CACFP BUDGET-CENTERS

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
CHILD NUTRITION AND FOOD DISTRIBUTION
SFN 52041 (rev. 7/07)

This Form Collects Financial Information on the Food Service Account Only

Check which fiscal operating cycle you follow:
☐ July 1 – June 30 ☐ October 1 – September 30 ☐ January 1 – December 31 ☐ Other (detail)

Enter most recent fiscal year completed:

LA #:	LA Name:

1. Food Service Revenue									
A. Estimated amount of reimbursement expected for the year.							.		
2. Other Sources of Financial Support									
A. If CACFP reimbursement does not cover the entire cost of your food service operation, the costs must be paid from other sources such as corporate or business funds. Indicate the amount of non-CACFP funds that are used to support food service at your center(s).							.		
I. Total Food Service Revenue (Add #1 and #2)							.		
3. Food Service Expenses									
A. Food Service Salaries/Benefits							.		
B. Administrative Salaries/Benefits (ONLY if supported in part or full by the food service account.)							.		
C. Food Contracts							.		
D. Food Purchases							.		
E. Food Service Equipment							.		
F. Other Food Service Expenses (non-food supplies)							.		
II. Total Food Service Expenses (Add all items in #3)							.		
4. I. – II. = Ending Balance in the Food Service Account **(must be zero or positive number)**									

Signature of Person Completing the Report	Telephone number

Do you anticipate that your food service income and expenses will change significantly over the next 12 months?
☐ No ☐ Yes (describe below)

Description: