

**IX. CHILD CARE CENTER  
INCOME AND EXPENSES  
(for contracted operators)  
FISCAL YEAR**

**Contract Number:**

**Development Name:**

**Name of Facility:**

**#FHDP Slots/Total Slots:**

| I. INCOME   | BUDGET | ACTUAL |
|---|--------|--------|
| 1. Parent Fees  |        |        |
| 2. Child Care Food/National Lunch Program   |        |        |
| 3. Reimbursement for GAIN children  |        |        |
| 4. Reimbursement for WIN children   |        |        |
| 5. Reimbursement from State Dept. of Education  |        |        |
| 6. Reimbursement from JPTA  |        |        |
| 7. Lease Payments   |        |        |
| 8. Other (Specify)  |        |        |
| a.  |        |        |
| b.  |        |        |
| c.  |        |        |
| d.  |        |        |
| 9. TOTAL INCOME   |        |        |
| II. EXPENSES  |        |        |
| 10. Care and Services   |        |        |
| a. Food   |        |        |
| b. Housekeeping - Cleaning supplies.....<br>Laundry and dry cleaning.....             |        |        |
| c. Equipment for programs and recreational activities                                 |        |        |
| d. Books, newspapers, magazines, etc.   |        |        |
| e. Medical expenses (including first-aid supplies)                                    |        |        |
| f. Transportation for clients   |        |        |
| 11. General Administration  |        |        |
| a. Salaries (professional, clerical, housekeeping, etc.)                              |        |        |
| b. Fringe benefits (Unemployment Insurance, Worker's Comp, OASDI,<br>retirement fund) |        |        |
| c. Transportation (Gen.) Auto maintenance, insurance                                  |        |        |
| d. Telephone  |        |        |
| e. Office supplies, postage, etc.   |        |        |
| f. Advertising, publicity, printing, etc.   |        |        |
| g. Business licenses, professional memberships, conference cost, etc.                 |        |        |
| h. Bonding and public liability insurance   |        |        |
| i. Fire insurance   |        |        |
| 12. Physical Plant  |        |        |
| a. Rent, lease, or mortgage payments  |        |        |
| b. Taxes (on personal and real property)  |        |        |
| c. Utilities: Gas.....<br>Electricity.....<br>Water.....                              |        |        |
| d. Rubbish and garbage collection   |        |        |
| e. Maintenance and repairs: For equipment.....<br>For buildings and grounds.....      |        |        |
| f. Furniture and equipment  |        |        |
| 13. TOTAL EXPENSES  |        |        |
| III. GROSS PROFIT (OR LOSS)<br>(Line 4 minus Line 13)                                 |        |        |

|               |        |       |
|---------------|--------|-------|
| Completed by: | Title: | Date: |
|---------------|--------|-------|