

Region 2 Area Agency on Aging Nutrition Budget

BUDGET SUMMARY
(Dollars Only: No Cents)

(Only fill in yellow cells)

1.	Agency Name						Page 1 of 2
2.	Nutrition Service						
3.	Budget Period:	10/1/2022 to 9/30/2023				18. TOTAL BUDGETED CLIENTS	
4.	Date prepared:					19. TOTAL BUDGETED MEALS	
5.	Revision number:					20. TOTAL MEAL COST	#DIV/0!
						21. MEAL SHARE/MEAL RATE	#DIV/0!
Federal/State/Program Income/Local Match Budget Categories							
	(Line Item)	(A) Meal Production	(B) Program Mgt/Admin	(C) Meal Delivery	(D) Nutrition Education	(E) Nutrition Assessment	(F) Total Program Expenditures
6.	Salary and Wages						\$0.00
7.	Fringe Benefits						\$0.00
8.	Raw Food	\$0.00					\$0.00
9.	Travel						\$0.00
10.	Supplies Kitchen/Office						\$0.00
11.	Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12.	Rent/Utilities/Space						\$0.00
13.	Communications						\$0.00
14.	Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15.	GROSS TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16.	Less Program Income						\$0.00
17.	NET BUDGET	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
						22. Less: USDA CASH	
						23. Sub-Total	\$0.00
Match = #DIV/0!						24. Non-Federal/State Share	\$0.00
						25. Federal C-1 Share	
						26. State Congregate Share	
						27. R2AAA Funding	
							\$0.00
<p>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.</p>							
22.	Signature					Title	Date
	Printed/Typed Name:					Printed Title	
R2AAA USE ONLY							
Fiscal Budget Approval:							
23.	Signature					Title	Date
	Printed/Typed Name:					Printed Title	