

Child and Adult Care Food Program

TX-UNPS

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Program Year: 2025 - 2026

Application Packet Sponsor of Affiliated Sites

03503 Status: Active
WEBB COUNTY COMMISSIONERS
DBA:
5904 WEST DRIVE
Sut 7
LAREDO, TX 78041-0630
County District Code: 240
ESC: 1 TDA Region: 5

Packet Submitted Date: 09/08/2025
Packet Approved Date: 09/08/2025
Packet Original Approval Date: 09/08/2025
Packet Status: Approved

Action	Form Name	Latest Version	Status
View Revise	✓ Contracting Entity Application	Original	Approved
Revise Details	✓ Board of Directors	Original	Approved
View Revise	✓ Contracting Entity Budget Detail	Original	Approved
View Revise	✓ Management Plan	Original	Approved
Details	Checklist (6)		
View	Application Packet Notes for CE (1)		

	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Site Application(s)	23	0	0	0	0	0	23

Next Base Year Renewal: 2026 - 2027

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VIEW

Child & Adult Care Food Program Contracting Entity Budget for 2025 - 2026

03503 Status: Active
WEBB COUNTY COMMISSIONERS
DBA:
5904 WEST DRIVE
Sut 7
LAREDO, TX 78041-0630
County District Code: 240
ESC: 1 TDA Region: 5

Version: Original

PROJECTED ANNUAL CACFP INCOME

	Requested Amount	Approved Amount
Anticipated Annual CACFP Reimbursement (Projected Total Meals X Rate Annual Revenue)	373,962.75	373,962.75

PROJECTED ANNUAL CACFP EXPENSES

A. Projected Operating Costs: Labor

	Requested Amount	% of Budget	Approved Amount
A1. Executive Staff	0.00	0.00%	0.00
A2. Management Staff	0.00	0.00%	0.00
A3. Staff	69,328.00	15.15%	69,328.00
Total A. Projected Operating Costs: Labor	\$69,328.00	15.15%	\$69,328.00

Position	Employee Name	Additional Costs and/or Benefits	Total Base Salary + Benefits	Additional Costs and/or Benefits	Total Base Salary + Benefits	Nbr. Hours Worked Daily	Nbr. Hours Spent in Food Service Duties	Portion Paid from Food Service Account Annually
staff cook	Hilda Garcia	<u>6,406.00</u>	\$34,664.05	<u>6,406.00</u>	\$34,664.05	8.00	8.00	34,664.00
staff-Cook 1662	Susana Flores	<u>6,406.00</u>	\$34,664.05	<u>6,406.00</u>	\$34,664.05	8.00	8.00	34,664.00

Benefit Calculator

Position: staff cook
Employee Name: Hilda Garcia

Cost/Benefit	Amount
Disability	480.00
FICA	2,162.00
Healthcare	0.00
Medicaid/Medicare	0.00
Merit Pay/Bonus Pay	0.00
Paid Time Off	0.00
Retirement	3,657.00
Sick Time	0.00
Unemployment Insurance	107.00
Vacation/Holiday	0.00
Total:	\$6,406.00

Benefit Calculator

Position: staff-Cook 1662
Employee Name: Susana Flores

Cost/Benefit	Amount
Disability	480.00
FICA	2,162.00
Healthcare	0.00
Medicaid/Medicare	0.00
Merit Pay/Bonus Pay	0.00
Paid Time Off	0.00
Retirement	3,657.00
Sick Time	0.00
Unemployment Insurance	107.00
Vacation/Holiday	0.00
Total:	\$6,406.00

B. Projected Administrative Costs: Labor

	Requested Amount	% of Budget	Approved Amount
B1. Executive Staff	0.00	0.00%	0.00
B2. Management Staff	53,741.30	11.74%	53,741.30
B3. Staff	0.00	0.00%	0.00
Total B. Projected Administrative Costs: Labor	\$53,741.30	11.74%	\$53,741.30

C. Projected Operating Costs

	Requested Amount	% of Budget	Approved Amount
C1. Food	283,662.50	61.99%	283,662.50
C2. Facilities and Space	6,500.00	1.42%	6,500.00
C3. Supplies and Equipment	35,175.50	7.69%	35,175.50
C4. Purchased Services	7,197.00	1.57%	7,197.00
C5. Media Costs	0.00	0.00%	0.00
C6. Contracting Organization Costs	0.00	0.00%	0.00
C7. Unaffiliated Facility Costs (Sponsoring Organizations Only)	0.00	0.00%	0.00
C8. Other Costs	2,000.00	0.44%	2,000.00
Total C. Projected Operating Costs	\$334,535.00	73.11%	\$334,535.00

Position	Employee Name	Duties	Base Salary	Additional Costs and/or Benefits	Total Base Salary + Benefits
Manager- Nutrition Coordin	Leticia Mendoza	oversee nutrition services head start early he	70,698.94	27,967.64	\$98,666.58

Benefit Calculator

Position: Manager- Nutrition Coordinator

Employee Name: Leticia Mendoza

Cost/Benefit	Amount
Disability	35.35
FICA	5,408.47
Healthcare	12,944.10
Medicaid/Medicare	0.00
Merit Pay/Bonus Pay	0.00
Paid Time Off	0.00
Retirement	9,275.71
Sick Time	0.00
Unemployment Insurance	304.01
Vacation/Holiday	0.00
Total: \$27,967.64	

Additional Costs and/or Benefits	Total Base Salary + Benefits	Nbr. Hours Worked Daily	Nbr. Hours Spent in Food Service Duties	Portion Paid from Food Service Account Annually
<u>27,967.64</u>	\$98,666.58	8.00	7.00	53,741.30

D. Projected Administrative Costs

	Requested Amount	% of Budget	Approved Amount
D1. Facilities and Space	0.00	0.00%	0.00
D2. Supplies and Equipment	0.00	0.00%	0.00
D3. Purchased Services	0.00	0.00%	0.00
D4. Financial Costs	0.00	0.00%	0.00
D5. Media Costs	0.00	0.00%	0.00
D6. Contracting Organization Costs	0.00	0.00%	0.00
D7. Other Costs	0.00	0.00%	0.00
D8. Indirect Costs	0.00	0.00%	0.00
Total D. Projected Administrative Costs	\$0.00	0.00%	\$0.00

E. Summary of Projected Income and Expenses

	Requested Amount	Approved Amount
E1. Total annual costs of nonprofit food service	457,604.30	457,604.30
E2. Total anticipated annual CACFP reimbursement for the Program Year	373,962.75	373,962.75
E3. Enter the total of other income to the nonprofit food service	0.00	0.00
E4. Total Income	373,962.75	373,962.75

F. Total Administrative Expenses

7 CFR 226.6 limits center sponsoring organizations' administrative costs charged to CACFP to 15% of meal reimbursements.

Allowed Administrative Costs	\$54,110.78	15.00%
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☐ Waiver Requested?

F. Total Administrative Expenses

7 CFR 226.6 limits center sponsoring organizations' administrative costs charged to CACFP to 15% of meal reimbursements.

Allowed Administrative Costs	\$54,110.78	15.00%
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☐ Waiver Requested?

G. Source of Funds

Identify Source of Funds for Operating Costs (including food costs):

Head Start

H. Additional Questions

Is there a rental agreement, lease, or contract associated with any of the non-food costs listed above? ☒ Yes ☐ No

Does your organization have any Less-Than-Arms-Length transactions or expenses? ☐ Yes ☒ No

Does your budget include any procurement? ☐ Yes ☒ No

Does the budget include any of the following [items](#)? (Note: All of these items require specific prior written approval and/or Food and Nutrition Service Regional Office (FNSRO) approval.) ☐ Yes ☒ No

Communications

Labor Costs

Contributions & Donation Costs

Overtime, Holiday Pay, and Compensatory Leave, and
Severance Pay

Depreciation and Use Allowance

Legal Expenses & Other Professional Services

Employee Morale, Health, & Welfare Costs & Credits

Management Studies

Expensing Equipment and Other Property

Meetings & Conferences

Facilities & Space Costs

Membership, Subscriptions, & Professional
Organization Activities

Insurance

Proposal Costs

Interest, Fund Raising, & Other Financial Costs

Purchased Services - Other

Certification

☒ I certify that the information on this form, and supporting documents, is true and correct and that I will immediately report to the Texas Department of Agriculture any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The Texas Department of Agriculture may verify information; and the deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.