

**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*	\$1,532,288	\$0	\$1,532,288
Food Service Labor and Benefits	\$239,941	\$0	\$239,941
Non-Contracted Purchased Services	\$0	\$0	\$0
Non-Food Supplies	\$500	\$0	\$500
Food Service Equipment	\$500	\$0	\$500
Transportation	\$0	\$0	\$0
Other (Includes Special Cost Items) Describe: \$4,110.00 for Self_Insurance	\$4,110	\$0	\$4,110
<b>FOOD SERVICE (OPERATIONAL) COST TOTALS</b>	<b>\$1,777,339</b>	<b>\$0</b>	<b>\$1,777,339</b>
ADMINISTRATIVE COSTS	CCFP FUNDS (List amounts)	NON-CCFP FUNDS (List amounts)	CATEGORY TOTALS (CCFP + Non-CCFP Funds)
Administrative Salaries and Benefits**	\$150,355	\$24,726	\$175,081
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) Describe: \$588.00 for Self Insurance, \$6,543 for Indirect Costs	\$7,131	\$0	\$7,131
<b>ADMINISTRATIVE COST TOTALS</b> Administrative costs cannot exceed 15% of total projected earnings	<b>\$158,536</b>	<b>\$24,726</b>	<b>\$183,262</b>
	<b>CCFP FUNDS***</b>	<b>NON-CCFP FUNDS</b>	<b>GRAND TOTAL****</b>
<b>BUDGET TOTALS</b>	<b>\$1,935,875</b>	<b>\$24,726</b>	<b>\$1,960,601</b>

Total Budget Amount from PEW	
\$	1,935,875.00
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 Byron W. Brooks	Date County Administrator
Printed Name	Title

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

Approval Signature (DOH Headquarters)

Date