



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
DOCUMENTATION OF NONPROFIT FOODSERVICE

Example - Correct

FACILITY NAME ANN'S ANGELS DAY CARE CENTER						CLAIM MONTH MARCH CLAIM \$2,450.10	
POSITION TITLE/EMPLOYEE	SALARY PER HOUR	X	HOURS WORKED PER DAY ON FOODSERVICE	X	DAYS WORKED PER MONTH	=	SUB TOTALS
<i>Center Director</i>	\$10.00 / hour	X	1 hour / day = \$10.00	X	20 days / month	=	\$200.00
<i>Teacher Aide</i>	\$8.50 / hour	X	2.5 hours / day = \$21.25	X	20 days / month	=	\$425.00
<i>Cook</i>	\$7.50 / hour	X	6 hours / day = \$45.00	X	20 days / month	=	\$900.00
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
TOTAL LABOR COST						=	\$1,525.00

INDIRECT COSTS	AMOUNT	X	PERCENT OF FOODSERVICE USEAGE OR PERCENT OF FOODSERVICE SQUARE FOOTAGE	=	SUB TOTALS		GRAND TOTAL SPENT ON CACFP	
<i>Waste disposal</i>	\$48.00	X		=	\$48.00	TOTAL FOOD COSTS (MAINTAIN RECEIPTS)	\$1, 225.00	
<i>Utilities</i>	\$240.00	X	15%	=	\$36.00	TOTAL NON-FOOD COSTS (MAINTAIN RECEIPTS)		
		X		=		TOTAL LABOR COSTS	\$1,525.00	
		X		=		TOTAL INDIRECT COSTS (IF APPLICABLE)	\$84.00	
TOTAL INDIRECT COSTS					=	\$84.00	GRAND TOTAL	\$2834.00