



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
OFFICE OF CHILDHOOD – AFTERSCHOOL PROGRAM

**BUDGET REVISION - CBO'S (non-districts) ONLY**

**INSTRUCTIONS**

For instructions and deadlines, please refer to page 4.

DISTRICT/ORGANIZATION NAME

CONTACT PERSON

COHORT NUMBER

GRANT YEAR

11  12  ARP 10  ARP 12

1  2  3  4  5

PHONE NUMBER

EXT.

EMAIL (REQUIRED)

**Budget Category**

**Awarded/Approved Amount  
(Based on most recent approved budget)**

**New Amount Total  
(Grand total of all categories)**

**Budget Categories for Afterschool Program 3812**

Certificated Salaries 6100

\$

\$

Noncertificated Salaries 6150

\$

\$

Employee Benefits 6200

\$

\$

Purchased Services 6300

\$

\$

-Quality Improvement

\$

\$

Materials and Supplies 6400

\$

\$

Capital Outlay 6500

\$

\$

**Budget Categories for Support Services-Instructional Staff (Professional Development) 2200**

Purchased Services 6300

\$

\$

Materials and Supplies 6400

\$

\$

**Budget Categories for Business Support Services (Travel and Transportation) 2500**

Certificated Salaries 6100

\$

\$

Noncertificated Salaries 6150

\$

\$

Employee Benefits 6200

\$

\$

Purchased Services 6300

\$

\$

Materials and Supplies 6400

\$

\$

SUBTOTAL (Direct Costs)

\$

\$

Indirect Costs

\$

\$

*(can't exceed approved rate and must be based on expended funds only, minus equipment)*

TOTAL

(Direct Costs PLUS Indirect Costs)

\$

\$

**YOU MUST COMPLETE PAGES 2 AND 3 ATTACHED**

*By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).*

SIGNATURE OF CONTACT PERSON

DATE

AUTHORIZED SIGNATURE

DATE

**FOR OFFICE USE ONLY (DO NOT COMPLETE BELOW THIS LINE)**

APPROVED

DESE SIGNATURE OF APPROVAL

DATE

DENIED

DESE NOTES, IF APPLICABLE

**PLEASE EMAIL TO:**

[afterschool@dese.mo.gov](mailto:afterschool@dese.mo.gov)

For questions, please call (573) 526-3961

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Please copy pages 2 and 3 for additional table space as needed.

1. List each approved budget item/service no longer purchasing/providing. This must be detailed.

Budget category (as listed on page 1)	Items(s) proposing to remove from approved budget (must list EVERY item)	Cost of item	Site name for which this item was intended	Justification for not purchasing/providing item(s)

\$ \_\_\_\_\_ TOTAL(must be same total as in #2 on next page)

**2. List each NEW item/service requesting to purchase/provide. This must be DETAILED ("consumable supplies" is not a sufficient/detailed item listing).**

**NOTE: You must list EVERY salary and equipment item for purchase (even if not amending between budget categories).**

Budget category (as listed on page 1)	New item(s) requesting approval to purchase/provide	Number of items	Cost of Item	Total cost	Site name for which new item is for	Clearly justify how request is reasonable, allocable and necessary to program

\$ \_\_\_\_\_ TOTAL (must be same total as #1 on previous page)

## BUDGET REVISION

### When to complete a Budget Revision:

- PRIOR approval required. It is possible some items/services may not be approved to which reimbursement of such items/service will not be issued.
- Any budget transfers from one category to another.
- Even if NO categorical budget changes are necessary, but changes occur to salaries and/or equipment you **MUST** receive *prior* approval from DESE (use this form to explain request) *per 2 CFR Part 200.313*:
  - Any changes or additions to equipment purchases from original approved application.
  - Any changes in staff (i.e., staff replacement, new hire, change in salary amount charged to grant, etc.).
- Excessive change within the same category that deviates from your approved budget.

### Steps to complete a Budget Revision:

- Complete the contact information completely, including all required signatures.
- Complete all of pages two and three (attach pages if more space is needed). It is important to explain why you no longer wish to purchase such items/services as well as why you would now like to purchase the new items/services.
- Use most recent approved budget totals. This should be taken from your last approved Budget Revision. If there was not a previously approved Budget Revision, the budget you submitted in your current Application/Continuation Report is your current approved budget.
- DESE will review request and contact program for clarification if there are questions regarding allowability, practicality, compliance, costs, etc.
- Upon amendment approval, this will become your program's new budget.
- All Budget Revisions will be emailed back to the contact person on page 1 with an approved/denied by DESE signature.

### Do not:

- Spend amended money until approval has been given to you; approval may not always be given.
- Submit a Budget Revision after March 25th for supplies or equipment.
- 10% variance-not allowed with this grant.
- Exceed the approved indirect cost rate or claim more than the dollars already expended to date minus equipment; must follow restricted rates.

### Notes:

- All proposed purchases must be aligned with the goals, objectives and scope of the program.
- If a program is providing afterschool programming through June 30, a payment request for any services performed and/or purchases received before June 30 may be requested and therefore paid after June 30 (even though payment would be issued in the following fiscal year).