

Family Child Care Home: \_\_\_\_\_

**Annual Operating Expenses**

Budget Period: \_\_\_\_\_ to \_\_\_\_\_  
 mm/dd/yy mm/dd/yy

**PROJECTED EXPENSES**

Expenses

**I. Wages & Benefits**

	<u>FTEs*</u>	<u>Average</u>	<u>Total</u>
FCCH Provider/Owner	0	\$0	\$ -
Teacher Assistants	0	0	\$ -
Other Staff ( please specify)	0	0	\$ -
Total FTE's	0		
<b>Total wages</b>			\$ -
<b>Fringe Benefits @ __%</b>			\$ -
<b>SUBTOTAL WAGES &amp; BENEFITS</b>			<b>\$ -</b>

**II. CONTRACTUAL (include all that apply)**

Consultants,Bookeeping,Tax Prep, etc., if applicable	\$ -
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**III. SUPPLIES - Educational, Office, other**

Office, Educational, Household, Kitchen, Diapers, Medical	\$ -
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**IV. RENT/MORTGAGE & UTILITIES/TELEPHONE**

% of rent/mortgage	\$ -
Utilities (gas, electric, water, garbage, internet, other)	\$ -

**V. FACILITY MAINTENANCE & REPAIRS**

Repairs, Equipment & Supplies & landscaping	\$ -
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**VI. OTHER PROGRAM COSTS**

1 Furniture, Equipment & Classroom supplies	\$ -
2 Auto and mileage expenses, if applicable	\$ -
3 Child & Parent Services (field trips, parent meetings, etc.)	\$ -
4 Professional Development / subscriptions & dues	\$ -
5 Food & Formula for Children	\$ -
6 Liability Insurance and workman's comp	\$ -
7 Legal Fees	\$ -
8 Misc. (marketing, bank charges, dues, insurance, etc.)	\$ -

**TOTAL PROJECTED EXPENSES**

\$ -
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**PROJECTED REVENUE**

Parent Tuition or Co-Payments	\$ -
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Child Care Reimbursement	\$ -
Federal, State or Local Education Funding	\$ -
USDA Reimbursement (Food Program)	\$ -
Other public grants (please specify)	\$ -
<b>TOTAL REVENUE</b>	\$ -
Less 5% for uncollectable fees; bad debts, etc.	\$ -
<b>TOTAL PROJECTED REVENUE</b>	\$ -
<b>TOTAL PROFIT OR (LOSS)</b>	\$ -