

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 \_\_\_\_\_

	<u>Estimated Annual Cost</u>		<u>Allocation%</u>	<u>Estimated Annual Allowable Expense</u>
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: \_\_\_\_\_

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