



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

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

INSTRUCTIONS-SEE PAGE 4

DISTRICT/ORGANIZATION NAME		COHORT NUMBER <input type="checkbox"/> CCLC-11 <input type="checkbox"/> CCLC-12 <input type="checkbox"/> CCLC-13 <input type="checkbox"/> ARP-10 <input type="checkbox"/> ARP-12	
CONTACT PERSON	EMAIL (REQUIRED)	GRANT YEAR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Budget Category	Awarded/Approved Amount (Based on most recent approved budget)	New Amount Requested
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-optional <i>(can't exceed approved restricted rate and must be based on expended funds only, minus capital outlay)</i>	\$	\$
TOTAL (Direct Costs PLUS Indirect Costs)	\$	\$

YOU MUST COMPLETE PAGES 2 AND 3 ATTACHED

SIGNATURE OF CONTACT PERSON	DATE	AUTHORIZED SIGNATURE	DATE
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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).

PLEASE SUBMIT TO:

afterschool@dese.mo.gov

For questions, please call 573-526-3961

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

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	DENIED REASON
DESE SIGNATURE OF APPROVAL		DATE APPROVED

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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)	Item(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 (capital outlay) 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 (capital outlay) 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 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 were awarded in your current Application/Continuation Report is your current approved budget.
- 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 (capital outlay).
- 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.