

**ARIZONA DEPARTMENT OF EDUCATION
CHILD AND ADULT CARE FOOD PROGRAM CENTER SPONSOR CLAIM**

Claims must be received by the 10th of the month following the claim month. Claim(s) are to be submitted electronically at the CNP Web at <https://www.ade.az.gov/commonlogon>. Sponsor must retain a copy of claim for permanent record.

CTD # _____ Sponsor _____

Claim Month/Year: _____	Type of Submission: <input type="checkbox"/> Original <input type="checkbox"/> Revision Date of Revision: _____
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Income Received During Claim Month

Non-CACFP Income _____
CACFP Income _____
Value of Cash/Non-Cash Donations _____
Value of Excess Personnel Meals _____

Examples of CACFP Administrative and Operational Costs

Itemized Costs	Administrative Costs Overseeing Compliance (managing CACFP)	Operational Costs Direct Meal Service (preparation and service of meals)
Labor	Owner, Director, Monitor	Teachers, Cook
Benefits	Owner, Director, Monitor	Teachers, Cook
Staff Training	Labor, travel, materials for training	Food handler/food safety mgr training
Food	N/A	Net food used/delivered
Supplies and Equipment	CACFP office supplies; paper, pens, etc.	Bleach, paper plates/cups, pans, etc.
Rent/Mortgage	Office area	Kitchen, service areas
Contracted Services	Storage facility, computer maintenance	Pest control, refrigerator repair
Communication & Utilities	Phone, internet	Electricity, water
Other Costs	Computer, copy machine	Stove, refrigerator, grocery shopping

Actual CACFP Expenditures During Claim Month

	Administrative	Operational
Salaries	\$	\$
Benefits	\$	\$
Food	N/A	\$
Supplies	\$	\$
Rent or Mortgage	\$	\$
Contracted Services	\$	\$
Communication and Utilities	\$	\$