

Those contracting entities that do not use TX-UNPS use this form in conjunction with the *Budget Justification and Disclosure – Centers* form.

**SECTION I – CONTRACTING ENTITY (CE) INFORMATION**

1. Name of Contracting Entity (CE):	2. CE ID:	3. Budget Version:

**A. ANTICIPATED ANNUAL CACFP REIMBURSEMENT**

	CE Complete this Column	FOR STATE USE ONLY Approved
Number of sites anticipated for sponsorship		
1. Projected Total Annual Revenue	\$	\$

**B. OPERATING EXPENSES**

	CE Complete this Column	FOR STATE USE ONLY Approved
1. Total Labor Costs (Salaries, Wages, Taxes and Benefits):	\$	\$
2. Total Food Expenses:	\$	\$
3. Facilities and Space:	\$	\$
4. Supplies and Equipment:	\$	\$
5. Purchased Services:	\$	\$
6. Financial Costs:	\$	\$
7. Media Costs:	\$	\$
8. Contracting Organization Costs:	\$	\$
9. Unaffiliated Facility Costs:	\$	\$
10. Other:	\$	\$
<b>Total Operating Costs</b>	\$	\$

**C. NET OPERATING AMOUNT**

	CE Completes this Column	FOR STATE USE ONLY Approved
1. Difference (A – B)	\$	\$

**D. ADMINISTRATIVE EXPENSES**

	CE Completes this Column	FOR STATE USE ONLY Approved
1. Total Labor Costs (Salaries, Wages, Taxes and Benefits):	\$	\$
2. Facilities and Space:	\$	\$
3. Supplies and Equipment:	\$	\$
4. Purchased Services:	\$	\$
5. Financial Costs:	\$	\$
6. Media Costs:	\$	\$
7. Contracting Organization Costs:	\$	\$
8. Unaffiliated Facility Costs:	\$	\$
9. Other:	\$	\$
<b>Total Administrative Costs</b>	<b>\$</b>	<b>\$</b>

**E. SUMMARY**

	CE Complete this Column	FOR STATE USE ONLY Approved
1. Total Expenses (Operating and Administrative)	\$	\$
2. Total Anticipated CACFP Reimbursement	\$	\$
3. Total Other Income	\$	\$
Explanation of Source of Other Income		
4. Total Income (E2 + E3)	\$	\$

**F. TOTAL ADMINISTRATIVE EXPENSES**

7 CFR 226.6 limits center sponsoring organizations' administrative costs charged to CACFP to 15% of meal reimbursement.
If Total Administrative Expenses exceeds 15% of Total Anticipated CACFP Reimbursement, are you requesting a Waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, you must decrease your administrative expenses to at or below 15%)
If Yes, Source of Funds for Operating Costs (including food costs):

**SECTION II – CERTIFICATION**

I certify that the information on this form, and supporting documents, is true and correct and that I will immediately report to the Texas Department of Agriculture any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The Texas Department of Agriculture may verify information; and the deliberate misrepresentation of withholding of information may result in prosecution under applicable state and federal statutes.

\_\_\_\_\_  
Signature - Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title - Authorized Representative

\_\_\_\_\_  
Printed Name - Authorized  
Representative

**This document becomes public record and is subject to disclosure. With a few exceptions, you have the right to request and be informed about the information that the Texas Department of Agriculture (TDA) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask TDA to correct information that is determined to be incorrect (Government Code, Sections 552.021, 552.023, 559.004). To find out about your information and your right to request corrections, please contact your Food and Nutrition Community Operations office.**

**For TDA Use Only**

Effective Date: \_\_\_\_\_

\_\_\_\_\_  
Signature - TDA Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title - TDA Representative