



## CHILD CARE FOOD PROGRAM (CCFP)

### Instructions for the Automated Administrative Budget Sponsors of Day Care Homes and Unaffiliated Centers

The automated administrative budget is available on the Regulations, Guidance, and Record Keeping page of the Child Care Food Program (CCFP) website, under the category "D/U Budget Worksheets Guidance." The Administrative Budget Summary will be automatically calculated from the information you enter into the individual schedules – the budget will not, however, be automatically forwarded to the Department of Health, Bureau of Child Care Food Programs (DOH). The steps to follow when completing the budget are: 1) save the automated budget file to your computer under a new name, 2) enter all applicable schedule information, 3) e-mail the automated budget file to DOH, and 4) mail a signed hard copy of the administrative budget summary with all pertinent budget attachments and support documents to DOH.

This completed administrative budget should represent the anticipated allowable costs associated with the business operations of the sponsoring organization. The costs on the CCFP Administrative Budget Summary form must match those totals listed on each of the 20 supporting schedules. The budget must reflect projected costs for the federal fiscal year beginning October 1 of this year through September 30 of next year. It is not necessary to complete all line items and corresponding schedules if expenditures will not be incurred for those specific items.

Use the Projected Administrative Earnings Worksheet and historical actual expenses to project administrative earnings and to project spending in the appropriate budget categories. The sponsor's administrative budget grand total must be equal to or less than the total projected administrative earnings and line items within each budget category must be reasonable and necessary.

To request specific prior written approval of special cost items: 1) complete the Supplemental Budget Information for Special Cost Items, 2) list the requested amount(s) for special cost item(s) on the appropriate schedule(s), and 3) attach the "Supplemental Budget Information for Special Cost Items" form to the signed hardcopy as a supporting schedule.

The approved administrative budget total and its budget categories limit allowable administrative expenditures. Administrative expenditures must be made within each of the six budget categories as approved. However, transfers to a budget category and from a budget category are allowable within 10% of the approved budget category amount with the exception of the administrative labor category. The 10% flexibility is cumulative for the fiscal year. No transfers are allowed to or from the administrative labor category without prior approval from DOH. The total approved budget is not increased through this process – spending authority is merely moved from one category to another. If the sponsoring organization anticipates that a budget category will increase by more than 10%, a Budget Amendment must be submitted to DOH, Tallahassee office. Budget Amendments are limited to four per year and must include written justification.

If your organization has multiple funding sources and/or performs non-CCFP functions, a method of cost separation must be developed and implemented. In developing a method of cost separation, the organization must first identify all of its costs – the organization must then determine which costs are directly related to each specific program or function it performs and which costs are shared among multiple programs or functions.

- Direct costs must be applied only to the sponsoring organization's administrative functions related to the CCFP. Direct costs are those that can be easily identified as only applicable to the sponsoring organization's administration of the CCFP.
- Shared costs may be allocated either directly or indirectly to the programs or functions they benefit. Organizations must assign a method for allocating shared costs which most closely and reasonably reflects the degree of benefit afforded to each program or function.
- On the supporting schedules, shared costs should be recorded under the column titled "% (percentage) Allocated to CCFP." List only that percentage of costs related to administration of the CCFP. A copy of the allocation methodology must also be attached to each schedule, or if preferred, a comprehensive schedule of the allocation methodology used for each shared cost can be submitted.

## **INSTRUCTIONS FOR PREPARING THE BUDGET SUMMARY WORKSHEET**

Ensure that the completed PEW is in front of you before completing the Budget Summary Worksheet.

The Projected Earnings Amount (yellow box) on the budget summary worksheet should be the same as the total Projected Earnings from the PEW. The Grand Total of the costs budgeted on schedules 1-18 should equal The Projected Earnings Amount.

The Administrative Cost Amount (blue box) should be less than or equal to the 15% Sponsor Administrative Cap on the Projected Earnings Worksheet (PEW). The administrative cost budgeted may be for less than the total allowable administrative amount, but no more than the 15% of meal earnings administrative cap. The total administrative costs budgeted on schedules 1a-17 must equal The Administrative Cost Amount entered on the budget summary.

The Total Food Service Operational Cost (green box) will auto-calculate by subtracting the Administrative Cost Amount from the Projected Earnings Amount, leaving the amount you have to budget for the Food Service costs.

You must specify (in the spot designated at the bottom of the budget summary) the source(s) your organization has available to pay for potential over-claims of CCFP reimbursement.

A sponsor representative needs to print and sign their name, along with dating the budget summary worksheet, before submitting the budget for review and approval.

### **SUMMARY WORKSHEET**

The **Summary Worksheet** provides an overview of all budget schedules. Information entered into schedules 1-20 will automatically be captured in the Summary Worksheet.

**For Summary Worksheet, enter the following information:**

1. **Enter Fiscal Year:** Provide the Fiscal Year according the Federal Government calendar (Oct-Sept).
2. **Enter Authorization Number:** Provide the authorization number issued to the sponsor.
3. **Enter Amendment #:** Provide the amendment number if this is a budget amendment.
4. **Enter Projected Carryover Amount:** Provide the amount available after the previous fiscal year if applicable.
5. **Enter the Projected Admin. Earnings Amount:** Copy the amount from the PEW worksheet.

Note: In order to enter amended budget information into budget schedules, an amendment number must be entered into the Summary Worksheet to activate amendment.

After the budget is approved, sign and date the document at the bottom of the form.

### **NAVIGATION**

The **Navigation** tab does not have data input capabilities. Click on the listed schedules to view and edit corresponding schedules.

## **INSTRUCTIONS FOR PREPARING SCHEDULES 1a – 20**

### **Schedules 1a – EMPLOYEE COMPENSATION AND EMPLOYER TAXES**

NOTE: Personnel Activity Reports must be maintained for all employees whose labor is being charged to the CCFP Program.

#### **SOME LABOR COSTS REQUIRE PRIOR APPROVAL**

**Use the *Supplemental Budget for Special Cost Items* form for certain labor costs such as overtime, holiday pay, and compensatory leave.**

**Indicate FTE (Full-Time Equivalent) percentage devoted to monitoring when completing Schedule 1a.** Indicate the total hours performing monitoring activities per month for each employee listed on Schedules 1a which will automatically transfer to Schedule 1b. Monitoring activities include, but are not limited to conducting on-site reviews, travel, supervisory oversight of monitors, writing review reports, follow-up reviews, parental contact, training, and claims processing. A detailed list of monitoring related activities can be found in Chapter 4 of the Procedure

## **FOR EMPLOYEES FULLY OR PARTIALLY FUNDED BY CCFP:**

Complete **Schedule 1a** for **salaried and hourly** employees who spend time on CCFP tasks and are funded in whole or in part by CCFP. **Salaried** employees are not paid an hourly rate but receive, per an employment agreement, a yearly salary amount or a specified monthly amount. **Hourly** employees are paid an hourly rate, which when multiplied by the number of hours actually worked, equals wages earned.

Schedule 1a requires that columns 1,2,3 or 4 be completed in full in order for the rows to become activated and compensation rates to calculate. Please note the color code guidance on the spreadsheet that will assist in completing the sheet properly.

### **For Schedule 1a, enter the following information:**

1. **Employee Name and Title.**
2. **Employee Type** (Use drop down menu to indicate whether Salary or Hourly).
3. **Gross Hourly Rate** (if hourly employee).
4. **Gross Monthly Rate** (if salaried employee).
5. **Number of Hours Employee Works per Month for the Agency:** Total number of hours employee works per month for the agency.
6. **Number of Months:** Total months employee works for the agency.
7. **Total Rate Cost to Employer:** (automatically calculated columns 3 X 5 X 6 or columns 4 X 6).
8. **Total Hours Worked for CCFP per Month:** Total number of hours employee works per month for the CCFP.
9. **Total Hours CCFP Monitoring per Month:** Total hours an employee monitors for CCFP (may only be entered in rows 17-32).
10. **Percent of Total Hours Worked for CCFP:** Percentage of time employee works on CCFP (automatically calculated).
11. **Monthly Salary Cost to CCFP:** (automatically calculated).
12. **Total FICA Tax per month:** (automatically calculated at the gross monthly rate in cell D10).
13. **Monthly FICA Tax Paid by CCFP:** (automatically calculated).
14. **Monthly Cost to CCFP:** (automatically calculated).
15. **Number of Months to be Charged to CCFP.**
16. **Allowable Costs to CCFP:** (automatically calculated).
17. **Amount to be Charged to CCFP.**
18. **Allowable CCFP Costs Covered by Other Non-CCFP Funding Source(s):** total allowable projected costs to be covered by other Non-CCFP funding source(s) (automatically calculated).

Columns 1,2,3 or 4 must be completed in order for compensation to be calculated.

Column 3 should only be completed if corresponding cell in column 2 states "Hourly"; column 4 should only be completed if corresponding cell in column 2 states "Salaried".

Column 6 must be greater than or equal to column 15.

Column 8 must be greater than or equal column 9.

At the bottom of schedule 1a, please list other Non-CCFP funding source(s) used by your organization to cover CCFP labor costs.

## **Schedule 1b – MONITORING**

At the top of Schedule 1b, enter the number of sponsored day care homes or unaffiliated centers so the following fields will automatically calculate: total number of monitoring hours per month, # of required equivalent full time monitoring positions for day care homes and unaffiliated centers, and equivalent full time position(s). Also, enter the total hours worked for CCFP per month, and the description of monitoring activities.

1. **Primary Function:** The employee's primary function of their job duties (automatically copied from Schedule 1a).
2. **Employee Name:** (automatically copied from Schedule 1a).

3. **Total Hours Performing Monitoring Activities Per Month:** (automatically copied from Schedule 1a).
4. **Total Hours Worked for CCFP Per Month:** (automatically copied from Schedule 1a).
5. **Percentage of Time Spent Monitoring:** (automatically calculates ratio of #3 to #4).
6. **Description of Monitoring Activities:** Describe the monitoring activities that are completed by each employee.

The required staffing ratios are listed on the bottom of Schedule 1b.

On Schedules 1a and 1b there are boxes at the bottom to list supporting documentation and a comment box which may be used to document the allocation methods or list other supporting information.

## Schedule 2a-2i - BENEFITS

For salaried and hourly employees who spend time on CCFP tasks (those included on Schedules 1a and 1b), enter the following information on Schedules 2a through 2i:

1. **Employee Name** (automatically copied from Schedule 1a).
2. **CCFP % of Employer Costs** (automatically copied from Schedule 1a).
3. **Total Monthly Cost:** Total monthly cost of benefit.
4. **% Employer Covered:** The percentage of the employee's benefit paid by employer.
5. **Number of Months:** Total months for benefit to be charged.
6. **Monthly Employer Cost:** Total monthly dollar amount paid by the employer (automatically calculated).
7. **Monthly Employee Cost:** (automatically calculated from the difference between #6 and #3).
8. **Monthly CCFP Cost:** (automatically calculates #2 X #6).
9. **Numbers of Months Charged to CCFP:** Enter how many months the benefits will be charged to CCFP.
10. **Total Monthly Costs:** Same as #3, fill out with new rate for an amendment after open enrollment.
11. **% Employer Covered:** Same as #4, fill out with new rate for an amendment after open enrollment.
12. **Number of Months:** Same as #5, fill out with numbers of months new charges will apply towards budget.
13. **Monthly Employer Cost:** Total monthly dollar amount paid by the employer (automatically calculated).
14. **Monthly Employee Cost:** (automatically calculated from the difference between the employer and total costs).
15. **Monthly CCFP Cost:** (automatically calculates #2 X #12).
16. **Numbers of Months Charged to CCFP:** Same as #9, fill out with numbers of months new charges apply to CCFP.
17. **Total Annual Cost to Employer:** (automatically calculates total costs to employer).
18. **Total Allowable Costs to CCFP:** (automatically calculated).
19. **Amount to be Charged to CCFP.**
20. **Allowable CCFP Costs Covered by Other Non CCFP Funding Source (s):** (automatically calculated).

**Schedule 2e-2i requires type of benefit be described in cell B10 to activate data entry.**

Column 5 must be equal to or greater than column 9; column 12 must be equal to or greater than column 16.

Column 5 plus column 12 must be equal to or less than 12; column 9 plus column 16 must be equal to or less than 12.

**ATTACH** a brief description of the insurance program(s) provided.

**ATTACH** a copy of the retirement plan. Indicate how percentage of retirement paid by CCFP was determined.

At the bottom of schedules 2a through 2e, please list other Non-CCFP funding source(s) used by your organization to cover CCFP benefit costs.

## Schedule 3 - EQUIPMENT PURCHASED \$5000 AND OVER

### REQUIRES PRIOR APPROVAL

Use the "Supplemental Budget for Special Cost Items" form for directly expensing items and using differing (nonstandard) depreciation methodologies. See form for additional information.

Part 3016 and 3019 of 7 CFR defines equipment as a tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. However, DOH is authorized to establish lower limits, and in accordance with this rule, DOH defines equipment as above but with an acquisition cost of \$1,000 or more per unit. **DEPRECIATION:** List all **existing** equipment costing \$5,000 or more. All equipment in this category is depreciable. **Projected** equipment purchases costing over \$5,000 should be depreciated. Estimate the amount of depreciation to be claimed. Indicate beside the item that this is an "estimate" of depreciation.

A use allowance can be claimed but cannot exceed six and two-thirds percent of acquisition cost. Certain equipment must be depreciated, such as, general office equipment and furnishings, air conditioning, multi-purposed Automated Data Processing equipment, and motor vehicles, if the unit price is \$5,000.

Complete the Continuous Property Record (CPR) form for depreciated items when any equipment costing \$5,000 or more per unit is purchased. **ATTACH** documentation for determining annual depreciation, or use allowance.

**PURCHASING:**

**NOTE: All items with a cost of \$5,000 or more per unit REQUIRE prior written approval if seeking to directly expense item.**

**Any entries on this page require completion of the Supplemental Budget for Special Cost Items and copies of the contracts.**

For projected purchases of equipment costing \$5,000 or more BUT LESS THAN \$100,000, three bids/quotes and a justification of need must be submitted to the DOH, Bureau of Child Care Food Program Office prior to purchase **only if** your organization is seeking to directly expense the item. **Prior approval is not needed if the item is to be depreciated.**

Attach documentation to support and justify equipment to be directly expensed costing \$5,000 or more but less than \$100,000.

**ATTACH** documentation for projected purchases of equipment over \$100,000. Additional procurement procedures must be followed.

**ATTACH** a description of the methodology used to determine % of CCFP cost.

At the bottom of schedule 3, please list other Non-CCFP funding source(s) used by your organization to cover CCFP equipment costs.

On Schedule 3 there are boxes at the bottom to list supporting documentation and a comment box which may be used to document the allocation methods or list other supporting information.

**Schedule 4 – EQUIPMENT / FURNITURE PURCHASED UNDER \$5,000**

List all equipment projected to be purchased for this fiscal year costing under \$5,000 per unit. List items such as desks, chairs, file cabinets, fax machines, computers, copiers, etc. as a *direct cost* or expense.

Items must be listed as "operable units"; for example, a computer would include the CPU, monitor, keyboard, software, cables, etc.

**Equipment costs must be necessary, reasonable and allowable. CCFP may disallow items with a cost that exceeds what a prudent person would incur under the same circumstances.**

All equipment costing \$1,000 to less than \$5,000 per unit, and all computers regardless of acquisition cost, must be included on the contractor's equipment inventory - Continuous Property Records (CPR).

At the bottom of schedule 4, please list other Non-CCFP funding source(s) used by your organization to cover CCFP furniture and equipment costs.

On Schedule 4 there are boxes at the bottom to list supporting documentation and a comment box which may be used to document the allocation methods or list other supporting information.

### Schedule 5 - OFFICE AND EDUCATIONAL SUPPLIES

Any expendable item with a life expectancy of two years or less is considered a supply. Include computer paper, paper, desk supplies, computerized forms, etc. **Include cost of copying.** Do not include copying costs in "Printing" costs.

Estimated cost and description of staff educational supplies. These supplies must be used for CCFP purposes and include nutrition education materials.

**ATTACH** a description of the methodology used to determine % of CCFP cost.

At the bottom of schedule 5, please list other Non-CCFP funding source(s) used by your organization to cover CCFP office & educational supplies.

On Schedule 5 there are boxes at the bottom to list supporting documentation and a comment box which may be used to document the allocation methods or list other supporting information.

### Schedule 6 - PRINTING AND POSTAGE

List cost of printing services. Printing costs are services paid for printing forms, brochures, instruction booklets, handbooks, and monitoring forms for the upcoming fiscal year. Include specific titles and quantities. **Do not include cost of copying.** Cost of copying should be listed under "Office and Educational Supplies." You may be asked to provide additional documentation to support printing costs.

List postage charges, such as stamps, bulk mailing, certified mail charges and monthly postage meter costs. The cost of the postage meter should be listed with leased equipment.

**ATTACH** description of the methodology used to determine % of CCFP cost.

At the bottom of schedule 6, please list other Non-CCFP funding source(s) used by your organization to cover CCFP printing and postage costs.

On Schedule 6 there are boxes at the bottom to list supporting documentation and a comment box which may be used to document the allocation methods or list other supporting information.

### Schedules 7 & 7a - OFFICE SPACE RENTAL OR LEASE OR PARTIALLY OR FULLY OWNED

**REQUIRES PRIOR APPROVAL**

Use the "Supplemental Budget for Special Cost Items" form if "special lease arrangements" exist.

Complete schedules as outlined. All lease agreements/contracts must include a cancellation clause.

**ATTACH** a copy of each new, renewed, or revised lease and identify each with an attachment number. Site the location of the cancellation/termination clause in the lease agreement or contract.

**ATTACH** an explanation that details the method for determining the monthly use fee. (Note: costs associated with less than arms-length lease arrangements are limited to depreciation or use allowance.)

**ATTACH** description of the methodology used to determine % of CCFP cost.

At the bottom of schedules 7 and 7a, please list other Non-CCFP funding source(s) used by your organization to cover the cost of CCFP office space.

On Schedule 7 and 7a there are boxes at the bottom to list supporting documentation and a comment box which may be used to document the allocation methods or list other supporting information.

## Schedule 8 - UTILITIES

Indicate utilities expenses allocated to CCFP activities. Describe other utility expenses charged to CCFP that are not included in the office rental.

**ATTACH** description of the methodology used to determine % of CCFP cost.

At the bottom of schedule 8, please list other Non-CCFP funding source(s) used by your organization to cover the cost of CCFP utilities.

On Schedule 8 there are boxes at the bottom to list supporting documentation and a comment box which may be used to document the allocation methods or list other supporting information.

## Schedule 9 - INSURANCE PREMIUMS

Provide type of insurance, name of company and policy number.

**ATTACH** a copy of replaced policies or renewed policies. If the policy from the previous year is the exact same, you only have to attach a copy of the first couple of pages.

**ATTACH** description of the methodology used to determine % of CCFP cost.

At the bottom of schedule 9, please list other Non-CCFP funding source(s) used by your organization to cover the cost of CCFP insurance premiums.

On Schedule 9 there are boxes at the bottom to list supporting documentation and a comment box which may be used to document the allocation methods or list other supporting information.

## Schedule 10 - CONTRACTED/ PROFESSIONAL SERVICES

### REQUIRES PRIOR APPROVAL

**Use the "Supplemental Budget for Special Cost Items" form if CCFP costs are associated with:**

- Professional service contracts
- Skilled service contracts, such as management studies
- Other purchased services

Exception:

- Routine maintenance and repairs, security, and janitorial services REQUIRE only that they be specified on Schedule 10 and prior approval is granted upon budget approval by DOH.

Contractors must directly manage the CCFP. Subcontracting management of the program to another entity is not allowed.

- 1) Critical management functions that must not be subcontracted include preparation of application and renewal materials, eligibility determinations, preparation and maintenance of enrollment rosters, monitoring, corrective action, financial management, and submission of claims for reimbursement. Persons responsible for these functions must be employees of the institution with which DOH has a contract for provision of CCFP services.
- 2) Specific tasks such as legal consultant services, accounting services, data processing, and services provided by a nutritionist may be subcontracted with prior written approval from DOH. CCFP contractors must submit these contracts for DOH approval using the Supplemental Budget for Special Cost Items.

Services must be directly related to the CCFP.

**ATTACH** copies of all contracts against which CCFP costs will be charged.

**ATTACH** description of the methodology used to determine % of CCFP cost.

At the bottom of schedule 10, please list other Non-CCFP funding source(s) used by your organization to cover the cost of CCFP contracted/professional services.

On Schedule 10 there are boxes at the bottom to list supporting documentation and a comment box which may be used to document the allocation methods or list other supporting information.

## **Schedule 11 - EQUIPMENT RENTAL / LEASE**

List all rented/leased equipment.

**ATTACH** copies of all equipment leases.

**ATTACH** description of the methodology used to determine % of CCFP cost.

At the bottom of schedule 11, please list other Non-CCFP funding source(s) used by your organization to cover the cost of CCFP equipment rental.

On Schedule 11 there are boxes at the bottom to list supporting documentation and a comment box which may be used to document the allocation methods or list other supporting information.

## **Schedule 12 - COMMUNICATIONS**

Complete schedule as outlined.

**ATTACH** description of the methodology used to determine % of CCFP cost.

At the bottom of schedule 12, please list other Non-CCFP funding source(s) used by your organization to cover CCFP communication costs.

On Schedule 12 there are boxes at the bottom to list supporting documentation and a comment box which may be used to document the allocation methods or list other supporting information.



## Schedule 13 – ADVERTISING / PUBLIC INFORMATION SERVICE

Advertising media include newspapers, magazines, radio and television, direct mail, and similar goods. Costs must be directly related to CCFP.

At the bottom of schedule 13, please list other Non-CCFP funding source(s) used by your organization to cover CCFP costs for advertising/public information service costs.

On Schedule 13 there are boxes at the bottom to list supporting documentation and a comment box which may be used to document the allocation methods or list other supporting information.

## Schedule 14 – DUES / MEMBERSHIPS / SUBSCRIPTIONS

Describe expenses for dues, memberships or subscriptions.

**ATTACH** description of the methodology used to determine % of CCFP cost.

### REQUIRES PRIOR APPROVAL

Use the “Supplemental Budget Information for Special Cost Items” form if membership is in a civic or community organization.

At the bottom of schedule 14, please list other Non-CCFP funding source(s) used by your organization to cover the cost of dues, memberships, subscriptions related to the CCFP.

On Schedule 14 there are boxes at the bottom to list supporting documentation and a comment box which may be used to document the allocation methods or list other supporting information.

## Schedule 15 - OTHER ADMINISTRATIVE SERVICES

List type of item, for example bank charges, banking expenses, etc.

**ATTACH** description of the methodology used to determine % of CCFP cost.

### REQUIRES PRIOR APPROVAL

Use the “Supplemental Budget for Special Cost Items” form if “special lease arrangements” exist.

At the bottom of schedule 15, please list other Non-CCFP funding source(s) used by your organization to cover the cost of other CCFP administrative services.

On Schedule 15 there are boxes at the bottom to list supporting documentation and a comment box which may be used to document the allocation methods or list other supporting information.

## Schedule 16 - PROGRAM OPERATIONS-TRAVEL

Expenses incurred for program monitoring, site training, and any other **program related activities**.

The mileage allowance (rate per mile) cannot exceed the greater of the applicable State of Florida or federal government mileage allowances.

**Original Mileage Rate:** Enter the rate to be charged per mile.

**New Mileage Rate:** Enter a new mileage rate, if applicable, when submitting a budget amendment.

Column 4 plus column 7 must be equal to or less than 12.

**ATTACH** description of the methodology used to determine % of CCFP cost.

At the bottom of schedule 16, please list other Non-CCFP funding source(s) used by your organization to cover the cost of CCFP program operations-travel.

On Schedule 16 there are boxes at the bottom to list supporting documentation and a comment box which may be used to document the allocation methods or list other supporting information.

### **Schedule 17 - IN-STATE TRAVEL FOR CCFP WORKSHOPS AND RELATED STAFF TRAINING**

Complete schedule as outlined.

The mileage allowance (rate per mile) cannot exceed the greater of the applicable State of Florida or federal government mileage allowances.

At the bottom of schedule 17, please list other Non-CCFP funding source(s) used by your organization to cover the cost of in-state-travel for CCFP workshops/staff training.

On Schedule 17 there are boxes at the bottom to list supporting documentation and a comment box which may be used to document the allocation methods or list other supporting information.

### **Schedule 18 - OUT-OF-STATE TRAVEL FOR CCFP RELATED CONFERENCES**

Complete schedule as outlined. If a conference has more than one scope or an agenda that is not totally CCFP focused, attach information indicating the funding source(s), amount to be contributed, and agenda.

The mileage allowance (rate per mile) cannot exceed the greater of the applicable State of Florida or federal government mileage allowances.

Out-of-State travel costs may only be claimed for employees who dedicate at least 40% of their work time to CCFP.

**Unallowable travel costs include:**

- 1) Personal travel expenses
- 2) Any portion of travel not related to the CCFP that is made in conjunction with CCFP program related travel
- 3) Cost of commuting to and from work
- 4) Charging a mileage allowance when actual operating costs, depreciation, use allowance, or a lease fee is charged for the same vehicle
- 5) Charging a mileage allowance when separate charges for fuel, insurance, and maintenance are charged
- 6) Meals or snacks for same-day or one-day travel

At the bottom of schedule 18, please list other Non-CCFP funding source(s) used by your organization to cover the cost of out-of-state travel for CCFP related conferences.

On Schedule 18 there are boxes at the bottom to list supporting documentation and a comment box which may be used to document the allocation methods or list other supporting information.

## **Schedule 19 - STAFF AND SITE TRAINING**

**Staff Training:** Include rental of facilities or equipment and other costs to be incurred for staff training. Include registration fees for workshops. Specify number of training sessions planned and their locations. Also specify the frequency of training, i.e., monthly, twice a year, etc. Any related travel costs, such as, mileage, meals, and lodging is to be included in the **Travel Budget Category**.

**Site Training:** Include rental of facilities or equipment. Specify number of workshops to be given and their locations as outlined on the schedule. Any related travel costs, such as mileage, meals and lodging is to be included in the **Travel Budget Category**. Note: refreshments are not an allowable expense.

**ATTACH** a copy of the training plan/agenda.

**ATTACH** a description of the methodology used to determine % of CCFP cost.

At the bottom of schedule 19, please list other Non-CCFP funding source(s) used by your organization to cover the cost of CCFP staff and site training.

On Schedule 19 there are boxes at the bottom to list supporting documentation and a comment box which may be used to document the allocation methods or list other supporting information.

## **Schedule 20 - INDIRECT COSTS AND IMPORTANT INFORMATION RELATED TO CCFP FUNDING**

**ATTACH** a copy of an approved Indirect Cost Plan.

Indirect Costs are costs that have been incurred for common or joint objectives, but cannot be readily identified or assigned to the food service, CCFP, or other sponsor activities. An institution cannot use an indirect cost rate to assign costs to the program unless the rate has been developed through a cost allocation plan approved by the institution's cognizant federal or state agency.

- 1) If your organization has active grants or contracts with the largest dollar value directly funded by the Florida Department of Health, this Department will be designated as the cognizant agency. Audited financial statements, which are no older than two years, must support your organization's proposed indirect cost plan. Submit a copy of the audited financial statements.
- 2) If your organization receives grants or contracts from a Federal Agency, the Agency with the largest dollar value will be designated as the cognizant agency. Your indirect cost proposal should be submitted to that Agency in accordance with the instructions of the cognizant agency for approval.
- 3) If your organization receives grants or contracts directly from another public or private source (other than the Federal Government), then the source with the largest dollar value of awards with your organization will be designated as the cognizant agency.
- 4) Once your organization has determined its cognizant agency and secured a current and approved indirect cost plan, **ATTACH** the Indirect Cost Plan as the last page to this budget package.

**OTHER REQUIRED FUNDING INFORMATION:** If no other Non-CCFP funding sources have been identified to pay for CCFP costs, please list other funding sources available to pay for disallowed and potential overpayments.

**\*\* The formulas in the Automated Administrative Budget are password protected (yellow and green columns).**