

## Adult Care Food Program Supplemental Budget Request Form

This form must be signed annually by ALL providers, even if there are no requests for approval.

Name of Institution \_\_\_\_\_

Contract Number \_\_\_\_\_

Adult Care Food Program institutions must submit prior written request for supplemental budget items formally "Other" budget items. Please note, there is no extra money awarded or reimbursed for any items requested. These items, if approved, will only factor in to your facilities allowable costs.

Examples of items requiring prior specific written approval include, but are not limited to: communication costs, smoke detectors, fire extinguishers, computer hardware and software, equipment purchases and repairs, insurance, materials and supplies, legal expenses, professional services, equipment depreciation and use allowance.

Budget Item \_\_\_\_\_ Budget Amount \_\_\_\_\_

Budget Item \_\_\_\_\_ Budget Amount \_\_\_\_\_

Budget Item \_\_\_\_\_ Budget Amount \_\_\_\_\_

☐ No budget items requested at this time.

\_\_\_\_\_  
Signature of Chairperson of the Board,

President of the Board, Owner, or

Delegated Authority

**Florida Department of Elder Affairs/ACFP Approval**

**Approval Date** \_\_\_\_\_ **Denial Date** \_\_\_\_\_

**Contract Manager** \_\_\_\_\_

**Unit Manager** \_\_\_\_\_