
Supplies and Equipment

Part 3 Durable Supplies – Under $10,000

List all durable supplies to be purchased this fiscal year costing under $10,000 and with a life expectancy of more than one year (e.g., software, desks, chairs, file cabinets, fax machines, computers, copiers, etc.). These costs can be charged to the program at the time they are purchased. Attach documentation to support the percent used by the CACFP. Additional documentation or justification may be required. Attach an inventory of all equipment currently

Oregon Department of Education
255 Capitol Street NE
Salem, OR 97310

Office of the Deputy Superintendent
Child Nutrition Programs
(503) 947-5902

available for use by CACFP staff, including the quantity and type of each item listed.

Enter the Item Purchased
Enter the Estimated Purchase Date
Enter the Total Cost
Enter the Percent of Cost Allocated to CACFP
The spreadsheet will automatically calculate and populate the monthly cost to CACFP
The spreadsheet will automatically calculate and populate the annual cost to CACFP
Enter an explanation of the purchase
Click on the Section Completed box and select from the drop down options

Part 4 Expendable (Office) Supplies

List all office supplies to be purchased this fiscal year costing under $5,000 and with a life expectancy of less than one year [e.g., paper, desk supplies, computerized forms, scan forms, copying supplies, etc.]. List expendable supplies by logical groupings. Attach documentation to support the percent used by the CACFP.

Enter the Item Purchased
Enter the Total Cost
Enter the Percent of Cost Allocated to CACFP
The spreadsheet will automatically calculate and populate the monthly cost to CACFP
The spreadsheet will automatically calculate and populate the annual cost to CACFP
Enter an explanation of the purchase

Click on the Section Completed box and select from the drop down options

Part 5 General Purpose Equipment – Over $10,000

List all equipment costing $10,000 or more purchased wholly or in part with Federal funds. For items that will be purchased with non-CACFP funds, but will be used by CACFP, depreciation on the item can be charged. Sponsors cannot attribute any part of the original cost of that depreciated item to CACFP. Sponsors must obtain specific written approval from ODE CNP for equipment purchases before they are made, in addition to budgetary line item approval. Attach documentation to support the percent used by the CACFP and for determining annual depreciation.

Part 5 (a) Equipment Used by CACFP but Purchased with Non-CACFP Funds

Oregon Department of Education
255 Capitol Street NE
Salem, OR 97310

Office of the Deputy Superintendent
Child Nutrition Programs
(503) 947-5902

Enter the Item Purchased
Enter the Estimated Purchase Date
Enter the Total Cost
Enter the Life Expectancy of the Item
Enter the Annual Depreciation
Enter the Percent of cost allocated to CACFP
The spreadsheet will automatically calculate and populate the monthly cost to CACFP
The spreadsheet will automatically calculate and populate the annual cost to CACFP
Enter an explanation of the purchase

Part 5 (b) Equipment Purchased with CACFP Funds

Enter the Item purchased
Enter the Estimated Purchase Date
Enter the Total Cost
Enter the Percent Allocated to CACFP
The spreadsheet will automatically calculate and populate the monthly cost to CACFP
The spreadsheet will automatically calculate and populate the annual cost to CACFP
Enter an explanation of the purchase

Click on the Section Completed box and select from the drop down options

Part 6 Equipment Rental/Lease

List all rented or leased equipment. Equipment rented or leased from sponsoring organization employees, officers, board members or friends/relatives there of constitutes a less-than-arms-length lease arrangement and may only be charged to the CACFP via depreciation. Rental agreements or leases must be in the name of the organization. Attach copies of all equipment leases or rental agreements and documentation supporting the allocation of costs to the CACFP.

Enter the Item Purchased
Enter the Number of Months the Item is Leased
Enter the Total Monthly Cost
Enter the Percent Allocated to CACFP
The spreadsheet will automatically calculate and populate the monthly cost to CACFP
The spreadsheet will automatically calculate and populate the annual cost to CACFP

Oregon Department of Education
255 Capitol Street NE
Salem, OR 97310

Office of the Deputy Superintendent
Child Nutrition Programs
(503) 947-5902

Enter an explanation of the purchase

Click on the Section Completed box and select from the drop down options

Part 7 Printing Services

Include outside (professional) printing expenses only. Check the types of projects that will be printed and provide an estimate of the quantity to be printed. If there are other items that will be printed, check the "Other" box and provide a description of the document (e.g. brochures, newsletters, etc.). Do not include the cost of in-house copying (this should be included under Office Supplies). Include specific descriptions (titles) and quantities. Attach documentation to support the percent used by the CACFP. Sponsors may be asked to provide additional documentation to support printing costs.

Determine the Type of Material and click on the box
Enter the Estimated Annual Quantity Needed
If other is selected, a description will be required
Enter the Total Cost of the Printed Materials
Enter the Percent Allocated to CACFP
The spreadsheet will automatically calculate and populate the monthly cost to CACFP
The spreadsheet will automatically calculate and populate the annual cost to CACFP

Click on the Section Completed box and select from the drop down options

Part 8 Postage Costs

Include the estimated annual quantity, the total cost and percent allocated to CACFP of the postage expenses. List the cost of the postage meter rental under Equipment Rental or Lease. Attach documentation to support the percent used by the CACFP.

Enter the following information for: Metered Mail, Certified Mail, Prepaid envelopes, and   Stamps:
Enter the Estimated Annual Quantity
Enter the Total cost
Enter the Percent Allocated to CACFP
The spreadsheet will automatically calculate and populate the monthly cost to CACFP

Oregon Department of Education
255 Capitol Street NE
Salem, OR 97310

Office of the Deputy Superintendent
Child Nutrition Programs
(503) 947-5902

The spreadsheet will automatically calculate and populate the annual cost to CACFP

Click on the Section Completed box and select from the drop down options

The Schedule B Total Cost to CACFP box at the bottom of the page will automatically populate from the information entered above

Schedule C

Office Expense

The spreadsheet includes rows for three office spaces. For rented or leased properties, provide all required information. If office space is shared by more than one program, attach a description of the allocation method used to determine the CACFP portion of office space costs. Attach a copy of each new or renewed lease and identify with attachment number(s).

If your organization's office space is partially or fully owned by the sponsoring organization, its personnel, or relatives/friends thereof, this constitutes a less-than-arms-length lease arrangement. Costs associated with less-than-arms-length lease arrangements are limited to what would be chargeable using depreciation. Refer to Section VII Depreciation of the Administrative Budget Guidance Family Day Care Homes for more information. Attach a description and documentation to support the method used to calculate costs charged to the CACFP.

Part 9 Office Space
Enter the Address
Enter the Agreement Type
Enter the Number of Months Active
Enter the Total Cost per Month
Enter the Percent paid by CACFP
The spreadsheet will automatically calculate and populate the monthly cost to CACFP
The spreadsheet will automatically calculate and populate the annual cost to CACFP

Part 9 Office Space - Rented or Leased Properties
Enter Lessor Name
Enter Relationship to Lessee
Enter Lessor Street Address
Enter Lessor City, State & Zip code
Enter the Beginning Date of the Lease

Oregon Department of Education
255 Capitol Street NE
Salem, OR 97310

Office of the Deputy Superintendent
Child Nutrition Programs
(503) 947-5902

Enter the Ending Date of the Lease
Enter the Total Square Feet of Office Space
Enter the Square Feet used Exclusively by CACFP.
If the office space is also used for non-CACFP purposes enter details
Click on the Section Completed box and select from the drop down options

Part 10 Office Space - Utilities, Maintenance & Janitorial Services

List utility costs allocable to the CACFP, which are NOT included in the office lease or rental agreement. Attach documentation supporting the percent of these costs charged to the CACFP.

Enter the following information for: Electricity, Gas, Water/Sewer, Trash/Recycling, Maintenance, and/or Other:
Enter the Total cost per Month
Enter the Percent Allocated to CACFP
The spreadsheet will automatically calculate and populate the monthly cost to CACFP
The spreadsheet will automatically calculate and populate the annual cost to CACFP
Enter an explanation of the purchase

Click on the Section Completed box and select from the drop down options

Part 11 Office Space - Communication Services

List all telephone/communications-related costs. For cellular phones and devices, specify the number of cell phones and devices to be charged to the CACFP. Attach documentation supporting the allocation of costs. Additional justification may be required. Sponsors must obtain specific written approval for cell phone and cellular device purchases before they are made, in addition to budget approval.

Enter the following information for Telephone Service, Cell Phones & Devices, and Internet:
Enter the Total Cost per Month
Enter the Number of Months
Enter the Percent Allocated to CACFP
The spreadsheet will automatically calculate and populate the monthly cost to CACFP
The spreadsheet will automatically calculate and populate the annual cost to CACFP
Enter an explanation of the purchase

Click on the Section Completed box and select from the drop down options

Oregon Department of Education
255 Capitol Street NE
Salem, OR 97310

Office of the Deputy Superintendent
Child Nutrition Programs
(503) 947-5902

The Schedule C Total Cost to CACFP box at the bottom of the page will automatically populate from the information entered above

Schedule D
General Travel Costs

Part 12 Annual Mileage, Lodging and Meals

List costs for provider monitoring and technical assistance visits, travel to provider training (if applicable), and all other program-related activities. Travel for sponsor staff training, meetings and conferences should be reported under either Travel for In-State Meetings or Travel for Out-of-State Meetings.

Mileage may include staff travel for training, workshops, meetings, etc. If vehicles owned by the sponsoring organization or any of its employees are used for CACFP administrative duties, a mileage allowance not to exceed the prevailing rate may be charged to the CACFP. The mileage reimbursement formula on the spreadsheet assumes the federal rate. The mileage reimbursement rate is considered to be the full cost for operating the vehicle including fuel, depreciation, insurance, and maintenance, but excluding the driver's salary.

> If the Mileage Reimbursement Rate selected is different from the federal rate, Click on Mileage Reimbursement Rate and enter the rate used
>
> Mileage logs must be maintained per FNS 796-2 Rev.4 VIII I 39(c).
> Click on the box associated with the Sponsor Certification of Mileage logs are completed by each employee per regulatory guidance and maintained on file. Select from the drop down options

Sponsors must establish their own board-approved per diem rates for travel beyond one day. Include these rates with your budget materials. Please note: CACFP funds may be used for per diem reimbursement expenses up to the GSA rate. Board approved per diem rates that exceed the GSA rate must be paid with non-program funds. Receipts are not required for meals. Receipts are required for all lodging and parking, shuttle, and road/bridge tolls. Receipts must be maintained for audit and review purposes.

If travel is completed within a single day, reimbursement for lunch while away from the office will not be allowed. However, if an employee leaves home on official business prior to 6:00 a.m. and is unable to return home before 7:00 p.m., a meal allowance may be made for breakfast, lunch and/or dinner for the traveler if the Board of Directors has approved a local travel policy.

Oregon Department of Education
255 Capitol Street NE
Salem, OR 97310

Office of the Deputy Superintendent
Child Nutrition Programs
(503) 947-5902

Travel records for local travel must include time logs, mileage logs, purpose, destination, and name of the traveler.

Additional expenses that may be claimed:
1. Registration fees (receipt required)
2. Telephone calls for CACFP business. Calls must be documented with purpose of call, person to whom the call was made, and the time of day.
3. Commercial transportation cost actually paid by the traveler. A receipt is required for each individual ride in a commercial vehicle. Transportation costs may not be claimed for personal activities.
4. Road toll charges
5. Rental car cost (receipt required)
6. Parking (receipts required)

Unallowable expenses/reimbursements:
1. When overnight accommodations are furnished at no extra cost to the traveler (i.e., room furnished as part of the registration fee), no reimbursement may be claimed for lodging
2. When meals are included at no additional cost to the traveler in the registration fee, or official functions, no reimbursement may be claimed.
3. Entertainment Expenses
4. Tips for Meals or Porters
5. Personal expenses such as magazines or snacks
6. Travel Insurance
7. Alcoholic Beverages
8. Parking tickets and fines

For each employee who received travel reimbursement:
Enter the Employee Name
Enter the Total Miles
The spreadsheet will automatically calculate and populate the mileage reimbursement
Enter the Lodging Costs
Enter the Meal Costs
Enter the Number of Months
The spreadsheet will automatically calculate and populate the monthly cost to CACFP
The spreadsheet will automatically calculate and populate the annual cost to CACFP
Enter an explanation of the reimbursement

Click on the Section Completed box and select from the drop down options

Oregon Department of Education
255 Capitol Street NE
Salem, OR 97310

Office of the Deputy Superintendent
Child Nutrition Programs
(503) 947-5902

The Schedule D Total Cost to CACFP box at the bottom of the page will automatically populate from the information entered above

Schedule E
Training Expenses
Part 13 Sponsor-Organized Workshops (for Providers)

Both Federal and state governments are making great efforts to emphasize the nutrition education required record keeping aspect of Child Nutrition Programs. ODE CNP believes a reasonable amount of the federal dollars available for CACFP administrative reimbursement should be prioritized for providers training in proportion to their training needs. Please keep this in mind when budgeting provider-training costs.

Enter a number for How many workshops are scheduled?
Select from the drop box if any workshops Will be performed in-home?
Enter the outside locations If outside locations will be used
Enter N/A if the answer is no

Provide a description in Describe how and when your organization is conducting Required Annual Trainings for employers

List all non-travel related costs for conducting provider-training workshops. Include the number and location of the workshops you plan to conduct. Describe how and when the sponsor is conducting required annual trainings for providers. Attach copies of training agendas and documentation supporting the percent allocated to the CACFP (if applicable).

Enter the following information for Facility Rental, or Other Expenses
The Total Annual Cost
The Percent allocated to CACFP
The spreadsheet will automatically calculate and populate the Monthly Cost to CACFP
The spreadsheet will automatically calculate and populate the annual Cost to CACFP
Enter an explanation of the cost

Click on the Section Completed box and select from the drop down options

Part 14 Purchased Nutrition Education Materials

Provide a description and estimated cost for items you plan to purchase for provider and/or staff education and training. These items must be directly related to CACFP. Personalization costs added to items is considered an unallowable CACFP cost. Describe intended distribution system (i.e. home visit nutrition education, etc.). Enter only education/program materials, which were purchased. Enter copied or printed materials in Schedule B.

Oregon Department of Education
255 Capitol Street NE
Salem, OR 97310

Office of the Deputy Superintendent
Child Nutrition Programs
(503) 947-5902

Enter the Item Purchased
Enter the Quantity for the Year
Enter the Cost per Unit
Enter the Percent Allocated to CACFP
The spreadsheet will automatically calculate and populate the Monthly Cost to CACFP
The spreadsheet will automatically calculate and populate the Annual Cost to CACFP
Enter and explanation of the item(s) purchased

Click on the Section Completed box and select from the drop down options

Part 15 Staff Training Expenses - (a) In-State Staff Training(s)

List travel costs associated with sponsor staff training such as attendance at annual ODE CNP training, in-state conferences, or state sponsor association meetings. Specify the meeting or conference to be attended, the number of employees traveling, and associated travel costs for each meeting. Meetings and conferences must be CACFP-related.

Select Enter the Conference/Class
Enter the Registration Fee
Enter the Individual Airfare Cost
Enter the Number of Nights of Lodging
Enter the Lodging Cost per Night
Enter the Individual Meal Costs
The spreadsheet will automatically calculate and populate the Cost to CACFP per employee
Enter the Allocation Percentage for CACFP
Enter the Number of Employees
Enter the Total Mileage
Enter the Car Rental Costs
The spreadsheet will automatically calculate and populate the Total Cost to CACFP
Enter an Explanation of the Conference/Class

Part 15 Staff Training Expenses - (b) Out-of-State Staff Training(s)

Travel expenses may be claimed for staff to attend out-of-state conferences that relate to the CACFP. The number of staff that can attend out-of-state conferences must have been budgeted and approved in the current fiscal year prior to attending. Sponsors must submit justification including a cost breakdown for per diem, lodging and transportation costs for all travelers.

List all estimated out-of-state travel costs, specifying the conference title, names or number of employees traveling, and associated costs. If a conference is not solely

Oregon Department of Education
255 Capitol Street NE
Salem, OR 97310

Office of the Deputy Superintendent
Child Nutrition Programs
(503) 947-5902

CACFP-related, or if non-CACFP business will be conducted while attending a conference the costs associated with the conference will require Specific Prior Written Approval, and the costs must be prorated between programs. Attach documentation supporting the percentage allocated to the CACFP.

> Select from the Drop down Box the Conference/Class to be Attended
> Enter the Date of Arrival at the Conference
> Enter the Date of Departure from the Conference
> Enter the Total Lodging Cost
> Enter the Number of Nights of Lodging
> Enter the Lodging Cost per Night
> Enter the Registration Fee
> Enter the Individual Airfare Cost
> Enter the Individual Meal Costs
> The spreadsheet will automatically calculate and populate the Cost to CACFP per employee
> Enter the Allocation Percentage for CACFP
> Enter the Number of Employees
> Enter the Total Mileage
> Enter the Car Rental Costs
> The spreadsheet will automatically calculate and populate the Total Cost to CACFP
> Enter an Explanation of the Conference/Class

Part 15 Staff Training Expenses - (c) Staff Involved in Training Listed Above

For all trainings listed in (a) and (b), include all employees in attendance and provide explanation for attendance

> Enter the Conference/Class
> Enter by Name, Employees in Attendance
> Enter an Explanation of the Training

> Click on the Section Completed box and select from the drop down options

The Schedule E Total Cost to CACFP box at the bottom of the page will automatically populate from the information entered above.

Oregon Department of Education
255 Capitol Street NE
Salem, OR 97310

Office of the Deputy Superintendent
Child Nutrition Programs
(503) 947-5902

Schedule F
Administrative Services
Part 16 Contracted Services

List all contracted services for administrative or operating functions not performed by sponsoring organization personnel. Contracted services may include, but are not limited to, office maintenance, accounting services, IT support, etc. Costs for contracted services may be charged as they are incurred. Sponsoring organizations may NOT contract with organization employees, officers or board members. Less-than-arms-length contracts may be allowed with disclosure and specific prior written approval. Attach copies of all contracts and documentation supporting the allocation of costs to the CACFP.

> Enter the Type of Service
> Enter the Total cost per Month
> Enter the Duration in Months of the contract
> Enter the percent Allocated to CACFP
> The spreadsheet will automatically calculate and populate the Monthly Cost to CACFP
> The spreadsheet will automatically calculate and populate the Annual Cost to CACFP
> Enter an explanation of the service
> Click on the Section Completed box and select from the drop down options

Part 17 Insurance Premiums

Specific Prior Written Approval is required for insurance premiums. List the type of insurance issued, name of the insurance company, policy number, total cost, and costs allocable to the CACFP. Attach documentation supporting the percentage charged to the CACFP and copies of new or renewed policies. Costs associated with required, approved insurance policies are allowable

> Enter the Type of Insurance
> Enter the Name of the Insurer
> Enter the Policy Number
> Enter the Total Cost per Month
> Enter the percent Allocated to CACFP
> The spreadsheet will automatically calculate and populate the Monthly Cost to CACFP
> The spreadsheet will automatically calculate and populate the Annual Cost to CACFP
> Enter an explanation of the insurance
>
> Click on the Section Completed box and select from the drop down options

Oregon Department of Education
255 Capitol Street NE
Salem, OR 97310

Office of the Deputy Superintendent
Child Nutrition Programs
(503) 947-5902

Part 18 Dues, Memberships & Subscriptions

List all dues, subscriptions or memberships for the sponsorship; include the purpose or benefit of these services. Indicate whether the membership is for a group of people or only an individual. If the membership or subscription benefits more programs than the CACFP, attach documentation supporting the allocation of costs to the CACFP. Memberships and subscriptions must clearly benefit the CACFP, and additional justification may be required.

Enter the Entity of Membership/Subscription
Enter the Type of Membership/Subscription
Enter the Purpose of the Membership/Subscription
Enter the Total Annual Cost
Enter the percent Allocated to CACFP
The spreadsheet will automatically calculate and populate the Monthly Cost to CACFP
The spreadsheet will automatically calculate and populate the Annual Cost to CACFP
Enter an explanation of the insurance

Click on the Section Completed box and select from the drop down options

Part 19 Other Administrative Services

List all other administrative services costs, including a description of each item to be charged to the CACFP. Attach documentation supporting the allocation of costs to the CACFP

Enter the Type of Service
Enter the Total cost per Month
Enter the Duration in Months
Enter the Percent Allocated to CACFP
The spreadsheet will automatically calculate and populate the Monthly Cost to CACFP
The spreadsheet will automatically calculate and populate the Annual Cost to CACFP
Enter an explanation of the service

Click on the Section Completed box and select from the drop down options

The Schedule F Total Cost to CACFP box at the bottom of the page will automatically populate from the information entered above.

Documentation

Specific Prior Written approval
Include any items for which the sponsor is requesting specific prior written approval.

Oregon Department of Education
255 Capitol Street NE
Salem, OR 97310

Office of the Deputy Superintendent
Child Nutrition Programs
(503) 947-5902

Enter the Line Item Number Associated with the Request
Enter a Description of the Request
Enter an explanation of the Request
Click on the box associated with the Sponsor Acknowledgement Statement
Select from the drop down options
Click on the Section Completed box and select from the drop down options

Disclosures

Include any items that require disclosure. Sponsors must disclose any related-party or less-than-arms-length expenditures. This includes contracts, agreements, leases, and transactions. Additionally, any ownership interests in equipment, supplies, or facilities must be disclosed. Failure to disclose required information will result in the disallowance of the cost and may subject the institution, its principals, employees, and others to the administrative and legal recourse available to ODE CNP and FNS

Enter the Line Item Number Associated with the Disclosure
Enter a Description of the Disclosure
Enter an explanation of the Disclosure
Click on the box associated with the Sponsor Acknowledgement Statement
Select from the drop down options
Click on the Section Completed box and select from the drop down options

Additional Documentation Required

These items require additional documentation for approval and are identified in bold under Section Name column. For each item in bold:

- Complete the Sent box by entering the date the documentation was submitted to ODE.

Summary
Administrative Budget Summary

Enter the actual monitoring FTE. For each 50-150 homes sponsored, at least one FTE (full-time equivalent) staff year must be devoted to monitoring. A FTE is the amount of work one person, working full-time (40 hours per week) would perform in a year.
Click on the box Describe the funding source(s) of non-CACFP program funds that will be used to pay overclaims or other unallowable costs
Enter an answer

Click on the box associated with the Sponsor Certification of Complete and Accurate Information

Oregon Department of Education
255 Capitol Street NE
Salem, OR 97310

Office of the Deputy Superintendent
Child Nutrition Programs
(503) 947-5902

Select from the drop down options

The information contained on this sheet is automatically populated and is a compilation of all information entered on previous sections.

This is the Administrative FY Budget