



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 COMMUNITY EDUCATION/AFTERSCHOOL PROGRAMS  
 21<sup>st</sup> Century Community Learning Center (21<sup>st</sup> CCLC)

**BUDGET AMENDMENT**

District/Organization Name

County/District Code Number (for school districts only)

County

Cohort Number

2  3  4

Grant Year

2  3  4

Contact Person

Title/Position

Phone Number

Ext.

Fax Number (Required for confirmation)

Email

**INSTRUCTIONS**

1. Complete form if: requesting to transfer approved funds from one category to another, if there's an excessive change within a particular category, or for changes within the equipment and/or salaries categories. Must receive prior approval before proceeding. Note: there is no 10% variance in budgets with this grant.
2. Figures must be listed for each category. If a category is not being amended at this time, please list the original awarded amount, or the previously approved amended amount, for that category. Upon approval, these amounts become the new budget. Confirmation of approval will be faxed.
3. Figures must be rounded to the nearest dollar. All figures and calculations must be correct.
4. Itemize and justify the proposed budget amendment on page two of this form.
5. Forms not completed according to directions will be returned for correction and not approved (please see the Budget Amendment Policy document located in the DESE Portal for Afterschool Programs for additional instructions).

Budget Category	Awarded/Approved Amount (As listed on approved budget page)	New Amount Total (Grand total of category reflecting amended amount)
Salaries	\$	\$
Benefits	\$	\$
Travel and Transportation	\$	\$
Supplies	\$	\$
Equipment	\$	\$
Professional Development	\$	\$
Purchased Services	\$	\$
Other	\$	\$
<b>SUBTOTAL (Direct Costs)</b>	\$	\$
Indirect Costs <i>(can't exceed approved rate)</i>	\$	\$
<b>TOTAL (Direct Costs PLUS Indirect Costs)</b>	\$	\$

Signature on this form indicates that the district/organization has agreed to the budget amendment as requested, is in compliance with all guidelines in expending the award, and that all expenditures are related to the 21<sup>st</sup> CCLC Program.

Signature of Contact Person

Date

Authorized Signature

Date

*FOR DEPARTMENT USE ONLY - APPROVAL*

**PLEASE COMPLETE AND RETURN TO:**

Afterschool Program/21<sup>st</sup> CCLC  
 Community Education  
 Department of Elementary and Secondary Ed.  
 P.O. Box 480  
 Jefferson City, Missouri 65102-0480  
 Phone: (573) 522-2627 Fax: (573) 526-4261

Itemization/Justification

If additional table space is needed, please copy this form as many times as needed.

1. List **each** approved budget item that you no longer wish to purchase/provide.

Budget Category (as listed on page 1)	Item(s) proposing to remove from approved budget	Cost of Item(s)
		\$
		\$
		\$
		\$

2. For **each** item above, justify why you no longer wish to purchase/provide each item.

Item (same as above)	Justification for not purchasing/providing item(s)

3. List the **new** item(s) you are requesting approval to purchase/provide.

Budget Category	Item(s) requesting approval to purchase/provide	Number of Items (i.e., 5 computers)	Cost of Each Item	Total Cost
			\$	\$
			\$	\$
			\$	\$
			\$	\$

4. For **each** item above, justify why they are now needed in your program.

Item (same as above)	Justification for purchasing/providing new items