

7/20/2018

COST ALLOCATION WORKSHEET

Name of Sponsoring Organization or Institution _____ Fiscal Year _____

Name of Center/Site/Facility _____ CACFP
SFSP

A. Total Square Footage of Center/Site/Facility _____

Square footage of kitchen _____

Square footage of food pantry _____

(If Applicable) Square footage of dining area _____

% of Allocated Food Service Space _____ %

(Sum of B. Total Food Service Sq. Ft. Space divided by A. Total Square Footage)

B. Total Food Service Square Footage Space _____

	Estimated Annual Cost		Allocation%	Estimated Annual Allowable Expense
--	------------------------------	--	--------------------	---

Rent/Mortgage Payment _____ X _____

Electricity _____ X _____

Gas _____ X _____

Water _____ X _____

Pest Control _____ X _____

Trash _____ X _____

Internet _____ X _____

Combined Service's (list below) _____ X _____

Other (list below) _____

_____ X _____

_____ X _____

Estimated Annual Expense TOTAL: \$ _____

(this amount should match Budget Line Item)

You must submit documentation to support any of the above costs categories with this cost allocation plan prior to approval.
(Example: **Rent**-Rental Agreement, **Mortgage**- Amortization Schedule, **Utilities/Internet**- One monthly bill, **Pest Control/Trash**-Contract/monthly bill)

Submitted by: _____ Date: _____

Approved by: _____ Date: _____

Denied by: _____ Date: _____ (Appeal Procedures Attached)

Reasons: _____

7/20/2018