**Administrative Budget Worksheet for All Facilities**

Line O

Insurance

List type of insurance and indicate the percentage charged to the Center or FDCH function.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Insurance** | **Total $ Amount** | **Percentage (%) Allocated to CACFP** | **Percentage (%) Allocated to FDCH** |
|  | $ |  |  |
|  | $ |  |  |
|  | $ |  |  |
|  | $ |  |  |
|  | $ |  |  |
|  | $ |  |  |
|  | $ |  |  |
|  | $ |  |  |
|  | $ |  |  |

*Use additional pages if needed.*