



Comparing Estimated income and expenses to Actual income and expenses

FOR FAMILY CHILD CARE PROGRAMS

TEMPLATE: Part D

*This can be used annually or monthly to compare
estimated to actual income and expenses.*

Program Name: _____

Date of Comparison: _____

Dates budget covers: _____

INCOME		
(filled out by programs with and without employees)		
Category	Estimated	Actual
Tuition	[B1]	[E1]
Fees	[B2]	[E2]
CACFP	[B3]	[E3]
Additional Income	[B4]	[E4]
TOTALS	[B5]	[E5]

If you have employees, please fill out the section below. This is not an exhaustive list of employee expenses.

If you do not have employees, go to the next column on the other side of the page.

Employer Expenses			
This section for FCC employers only. If you do not have employees, your program would not have these expenses so you do not have to fill out this section			
Category	Estimated	Actual	Variance
Wages	[T1]	[S1]	
Taxes	[T2]	[S2]	
Workers' Comp	[T3]	[S3]	
Insurance	[T4]	[S4]	
Support	[T5]	[S5]	
Totals	[T6]	[S6]	

GENERAL EXPENSES			
(filled out by programs with and without employees)			
Category	Estimated	Actual	Variance
Salary	[A1]	[E6]	
Children's supplies	[A6]	[E7]	
Food	[A4]	[E8]	
Toys	[A5]	[E9]	
Household supplies	[A7]	[E10]	
Retirement contribution	[A2]	[E11]	
Professional Development	[A8]	[E12]	
Advertising	[A9]	[E13]	
Mileage	[A10]	[E14]	
Business Liability Ins	[A11]	[E15]	
Office supplies	[A12]	[E16]	
QIP Item:	[A13]	[E17]	
QIP Item:	[A13]	[E18]	
Property tax	[A14]	[E19]	
Mortgage interest	[A18]	[E20]	
Utilities	[A3a + A3b + A3c + A3d]	[E21]	
Home repairs	[A15]	[E22]	
Homeowners/ Renters Ins	[A16]	[E23]	
Other:	[A17]	[E24]	
Other:	[A18]	[E25]	
Other:	[A19]	[E26]	
General Expenses TOTALS	[B8]	[E27]	