

**SCHEDULE 8A
OFFICE SPACE RENTAL/LEASE
Between Unrelated Parties**

(RENTAL/LEASE AGREEMENT MUST BE ATTACHED)

Agreement Number: _____

1.	_____		
	Lessor Name		
2.	_____		
	Address	City, State, Zip	Telephone Number
3.	Indicate length of rental or lease agreement:		
	From (Date) _____ to (Date) _____		
4.	Indicate what is included in rental/lease agreement:		
	<input type="checkbox"/> Janitorial service is included in rental or lease agreement.		
	<input type="checkbox"/> Utilities are included in rental or lease agreement.		
5.	Square Footage Usage:		
	_____ ÷	_____ =	_____ %
	CACFP Square Footage	Total Sponsor Square Footage	Percentage of Square Footage Used for CACFP
6.	Total Office Rental Per MONTH	\$ _____	
7.	x % CACFP Share	_____	%
8.	Total MONTHLY Cost of CACFP Share	\$ _____	x 12 months
9.	Total Annual Cost Office Space Rental or Lease	\$ _____	
		(Enter this amount on line 8 of the Administrative Budget Summary)	