

# DOCUMENTING EXPENSES FOR CACFP:

## Who, What, When, and How

### Child and Adult Care Food Program

Illinois State Board of Education  
Nutrition and Wellness Programs  
August 2013



DOCUMENTING  
EXPENSES:  
**WHO**

# DOCUMENTING EXPENSES: WHO?

All Child Care Food Program participants are responsible for documenting expenses.

- Food Program participants might include:
  - Owner
  - Director
  - Bookkeeper
  - Teachers and Teachers' Aides
  - Cook
  - Janitor
  - Other
- Documentation of expenses should demonstrate operation of a non-profit food program.



DOCUMENTING  
EXPENSES:  
**WHAT**

# DOCUMENTING EXPENSES: WHAT?

What does operation of a non-profit food service program mean?

- All food program revenue received or accruing to the food service is restricted and used only for allowable costs
- Any revenue in excess of expenses is used only to maintain, expand, or improve food service for participants



# DOCUMENTING EXPENSES: WHAT?

What must institutions collect and maintain?

- Copies of invoices, receipts and other necessary records to document:
  - Administrative costs to the program
  - Operational costs to the program
  - Income to the program



# DOCUMENTATION OF EXPENSES: WHAT?

## What to Document:

- Cash Disbursements
- Personnel Activity
- Monthly Profit or Loss Summary



DOCUMENTING  
EXPENSES:  
**WHEN**



# DOCUMENTATION OF EXPENSES: WHEN?

- Should be an ongoing process.
  - Cash Disbursements & Personnel Activity Report – daily, or as expenses occur
  - Monthly Profit (Or Loss) Summary – monthly.
- Annual Financial Report (AFR) – due by December 15.
- All CACFP records must be maintained for 3 years, plus the current year.



DOCUMENTING  
EXPENSES:  
**HOW**

# DOCUMENTATION OF EXPENSES: HOW?

All participating institutions must:

- Have a system in place to maintain records identifying all of its food service activities.

Examples:

- ISBE forms
- Other comprehensive accounting systems





# HOW? CASH DISBURSEMENTS

Food Costs

Allowable  
Non-Food  
Costs

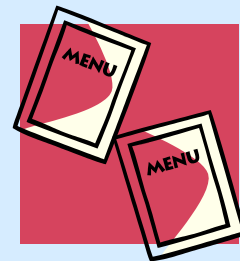
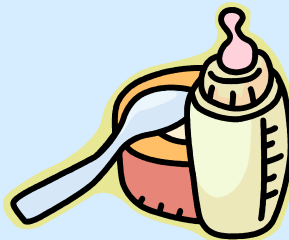
Overhead  
Costs

Administrative  
Supplies

Non-  
Allowable  
Costs

## Food Costs

- Food and beverage items that are:
  - Included on your menu
  - Consumed by the children in your care as part of a reimbursable meal or snack

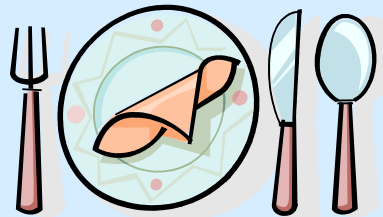


# HOW? CASH DISBURSEMENTS



## Allowable Non-food Costs

- Non-food items used to support the operation of the food program, such as:
  - Plates and Cups
  - Napkins
  - Dishwashing detergent



# HOW? CASH DISBURSEMENTS

Food Costs

Allowable  
Non-Food  
Costs

Overhead  
Costs

Administrative  
Supplies

Non-  
Allowable  
Costs

## Overhead Costs

- Rent, utilities, and trash
  - May be allocated to the food program at a certain percentage



# HOW? CASH DISBURSEMENTS

Food Costs

Allowable  
Non-Food  
Costs

Overhead  
Costs

Administrative  
Supplies

Non-  
Allowable  
Costs

## Overhead Costs

Length x Width of Room = Square Footage

CACFP Square Feet ÷  
Total Center Square Feet

=

Allowable rate for overhead costs



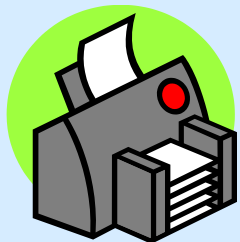


# HOW? CASH DISBURSEMENTS



## Administrative Supplies

- Administrative items used specifically for the operation of the food program, such as:
  - Copy paper
  - Printer ink



# HOW? CASH DISBURSEMENTS

Food Costs

Allowable  
Non-Food  
Costs

Overhead  
Costs

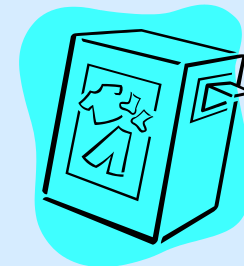
Administrative  
Supplies

Non-  
Allowable  
Costs

## Unallowable Costs

- Items that were included on a food program receipt but are not used in the operation of the food program

A best practice is to pay for unallowable purchases separately from CACFP costs.







# HOW? CASH DISBURSEMENTS

## Cash Disbursements Summary:

- Maintain:
  - Copies of invoices
  - Receipts
  - Other similar records
- Must be actual costs.
- Not used to record labor.



# HOW? PERSONNEL ACTIVITY REPORT

## CHILD AND ADULT CARE FOOD PROGRAM (CACFP) PERSONNEL ACTIVITY REPORT

Employee Name: Director Andrea Month/Year: July/20XX

**INSTRUCTIONS:** This form is for employees who spend part of their day working on the Food Program. Each month, indicate the number of hours per day spent on administrative and operational activities related to the CACFP. Examples of CACFP administrative activities include, but are not limited to: monitoring, record keeping, compiling data and compiling the claim for reimbursement and attending training related to nutrition and food safety. Examples of CACFP operational activities include, but are not limited to: menu planning, grocery shopping, cooking and serving meals and clean up after meals. This form will be used in documenting a nonprofit food service operation.

Date	Hours Worked on CACFP		Non-CACFP Hours Worked	Total Hours Worked	Date	Hours Worked on CACFP		Non-CACFP Hours Worked	Total Hours Worked
	Administrative	Operational				Administrative	Operational		
1		2	6	8	17			8	8
2			8	8	18			8	8
3		1	7	8	19				0
4			8	8	20				0
5				0	21		1	7	8
6				0	22		1	7	8
7			8	8	23		1	7	8
8			8	8	24			8	8
9		1	7	8	25			8	8
10		2	6	8	26				0
11			8	8	27				0
12				0	28			8	8
13				0	29				0
14			8	8	30			8	8
15		1	7	8	31		2	6	8
16			8	8	Total	12.00	0.00	164.00	176.00

I certify that this is an accurate record of the number of hours worked on the Child and Adult Care Food Program.

Director Andrea Date July 31, 20XX  
Employee's Signature Date

**TO BE COMPLETED BY CENTER DIRECTOR/AUTHORIZED REPRESENTATIVE**

**A. (HOURLY PAID STAFF)**

Total administrative hours worked on CACFP 12.00 x \$ \_\_\_\_\_ (hourly wage) = \$ 0.00 (Total Admin. CACFP salary)

Total operational hours worked on CACFP 0.00 x \$ \_\_\_\_\_ (hourly wage) = \$ 0.00 (Total Oper. CACFP salary)

**B. (SALARIED STAFF)**

Total administrative hours worked on CACFP 12.00 ÷ Total hours worked 176.00 = 0.07

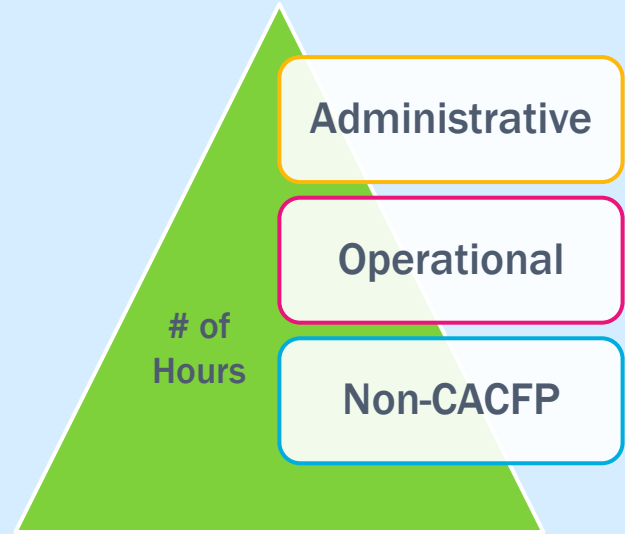
Total Salary for month \$ 3,800.00 x 0.07 = \$ 259.09 (Total Administrative CACFP salary)

Total operational hours worked on CACFP 0.00 ÷ Total hours worked 176.00 = 0.00

Total Salary for month \$ 3,800.00 x 0.00 = \$ 0.00 (Total Operational CACFP salary)

I certify that payroll records are on file that verify the total wages as listed above.

Signature of Center Director/Authorized Representative Owner Maria Date 8-1-XX



# HOW? PERSONNEL ACTIVITY REPORT

## Examples of CACFP labor:

### Administrative

- Monitoring
- Recordkeeping
- Compiling data
- Completing monthly claims
- Training

### Operational

- Menu planning
- Grocery shopping
- Cooking
- Serving meals
- Clean up after meals



# HOW? PERSONNEL ACTIVITY REPORT

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP) PERSONNEL ACTIVITY REPORT**

Employee Name: Christi Andra Month/Year: JAN2008

**INSTRUCTIONS:** This form is for employees who spend part of their day working on the Food Program. Each month, indicate the number of hours on the report as administrative and operational activities related to the CACFP. Functions of CACFP administrative activities include, but are not limited to: monitoring, meal planning, quantity data and compiling the data for non-reporting and planning weekly related to current and next week; functions of CACFP operational activities include, but are not limited to: meal planning, grocery shopping, cooking and serving meals and clean up after meals. This form will be used in documenting a nonprofit food service program.

Date	Hours Worked on CACFP		Non-CACFP Hours Worked	Total Hours Worked
	Administrative	Operational		
1	2		6	8
2			8	8
3	1		7	8
4			8	8
5			8	8
6			8	8
7			8	8
8			8	8
9			8	8
10			8	8
11			8	8
12			8	8
13			8	8
14			8	8
15	1		7	8
16			8	8
<b>Total</b>	<b>4</b>	<b>0</b>	<b>164</b>	<b>172</b>

I certify that this is an accurate record of the number of hours worked on the Child and Adult Care Food Program.

Christi Andra July 21, 2008

**TO BE COMPLETED BY CENTER DIRECTOR/AUTHORIZED REPRESENTATIVE**

A. **PROFITABLE (PROFIT STAFF)**  
 Total administrative hours worked on CACFP: 12.00 \* 1 (hourly wage) \* 8.00 (Total Admin. CACFP Salary)  
 Total operational hours worked on CACFP: 0.00 \* 8 (hourly wage) \* 8.00 (Total Oper. CACFP Salary)

B. **NON-PROFIT (STAFF)**  
 Total administrative hours worked on CACFP: 12.00 \* Total hours worked: 172.00 \* 0.00  
 Total operational hours worked on CACFP: 0.00 \* Total hours worked: 172.00 \* 0.00

I certify that I spent my workday on the Food Program as stated herein.

Signature of Center Director/Authorized Representative: Donna Harris Date: 8-1-08

BME 87-04 (1/11)

Date	Hours Worked on CACFP		Non-CACFP Hours Worked	Total Hours Worked
	Administrative	Operational		
1	2		6	8
2			8	8
3	1		7	8
4			8	8
5				
6				
7			8	8
8			8	8
9	1		7	8
10	2		6	8
11			8	8
12				
13				
14			8	8
15	1		7	8
16			8	8

Operational = 0

Administrative = 12

Non-CACFP = 164



# HOW? PERSONNEL ACTIVITY REPORT

## Example: End of Month Calculations:

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)  
PERSONNEL ACTIVITY REPORT

Employee Name: Christy Adair Month/Year: JAN/2008

**INSTRUCTIONS:** This form is to be completed and reported per month for all employees on staff for CACFP. Staff records are used to determine hours on file for administrative and operational activities related to the CACFP. Examples of CACFP administrative activities include, but are not limited to: monitoring, record keeping, program data and reporting. The center for development and monitoring being related to nutrition and food safety. Examples of CACFP operational activities include, but are not limited to: menu planning, meal preparation, serving and cleanup time and other tasks. This form will be used to determine a reported food service operation.

Date	Hours Admin/Operational		Non-CACFP		Total	Non-Related to CACFP		Total Hours
	Administrative	Operational	Non-CACFP	Non-Related		Administrative	Operational	
1	2	0	8	17	19	0	0	19
2	2	0	8	19	21	0	0	21
3	1	0	8	19	28	0	0	28
4	1	0	8	21	30	0	0	30
5	1	0	8	20	29	0	0	29
6	1	0	8	23	32	0	0	32
7	1	0	8	24	33	0	0	33
8	1	0	8	25	34	0	0	34
9	1	0	8	25	34	0	0	34
10	1	0	8	25	34	0	0	34
11	1	0	8	26	35	0	0	35
12	1	0	8	26	35	0	0	35
13	1	0	8	26	35	0	0	35
14	1	0	8	26	35	0	0	35
15	1	0	8	26	35	0	0	35
16	1	0	8	26	35	0	0	35
17	1	0	8	26	35	0	0	35
18	1	0	8	26	35	0	0	35
19	1	0	8	26	35	0	0	35
20	1	0	8	26	35	0	0	35
21	1	0	8	26	35	0	0	35
22	1	0	8	26	35	0	0	35
23	1	0	8	26	35	0	0	35
24	1	0	8	26	35	0	0	35
25	1	0	8	26	35	0	0	35
26	1	0	8	26	35	0	0	35
27	1	0	8	26	35	0	0	35
28	1	0	8	26	35	0	0	35
29	1	0	8	26	35	0	0	35
30	1	0	8	26	35	0	0	35
31	1	0	8	26	35	0	0	35
Total	31	0	248	164	183	0	0	183

Verify that this is an accurate record of the number of hours worked on the CACFP and that staff members: Jan 23, 2008

COMPLETED BY CENTER DIRECTOR/AUTHORIZED REPRESENTATIVE

(HOURLY PAID STAFF)  
Total administrative hours worked on CACFP: 12.00 x \$ \_\_\_\_\_ (hourly wage) = \$ \_\_\_\_\_ (Total Admin. CACFP salary)  
Total operational hours worked on CACFP: 0.00 x \$ \_\_\_\_\_ (hourly wage) = \$ \_\_\_\_\_ (Total Oper. CACFP salary)

(SALARIED STAFF)  
Total administrative hours worked on CACFP: 12.00 + Total hours worked: 176.00 = 0.07  
Total Salary for month \$ 3,800.00 x 0.07 = \$ 259.09 (Total Administrative CACFP salary)  
Total operational hours worked on CACFP: 0.00 + Total hours worked: 176.00 = 0.00  
Total Salary for month \$ 3,800.00 x 0.00 = \$ 0.00 (Total Operational CACFP salary)

Verify that payroll records are on file that verify the total wages as listed above.

Signature of Center Director/Authorized Representative: Owner Maria Date: 8-1-XX

### TO BE COMPLETED BY CENTER DIRECTOR/AUTHORIZED REPRESENTATIVE

#### A. (HOURLY PAID STAFF)

Total administrative hours worked on CACFP 12.00 x \$ \_\_\_\_\_ (hourly wage) = \$ 0.00 (Total Admin. CACFP salary)

Total operational hours worked on CACFP 0.00 x \$ \_\_\_\_\_ (hourly wage) = \$ 0.00 (Total Oper. CACFP salary)

#### B. (SALARIED STAFF)

Total administrative hours worked on CACFP 12.00 + Total hours worked 176.00 = 0.07

Total Salary for month \$ 3,800.00 x 0.07 = \$ 259.09 (Total Administrative CACFP salary)

Total operational hours worked on CACFP 0.00 + Total hours worked 176.00 = 0.00

Total Salary for month \$ 3,800.00 x 0.00 = \$ 0.00 (Total Operational CACFP salary)

Verify that payroll records are on file that verify the total wages as listed above.

Signature of Center Director/Authorized Representative

Owner Maria

Date 8-1-XX

Operational = 0

Administrative = 12

Non-CACFP = 164

# of Hours

- Total amounts from all employee PARs.
- Record those totals on the Monthly Profit (or Loss) Summary

# HOW? PERSONNEL ACTIVITY REPORT

## PAR Summary:

- Labor is a unique program cost
- Specific federal regulations govern the tracking
- Must be done in addition to payroll reports.
- CACFP Labor should be recorded as Administrative or Operational
- The documentation of labor must be actual time



# HOW? PROFIT (OR LOSS) SUMMARY

## Child and Adult Care Food Program MONTHLY PROFIT (OR LOSS) SUMMARY

- INSTRUCTIONS:**
- Annually ALL Child and Adult Care Food Program (CACFP) sponsors must document they operate their food service program at a non-profit status.
    - This means the amount of meal reimbursement must be compared to the expenses for providing food service and if reimbursement exceeds CACFP expenses, those excess funds must be retained in the non-profit food service account and used only for the support of CACFP. CACFP sponsors may only retain three months of excess CACFP funds. These funds must be used solely for the CACFP food service. See RNS Instruction 796-2 Revision 3 for CACFP allowable expenditures.
    - This form is intended as a guideline for documenting non-profit food service status on a monthly basis with a cumulative year to date (YTD) total. You may choose to use this form or a similar form created by your organization.
    - Documentation of non-profit food service status is to be maintained with CACFP files and will be examined when a CACFP review is completed.
  - Complete Section I with data for month.
  - Complete Section II with data from the Claim for Reimbursement to project reimbursement.
    - Print the Claim Analysis for the Sponsor Claim from Child Nutrition—ACES
    - Enter Voucher amounts below for Meals and Commodities
  - Complete Section III with allowable expenses for providing food service for the month. Calculate 15% cap on Administrative Costs.
  - Complete Section IV and determine your monthly Profit or Loss Status.
  - Complete Section V to determine cumulative annual Profit or Loss data. Refer to 1-A above if you determine you have a profit.

Section I: DATA		Section IV: MONTHS PROFIT/LOSS STATUS	
Month/Year	Institution's Name	GRAND TOTAL ALL REIMBURSEMENT →	\$ _____
		(From Section II-C)	
<b>Section II: REIMBURSEMENT</b>		ANY OTHER FOOD SERVICE REVENUE RECEIVED →	+ \$ _____
A. Meal Reimbursement For Month	\$ _____	TOTAL FOOD SERVICE REVENUE →	= \$ _____
B. Cash In Lieu Of Commodities For Month	\$ _____	TOTAL EXPENSES (From Section III) →	- \$ _____
C. GRAND TOTAL ALL REIMBURSEMENT (Total of Section A and B) Section II - C →	\$ _____		
<b>Section III: EXPENSE SUMMARY FOR MONTH</b>		<b>Section V: ANNUAL PROFIT/LOSS STATUS</b>	
Administrative Cost		MONTHLY (Check (✓) one)	
Administrative Labor	\$ _____	<input type="checkbox"/> Profit (+)	
Monitoring/Training	\$ _____	<input type="checkbox"/> Loss (-) = \$ _____	
Administrative Supplies	\$ _____		
Administrative Other	\$ _____	<b>Section V: ANNUAL PROFIT/LOSS STATUS</b>	
Total Administrative Costs	\$ _____	<b>CURRENT MONTH (From Section IV)</b>	
Food Service Labor	\$ _____	[Check (✓) one]	
Purchased Vended Meals	\$ _____	<input type="checkbox"/> Profit (+)	
Food Cost	\$ _____	<input type="checkbox"/> Loss (-) → \$ _____	
Allowable Nonfood Costs	\$ _____	<b>PREVIOUS MONTH'S YEAR TO DATE TOTAL (From Section V Previous Month)</b>	
Overhead Costs	\$ _____	[Check (✓) one]	
Other Costs (specify) _____	\$ _____	<input type="checkbox"/> Profit (+)	
TOTAL EXPENSES →	\$ _____	<input type="checkbox"/> Loss (-) → + \$ _____	
<b>15% CAP ON ADMINISTRATIVE COSTS</b>		<b>YEAR TO DATE TOTAL</b>	
Regulations allow sponsors to spend up to 15% of their annual reimbursement on Administrative Costs.		[Check (✓) one]	
Enter Total Meal Reimbursement (From Section II-A)		<input type="checkbox"/> Profit (+)	
\$ _____ × .15 (15%) = → \$ _____		<input type="checkbox"/> Loss (-) → = \$ _____	
Compare this amount to the Total Administrative Costs above. (From Section III)			
<input type="checkbox"/> Administrative Costs are less than 15% cap—No Action Needed.			
<input type="checkbox"/> Administrative Costs exceeded 15% cap—Monitor monthly to ensure no more than 15% of reimbursement is spent on Administrative Costs annually.			

## The Monthly Profit (or Loss) Summary is used to:

- Summarize reimbursement and expenditures
- Document the operation of a non-profit food service program

Meal Reimbursement

Cash in Lieu of Commodities

Administrative Expenses

Operational Expenses

Monthly and Annual Profit or Loss Status

# HOW? PROFIT (OR LOSS) SUMMARY

## Sections I and II:

Section II: Reimbursement amounts come from each institution's Claim Analysis for the month.

Child and Adult Care Food Program  
MONTHLY PROFIT (OR LOSS) SUMMARY

**INSTRUCTIONS:**

1. Accuracy: ALL Child and Adult Care Food Program (CACFP) sponsors must document they operate their food service program at a non-profit status.
  - a. This means the amount of meal reimbursement must be compared to the expenses for providing food service and if reimbursement exceeds CACFP expenses, those excess funds must be retained in the non-profit food service account and used only for the support of CACFP. CACFP sponsors may only retain their months of excess CACFP funds. These funds must be used solely for the CACFP food service. See FNS Instruction #6-2 Revision 3 for CACFP allowable expenditures.
  - b. This form is intended as a guideline for documenting non-profit food service status on a monthly basis with a cumulative year to date (YTD) total. You may choose to use this form or a similar form created by your organization.
  - c. Documentation of non-profit food service status is to be maintained with CACFP files and will be examined when a CACFP review is completed.
2. Complete Section I with data for month.
3. Complete Section II with data from the Claim for Reimbursement to project reimbursement.
  - a. Print or Scan Analysis for the Sponsor/Client from Child Nutrition—CDS.
  - b. Enter Teacher amounts below for Meals and Commodities.
4. Complete Section III with allowable expenses for providing food service for the month. Calculate 15% cap on Administrative Costs.
5. Complete Section IV and determine your monthly Profit or Loss Status. Refer to 1-A above if you determine you have a profit.

**6. COMPLETE SECTION V TO DETERMINE CONCLUSIVE SERVICE PROFIT OR LOSS STATUS.** Refer to 1-A above if you determine you have a profit.

Section I: DATA	Section IV: MONTHS PROFIT/LOSS STATUS
Month/Year _____ Institution's Name _____	GRAND TOTAL ALL REIMBURSEMENT → \$ _____ (From Section I-C)
<b>Section II: REIMBURSEMENT</b>	ANY OTHER FOOD SERVICE REVENUE RECEIVED _____
A. Meal Reimbursement For Month \$ _____	→ \$ _____
B. Cash In Lieu Of Commodities For Month \$ _____	
C. GRAND TOTAL ALL REIMBURSEMENT (Total of Section A and B) SECTION II - C → \$ _____	
<b>Section III: EXPENSE SUMMARY FOR MONTH</b>	TOTAL EXPENSES (From Section II) → \$ _____
Administrative Cost	MONTHLY (Check <input type="checkbox"/> one)
Administrative Labor \$ _____	<input type="checkbox"/> Profit (+) _____
Rent/Lease \$ _____	<input type="checkbox"/> Loss (-) \$ _____
Administrative Supplies \$ _____	
Administrative Other \$ _____	<input type="checkbox"/> Loss (-) _____
Total Administrative Costs \$ _____	
Food Service Labor \$ _____	<b>Section V: ANNUAL PROFIT/LOSS STATUS</b>
Purchased Vended Meals \$ _____	CURRENT MONTH (From Section II)
Food Cost \$ _____	(Check <input type="checkbox"/> one)
Allowable Nonfood Costs \$ _____	<input type="checkbox"/> Profit (+) _____
Overhead Costs \$ _____	<input type="checkbox"/> Loss (-) → \$ _____
Other Costs (specify) \$ _____	PREVIOUS MONTHS YEAR TO DATE TOTAL (From Section I Previous Month)
TOTAL EXPENSES → \$ _____	(Check <input type="checkbox"/> one)
	<input type="checkbox"/> Profit (+) _____
	<input type="checkbox"/> Loss (-) → \$ _____
	YEAR TO DATE TOTAL (Check <input type="checkbox"/> one)
	<input type="checkbox"/> Profit (+) _____
	<input type="checkbox"/> Loss (-) → \$ _____

**15% CAP ON ADMINISTRATIVE COSTS**  
Regulations allow sponsors to spend up to 15% of their annual reimbursement on Administrative Costs.

Enter Total Meal Reimbursement (From Section I-A) \$ \_\_\_\_\_ X .15 (15%) = → \$ \_\_\_\_\_

Complete this amount to the Total Administrative Costs above. (From Section II)

Administrative Costs are less than 15% cap—No Action Needed.

Administrative Costs EXCEED 15% cap—Monitor monthly to ensure no more than 15% reimbursement is spent on Administrative Costs annually.

SEE FNS 100

**Section I: DATA**

Month/Year \_\_\_\_\_ Institution's Name \_\_\_\_\_

**Section II: REIMBURSEMENT**

A. Meal Reimbursement For Month \$ \_\_\_\_\_

B. Cash In Lieu Of Commodities For Month \$ \_\_\_\_\_

C. GRAND TOTAL ALL REIMBURSEMENT (Total of Section A and B) Section II - C → \$ \_\_\_\_\_

# HOW? PROFIT (OR LOSS) SUMMARY

## Section III: Expense amounts come from:

- Personnel Activity Reports
- Cash Disbursements

Child and Adult Care Food Program  
MONTHLY PROFIT (OR LOSS) SUMMARY

**INSTRUCTIONS:**

1. **Annual:** All Child and Adult Care Food Program (CACFP) sponsors must document they operate their food service program at a non-profit status.
  - A. This means the amount of meal reimbursement must be compared to the expenses for providing food service and if reimbursement exceeds CACFP expenses, those excess funds must be retained in the non-profit food service account and used only for the support of CACFP. CACFP sponsors may only retain three months of excess CACFP funds. These funds must be used only for the CACFP food service. See FIG instruction 7(b) Section III for CACFP allowable expenditures.
  - B. This form is intended as a guideline for documenting non-profit food service status on a monthly basis with a cumulative year to date (YTD) total. You may choose to use this form as a service form created by your organization.
  - C. Documentation of non-profit food service status is to be maintained with CACFP files and will be examined when a CACFP review is completed.
2. Complete Section I with data for month.
3. Complete Section II with data from the Claim for Reimbursement to project reimbursement.
  - A. Print the Claim Analysis for the Sponsor Claim from Child Nutrition—ACES
  - B. Enter voucher amounts below for Meals and Commodities.
4. Complete Section III with allowable expenses for providing food service for the month. Calculate 15% cap on Administrative Costs.
5. Complete Section IV and determine your monthly Profit or Loss Status.
6. Complete Section V to determine cumulative annual Profit or Loss data. Refer to 1-4 above if you determine you have a profit.

**Section I: DATA**

Month/Year: \_\_\_\_\_ Institution's Name: \_\_\_\_\_

**Section II: REIMBURSEMENT**

A. Meal Reimbursement For Month: \$ \_\_\_\_\_

B. Cash in Lieu Of Commodities For Month: \$ \_\_\_\_\_

C. GRAND TOTAL ALL REIMBURSEMENT (Total of A + B): \$ \_\_\_\_\_

**Section III: EXPENSE SUMMARY FOR MONTH**

Administrative Cost: \$ \_\_\_\_\_

Food Service Labor: \$ \_\_\_\_\_

Purchased Vended Meals: \$ \_\_\_\_\_

Food Cost: \$ \_\_\_\_\_

Allowable Nonfood Costs: \$ \_\_\_\_\_

Overhead Costs: \$ \_\_\_\_\_

Other Costs (specify): \$ \_\_\_\_\_

**TOTAL EXPENSES**: \$ \_\_\_\_\_

**Section IV: MONTHS PROFIT/LOSS STATUS**

GRAND TOTAL ALL REIMBURSEMENT (From Section II): \$ \_\_\_\_\_

ANY OTHER FOOD SERVICE REVENUE RECEIVED: \$ \_\_\_\_\_

TOTAL FOOD SERVICE REVENUE: \$ \_\_\_\_\_

TOTAL EXPENSES (From Section III): \$ \_\_\_\_\_

**Section V: ANNUAL PROFIT/LOSS STATUS**

CURRENT MONTH (From Section IV): \$ \_\_\_\_\_

PROFIT (+) / LOSS (-): \$ \_\_\_\_\_

MONTHLY YEAR TO DATE TOTAL (From Section V Previous Month): \$ \_\_\_\_\_

PROFIT (+) / LOSS (-): \$ \_\_\_\_\_

YTD TO DATE TOTAL (From Section V): \$ \_\_\_\_\_

PROFIT (+) / LOSS (-): \$ \_\_\_\_\_

**15% CAP ON ADMINISTRATIVE COSTS**

Regulations allow sponsors to spend up to 15% of their annual reimbursement on Administrative Costs.

Enter Total Meal Reimbursement (From Section II-A): \$ \_\_\_\_\_

$\times .15 (15\%) = \rightarrow \$$  \_\_\_\_\_

Compare this amount to the Total Administrative Costs above. (From Section III)

Administrative Costs are less than 15% cap—No Action Needed.

Administrative Costs exceed 15% cap—Monitor monthly to ensure no more than 15% of reimbursement is spent on Administrative Costs annually.

**Section III: EXPENSE SUMMARY FOR MONTH**

Administrative Cost

Administrative Labor \$ \_\_\_\_\_

Monitoring/Training \$ \_\_\_\_\_

Administrative Supplies \$ \_\_\_\_\_

Administrative Other \$ \_\_\_\_\_

Total Administrative Costs ..... \$ \_\_\_\_\_

Food Service Labor ..... \$ \_\_\_\_\_

Purchased Vended Meals ..... \$ \_\_\_\_\_

Food Cost ..... \$ \_\_\_\_\_

Allowable Nonfood Costs ..... \$ \_\_\_\_\_

Overhead Costs ..... \$ \_\_\_\_\_

Other Costs (specify) ..... \$ \_\_\_\_\_

**TOTAL EXPENSES** → \$ \_\_\_\_\_

**15% CAP ON ADMINISTRATIVE COSTS**

Regulations allow sponsors to spend up to 15% of their annual reimbursement on Administrative Costs.

Enter Total Meal Reimbursement (From Section II-A)

\$ \_\_\_\_\_  $\times .15 (15\%) = \rightarrow \$$  \_\_\_\_\_

Compare this amount to the Total Administrative Costs above. (From Section III)

Administrative Costs are less than 15% cap—No Action Needed.

Administrative Costs exceed 15% cap—Monitor monthly to ensure no more than 15% of reimbursement is spent on Administrative Costs annually.

# HOW? PROFIT (OR LOSS) SUMMARY

## Calculation of 15% Cap on Administrative Costs:

- Administrative Costs that exceed 15% of CACFP reimbursement should be covered with non-CACFP funds.

Child and Adult Care Food Program  
MONTHLY PROFIT (OR LOSS) SUMMARY

**INSTRUCTIONS:**

- Annually ALL Child and Adult Care Food Program (CACFP) sponsors must document they operate their food service program at a non-profit status.
  - This means the amount of meal reimbursement must be compared to the expenses for providing food service and if reimbursement exceeds CACFP expenses, those excess funds must be retained in the non-profit food service account and used only for the support of CACFP. CACFP sponsors may only retain three months of excess CACFP funds. These funds must be used solely for the CACFP food service. See FNS instruction 795-2, Section 3 for CACFP allowable expenditures.
- This form is intended as a guideline for documenting non-profit food service status on a monthly basis with a cumulative year to you may choose to use the form or a similar form created by your organization.
- Documentation of non-profit food service status is to be maintained with CACFP files and will be examined when a CACFP review is conducted.

- Complete Section I with data for month.
- Complete Section II with data from the Claim for Reimbursement to project reimbursement.
  - Print the Claim Analysis for the Sponsor Claim from Child Nutrition—AGE.
  - Enter Voucher amounts below for Meals and Commodities.
- Complete Section III with allowable expenses for providing food service for the month. Calculate 15% cap on Administrative Costs.
- Complete Section IV and determine your monthly Profit or Loss Status.
- Complete Section V to determine cumulative annual Profit or Loss data. Refer to 1-A above if you determine you have a non-profit status.

Section I: DATA	Section IV: MONTHS PROFIT/LOSS STATUS
Month/Year: _____ Institution's Name: _____	GRAND TOTAL ALL REIMBURSEMENT (From Section II) → \$ _____
<b>Section II: REIMBURSEMENT</b>	ANY OTHER FOOD SERVICE REVENUE RECEIVED → + \$ _____
A. Meal Reimbursement For Month \$ _____	TOTAL FOOD SERVICE REVENUE → + \$ _____
B. Cash in Lieu of Commodities For Month \$ _____	TOTAL EXPENSES (From Section III) → \$ _____
C. GRAND TOTAL ALL REIMBURSEMENT (Total of Section A and B) SECTION II: C → \$ _____	MONTHLY (Check <input type="checkbox"/> one)
<b>Section III: EXPENSE SUMMARY FOR MONTH</b>	<input type="checkbox"/> Profit (+) = \$ _____
Administrative Cost	<input type="checkbox"/> Loss (-) = \$ _____
Administrative Labor \$ _____	
Printing/Training \$ _____	<b>Section V: ANNUAL PROFIT/LOSS STATUS</b>
Administrative Supplies \$ _____	CURRENT MONTH (From Section IV)
Administrative Other \$ _____	(Check <input type="checkbox"/> one)
Total Administrative Costs \$ _____	<input type="checkbox"/> Profit (+)
Food Service Labor \$ _____	<input type="checkbox"/> Loss (-)
Purchased Vended Meals \$ _____	PREVIOUS MONTHS YEAR TO DATE TOTAL (From Section V Previous Month)
Food Cost \$ _____	(Check <input type="checkbox"/> one)
Allowable Nonfood Costs \$ _____	<input type="checkbox"/> Profit (+)
Overhead Costs \$ _____	<input type="checkbox"/> Loss (-)
Other Costs (specify) \$ _____	YEAR TO DATE TOTAL (Check <input type="checkbox"/> one)
	<input type="checkbox"/> Profit (+)
	<input type="checkbox"/> Loss (-)

**15% CAP ON ADMINISTRATIVE COSTS**  
Regulations allow sponsors to spend up to 15% of their annual reimbursement on Administrative Costs.

Enter Total Meal Reimbursement (From Section II-A)

**\$ 2,350.75** × .15 (15%) = → **\$ 352.61**

Compare this amount to the Total Administrative Costs above. (From Section III)

Administrative Costs are less than 15% cap—No Action Needed.

Administrative Costs exceed 15% cap—Monitor monthly to ensure no more than 15% of reimbursement is spent on Administrative Costs annually.

**15% CAP ON ADMINISTRATIVE COSTS**  
Regulations allow sponsors to spend up to 15% of their annual reimbursement on Administrative Costs.  
Enter Total Meal Reimbursement (From Section II-A)  
\$ \_\_\_\_\_ × .15 (15%) = → \$ \_\_\_\_\_  
Compare this amount to the Total Administrative Costs above. (From Section III)  
 Administrative Costs are less than 15% cap—No Action Needed.  
 Administrative Costs exceed 15% cap—Monitor monthly to ensure no more than 15% of reimbursement is spent on Administrative Costs annually.  
SECTION 795-2

# HOW? PROFIT (OR LOSS) SUMMARY

## Section IV: Calculating Monthly Profit (or Loss)

**Child and Adult Care Food Program**  
**MONTHLY PROFIT (OR LOSS) SUMMARY**

**INSTRUCTIONS:**

- Annually ALL Child and Adult Care Food Program (CACFP) sponsors must document they operate their food service program at a non-profit status.
  - This means the amount of meal reimbursement must be compared to the expenses for providing food service and if reimbursement exceeds CACFP expenses, those excess funds must be retained in the non-profit food service account and used only for the support of CACFP. CACFP sponsors may only retain three months of excess CACFP funds. These funds must be used solely for the CACFP food service. See FNS Instruction 7552-Revision 3 for CACFP allowable expenditures.
  - This form is intended as a guide for sponsors to use in determining their monthly profit or loss status. You may choose to use this form or a similar form created by your organization.
  - Documentation of non-profit food service status is to be maintained with CACFP files and will be examined when a CACFP review is completed.
- Complete Section I with data for month.
- Complete Section II with data from the Claim for Reimbursement to project reimbursement.
  - Print the Claim Analysis for the Sponsor Claim from Child Nutrition—ACES
  - Enter Voucher amounts below for Meals and Commodities
- Complete Section III with allowable expenses for providing food service for the month. Calculate 15% cap on Administrative Costs.
- Complete Section IV and determine your monthly Profit or Loss Status.
- Complete Section V to determine cumulative annual Profit or Loss data. Refer to 1-A above. From determine you have a profit.

**Section I - DATA**

Month/Year \_\_\_\_\_ Institution's Name \_\_\_\_\_

**Section II - REIMBURSEMENT**

A. Meal Reimbursement For Month \$ \_\_\_\_\_

B. Cash/Value Of Commodities For Month \$ \_\_\_\_\_

C. **GRAND TOTAL ALL REIMBURSEMENT** (Total of Section A and B) Section II - C → \$ \_\_\_\_\_

**Section III - EXPENSE SUMMARY FOR MONTH**

Administrative Cost

Administrative Labor \$ \_\_\_\_\_

Monitoring/Training \$ \_\_\_\_\_

Administrative Supplies \$ \_\_\_\_\_

Administrative Other \$ \_\_\_\_\_

Total Administrative Costs \$ \_\_\_\_\_

Food Service Labor \$ \_\_\_\_\_

Purchased Vended Meals \$ \_\_\_\_\_

Food Cost \$ \_\_\_\_\_

Allowable Nonfood Costs \$ \_\_\_\_\_

Overhead Costs \$ \_\_\_\_\_

Other Costs (Specify) \_\_\_\_\_

**TOTAL EXPENSES** → \$ \_\_\_\_\_

**15% CAP ON ADMINISTRATIVE COSTS**

Regulations allow sponsors to spend up to 15% of their annual reimbursement on Administrative Costs.

Enter Total Meal Reimbursement (From Section II-A)

\$ \_\_\_\_\_ × .15 (15%) = → \$ \_\_\_\_\_

Compare this amount to the Total Administrative Costs above. (From Section III)

Administrative Costs are less than 15% cap—No Action Needed.

Administrative Costs exceeded 15% cap—Monitor monthly to ensure no more than 15% of reimbursement is spent on Administrative Costs annually.

5582-87-93 (3/04)

**Section IV: MONTH'S PROFIT/LOSS STATUS**

**GRAND TOTAL ALL REIMBURSEMENT** → + \$ **2,350.75**

**ANY OTHER FOOD SERVICE REVENUE RECEIVED** → + \$ **0**

**TOTAL FOOD SERVICE REVENUE** → = \$ **2,350.75**

**TOTAL EXPENSES (From Section III)** → - \$ **4627.58**

**MONTHLY [Check (✓) one]**

Profit (+)

**Loss (-)** = \$ **<2276.83>**

Total Expenses are exceeding total Reimbursement, so this institutions is showing a loss for this month.



# HOW? PROFIT (OR LOSS) SUMMARY

## Section V: Year to Date

### Child and Adult Care Food Program MONTHLY PROFIT (OR LOSS) SUMMARY

- INSTRUCTIONS:**
- Annually ALL Child and Adult Care Food Program (CACFP) sponsors must document they operate their food service program at a non-profit status.
    - This means the amount of meal reimbursement must be compared to the expenses for providing food service and if reimbursement exceeds CACFP expenses, those excess funds must be retained in the non-profit food service account and used only for the support of CACFP. CACFP sponsors may only retain three months of excess CACFP funds. These funds must be used solely for the CACFP food service. See FNS Instruction 796-2 Revision 3 for CACFP allowable expenditures.
    - This form is intended as a guideline for documenting non-profit food service status on a monthly basis with a cumulative year to date (YTD) total. You may choose to use this form or a similar form created by your organization.
    - Documentation of non-profit food service status is to be maintained with CACFP files and will be examined when a CACFP review is completed.
  - Complete Section I with data for month.
  - Complete Section II with data from the Claim for Reimbursement to project reimbursement.
    - Print the Claim Analysis for the Sponsor Claim from Child Nutrition—ACES
    - Enter Voucher amounts below for Meals and Commodities
  - Complete Section III with allowable expenses for providing food service for the month. Calculate 15% cap on Administrative Costs.
  - Complete Section IV and determine your monthly Profit or Loss Status.
  - Complete Section V to determine cumulative annual Profit or Loss data. Refer to 1-A above if you determine you have a profit.

Section I: DATA		Section IV: MONTH'S PROFIT/LOSS STATUS	
Month/Year	Institution's Name	GRAND TOTAL ALL REIMBURSEMENT →	\$ _____
<b>Section II: REIMBURSEMENT</b>		ANY OTHER FOOD SERVICE REVENUE RECEIVED → +	\$ _____
A. Meal Reimbursement For Month	\$ _____	TOTAL FOOD SERVICE REVENUE → -	\$ _____
B. Cash In Lieu Of Commodities For Month	\$ _____	TOTAL EXPENSES (From Section III) → -	\$ _____
C. GRAND TOTAL ALL REIMBURSEMENT (Total of Section A and B) Section II - C	\$ _____	MONTHLY [Check (✓) one]	<input type="checkbox"/> Profit (+) = \$ _____
<b>Section III: EXPENSE SUMMARY FOR MONTH</b>		<input checked="" type="checkbox"/> Loss (-) → =	\$ _____
Administrative Cost		<b>Section V: ANNUAL PROFIT/LOSS STATUS</b>	
Administrative Labor	\$ _____	CURRENT MONTH (From Section IV)	
Monitoring/Training	\$ _____	[Check (✓) one]	<input type="checkbox"/> Profit (+)
Administrative Supplies	\$ _____		<input type="checkbox"/> Loss (-) → \$ _____
Administrative Other	\$ _____	PREVIOUS MONTH'S YEAR TO DATE TOTAL (From Section V Previous Month)	
Total Administrative Costs	\$ _____	[Check (✓) one]	<input type="checkbox"/> Profit (+)
Food Service Labor	\$ _____		<input checked="" type="checkbox"/> Loss (-) → + \$ _____
Purchased Vended Meals	\$ _____	YEAR TO DATE TOTAL	
Food Cost	\$ _____	[Check (✓) one]	<input type="checkbox"/> Profit (+)
Allowable Nonfood Costs	\$ _____		<input checked="" type="checkbox"/> Loss (-) → = \$ _____
Overhead Costs	\$ _____	<b>15% CAP ON ADMINISTRATIVE COSTS</b>	
Other Costs (specify)	\$ _____	Regulations allow sponsors to spend up to 15% of their annual reimbursement on Administrative Costs.	
TOTAL EXPENSES →	\$ _____	Enter Total Meal Reimbursement (From Section II-A)	
		\$ _____ × .15 (15%) = → \$ _____	
		Compare this amount to the Total Administrative Costs above. (From Section III)	
		<input type="checkbox"/> Administrative Costs are <b>less</b> than 15% cap—No Action Needed.	
		<input type="checkbox"/> Administrative Costs <b>exceed</b> 15% cap—Monitor monthly to ensure no more than 15% of reimbursement is spent on Administrative Costs annually.	

Section V: ANNUAL PROFIT/LOSS STATUS	
CURRENT MONTH (From Section IV)	
[Check (✓) one]	<input type="checkbox"/> Profit (+)
	<input checked="" type="checkbox"/> Loss (-) → <b>&lt;2276.83&gt;</b>
	\$ _____
PREVIOUS MONTH'S YEAR TO DATE TOTAL (From Section V Previous Month)	
[Check (✓) one]	<input type="checkbox"/> Profit (+)
	<input checked="" type="checkbox"/> Loss (-) → + <b>&lt;25,786.50&gt;</b>
	\$ _____
YEAR TO DATE TOTAL	
[Check (✓) one]	<input type="checkbox"/> Profit (+)
	<input checked="" type="checkbox"/> Loss (-) → = <b>&lt;28,063.33&gt;</b>
	\$ _____

Showing a profit for the Year to Date?

- Only three months worth of CACFP reimbursement may be retained.



# HOW? PROFIT (OR LOSS) SUMMARY

## Monthly Profit (or Loss) Summary:

- Summarizes reimbursement and expenditures
- Document the operation of a non-profit food service program



# HOW? ANNUAL FINANCIAL REPORT

## Annual Financial Report

- **Simplify completion:**
  - Cash Disbursements
  - Personnel Activity
  - Monthly Profit (or Loss) Summary
- **Due at end of CACFP fiscal year.**
- **Completed in IWAS/ ACES for FY 13.**



# HOW? ANNUAL FINANCIAL REPORT

## AFR Collection Worksheet

AFR Collection Worksheet for Federal Fiscal Year 2013

	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	July 2013	August 2013	September 2013	Total 2013
1 CACFP Meal Reimbursement													0
2 CACFP Cash in Lieu of Commodities													0
3 Other Food Service Revenue Received (Food prepared but sold to other centers or sold as adult meals)													0
4 <b>Total Revenue</b>	0	0	0	0	0	0	0	0	0	0	0	0	0
5 <u>Administrative Costs</u>													
5a Administrative Labor													0
5b Monitoring/Training													0
5c Administrative Supplies													0
5d Administrative Other													0
5e <b>Total Administrative Costs</b>	0	0	0	0	0	0	0	0	0	0	0	0	0
6 Food Service Labor													0
7 Purchased Vended Meals													0
8 Food Costs													0
9 Allowable Non-food Costs													0
10 Overhead Costs													0
11 Other Costs (specify)													0
12 <b>Total Expenditures</b>	0	0	0	0	0	0	0	0	0	0	0	0	0
13 <b>Current Year</b>													

## AFR Collection Worksheet

- Completion of worksheet not required
- Will help with completion of the AFR

# RECORDKEEPING REVIEW:

## Chapter 6: Recordkeeping



- 6.1 Recordkeeping Requirements
  - Program Records
  - Eligibility/Enrollment Documentation
  - Claim for Reimbursement
  - Meal Counts, Menus, and Meal Service
  - Expenditures
- 6.2 Documenting Operation of a Non-profit Food Program
  - Maintaining Records
- 6.3 Meal Counts and Menus

- Training modules on the ISBE website
- Chapter 6 - Administrative Handbook for CACFP Centers
- See FNS instructions 796-2 Revision 3 for CACFP allowable expenditures.

# QUESTIONS?

**Are the following allowable expenses for the CACFP?:**

- **Mortgage – NO**
- **Building Insurance – NO**
- **Appliances/food service equipment – Yes, may be included with allowable non-food costs, up to \$5,000**
- **Janitorial service – Yes, may be included with allowable non-food costs. Will require a cost allocation plan to determine CACFP portion of expense if the service is for the entire center.**
- **Trash can liners – Yes, may be included with allowable non-food costs. Will require a cost allocation plan to determine CACFP portion of expense if they are purchased in bulk for the entire center.**

# QUESTIONS?

**Are the following allowable expenses for the CACFP?:**

- **Plumbing repairs** – Yes, may be included in Overhead Costs if the repairs only effect the food service. No, if the repair benefits the entire center's operation.
- **Fuel/transportation costs:**
  - If added to an invoice for delivery service of groceries – Yes, may be included as part of food costs as long as the fee is reasonable.
  - If added to an invoice under a vended meals contract – No, fuel/transportation costs need to be built-in to the per meal price in the contract. It should not be billed separately.