

**Florida Department of Health  
Child Care Food Program Budget**

(for use by Current CCFP Sponsors of Affiliated Child Care Centers, Afterschool Meals Programs, and Homeless Children Nutrition Programs)

**Refer to the instructions and definitions on the Instructions Tab before completing this form.**

Authorization #: **734**

Organization Name: **Orange County Head Start Division**

**1. Complete the table below to document your projected food program costs. Use whole dollars only, no cents.**

FOOD SERVICE (OPERATIONAL) COSTS	CCFP FUNDS (List amounts)	NON-CCFP FUNDS (List amounts)	CATEGORY TOTALS (CCFP + Non-CCFP Funds)
Food Purchases*	\$1,633,165	\$0	\$1,633,165
Food Service Labor and Benefits	\$288,331	\$0	\$288,331
Non-Contracted Purchased Services	\$0	\$0	\$0
Non-Food Supplies	\$1,400	\$0	\$1,400
Food Service Equipment	\$450	\$0	\$450
Transportation	\$0	\$0	\$0
Other (Includes Special Cost Items) <b>Describe:</b>	\$0	\$0	\$0
<b>FOOD SERVICE (OPERATIONAL) COST TOTALS</b>	<b>\$1,923,346</b>	<b>\$0</b>	<b>\$1,923,346</b>
ADMINISTRATIVE COSTS	CCFP FUNDS (List amounts)	NON-CCFP FUNDS (List amounts)	CATEGORY TOTALS (CCFP + Non-CCFP Funds)
Administrative Salaries and Benefits**	\$154,749	\$19,760	\$174,509
Non-Contracted Purchased Services	\$0	\$0	\$0
Training	\$50	\$0	\$50
Travel	\$500	\$0	\$500
Rent and Utilities	\$0	\$0	\$0
Office Supplies	\$500	\$0	\$500
Other (Includes Special Cost Items) <b>Describe:</b>	\$7,064	\$0	\$7,064
<b>ADMINISTRATIVE COST TOTALS</b> Administrative costs cannot exceed 15% of total projected earnings	<b>\$162,863</b>	<b>\$19,760</b>	<b>\$182,623</b>
	<b>CCFP FUNDS***</b>	<b>NON-CCFP FUNDS</b>	<b>GRAND TOTAL****</b>
<b>BUDGET TOTALS</b>	<b>\$2,086,209</b>	<b>\$19,760</b>	<b>\$2,105,969</b>

Total Budget Amount from PEW
\$ 2,086,209.00
Remainder to Budget for CCFP Funds
\$ -

\* It is recommended that food purchases equal or exceed 50% of the CCFP Funds Total.

\*\* The CCFP Funds and Non-CCFP Funds for Administrative Salaries and Benefits auto-populate from the totals from table 2 of the Management Plan.

\*\*\* The CCFP Funds Total must equal the amount of "Projected Earnings Rounded for use in the Budget" on the PEW, and will be highlighted in **red** if it does not.

\*\*\*\* This amount must equal or exceed the amount of "Projected Earnings Rounded for use in the Budget" on the PEW, and will be highlighted in **red** if it does not.

**NOTE:** Additional documentation may be requested to determine if projected costs are necessary, reasonable, and allowable.

**2. If any amounts were listed under the Non-CCFP Funds column in the table above, list the specific source(s) of the Non-CCFP funds that will be spent on the food program.**

**3. In the space below, identify which of the following source(s) of funds your organization has available to pay for potential over claims of CCFP reimbursement or other allowable costs: Tuition/Fees, Savings/Checkings, Credit/Loan, Donations or Other. If Other, then describe.**

**Note:** Funds restricted for used in other programs/grants, including other USDA child nutrition programs, cannot be used to pay for CCFP over claims or unallowable costs.

<b>Prospective Contractor:</b>		
Signature of Authorized Employee		Date
Byron W. Brooks		County Administrator
Printed Name		Title

<b>For DOH USE ONLY:</b>	
Approval Signature (Regional Program Specialist)	Date
Approval Signature (DOH Headquarters)	Date