

Region 2 Area Agency on Aging Nutrition Budget

BUDGET SUMMARY
(Dollars Only: No Cents)

(Only fill in yellow cells)

1.	Agency Name					
2.	Nutrition Service					
3.	Budget Period:	10/1/16 TO 9/30/2017			18. TOTAL BUDGETED CLIENTS	
4.	Date prepared:				19. TOTAL BUDGETED MEALS	
5.	Revision number:				20. TOTAL MEAL COST	
					21. MEAL SHARE/MEAL RATE	
Federal/State/Program Income/Local Match Budget Categories						
		(A) Meal Production	(B) Program Mgt/Admin	(C) Meal Delivery	(D) Nutrition Education	(E) Nutrition Assessment
	(Line Item)					
6.	Salary and Wages					
7.	Fringe Benefits					
8.	Raw Food	\$0.00				
9.	Travel					
10.	Supplies Kitchen/Office					
11.	Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12.	Rent/Utilities/Space					
13.	Communications					
14.	Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15.	GROSS TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16.	Less Program Income					
17.	NET BUDGET	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Match =

- 22. Less: USDA CASH
- 23. Sub-Total
- 24. Non-Federal/State Share
- 25. Federal C-1 Share
- 26. State Congregate Share
- 27. R2AAA Funding

Certification: I certify that I am authorized to sign on behalf of this agency. The budget amounts represent necessary and proper costs for implementing this program. Adequate documentation and records will be maintained to support all program expenditures.

22.	Signature	Title
	Printed/Typed Name:	
	Printed Name	Printed Title

R2AAA USE ONLY

Fiscal Budget Approval:

23.	Signature	Title
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Printed/Typed Name:

Brenda L. Lang

Finance Director

Printed Name

Printed Title

(F)
Subtotal
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
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\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00

Amount
\$0.00

