



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
EXTENDED LEARNING  
AFTERSCHOOL PROGRAM



**BUDGET AMENDMENT**

District/Organization Name			Grant Type <input type="checkbox"/> 21 <sup>st</sup> CCLC <input type="checkbox"/> SAC	
County/District Code Number (for school districts) Federal Tax ID Number (for CBOs)	County	Cohort Number <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		Grant Year <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
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 (Based on most recent approved budget)	New Amount Total (Grand total of all categories)
Salaries	\$	\$
Benefits	\$	\$
Travel and Transportation	\$	\$
Materials and Supplies	\$	\$
Equipment	\$	\$
Professional Development	\$	\$
Purchased Services	\$	\$
Other _____	\$	\$
<b>SUBTOTAL (Direct Costs)</b>	\$	\$
Indirect Costs <i>(can't exceed approved rate and must be based on expended funds only minus equipment)</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 awarded Afterschool Program.

Signature of Contact Person	Date	Authorized Signature	Date
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*FOR DEPARTMENT USE ONLY - APPROVAL*

**PLEASE COMPLETE AND RETURN TO:**  
Afterschool Program  
Extended Learning  
Department of Elementary and Secondary Education  
P.O. Box 480  
Jefferson City, Missouri 65102-0480  
Phone: (573) 522-2627 Fax: (573) 522-3726

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

## Budget Amendment

- Required to move money from one budget category to another.
- Must get prior approval.
- No 10% variance – not approved by DESE’s central accounting department.
- Indirect cost can’t exceed approved rate and can only be claimed based on dollars already expended to date. SAC must follow non-restricted rates; CCLC must follow restricted rates.

### Steps to complete a budget amendment:

- Complete the contact information completely.
- Be sure it is signed.
- All figures must be rounded to the nearest dollar.
- Make certain the figures are correct.
- Double check all math!
- Complete all of page two. 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.
- If more space is needed for tables on page two, you may make as many copies as necessary.
- For each budget category, an amount must be filled out even if monies are not being amended in that particular category.
- Use most recent approved budget totals. This should be taken from your last approved budget amendment. If there was not a previously approved budget amendment, the budget you submitted in your renewal packet is your current approved budget.
- Submit to DESE office either by fax or mail (or email). DO NOT fax and mail (or email) a copy. Select only one submission method. If you are uncertain that the faxed document reached the appropriate person, please call to verify, do not follow up by mailing a copy.
- Upon amendment approval this will become your program’s new budget.
- Do not spend amended money until approval has been faxed to you.
- All budget amendments will be answered and returned within one business week of submission unless contacted and told otherwise. A stamp with the supervisor’s initials will be placed in the lower left corner on page 1 of the amendment indicating “approved” or “denied.”

### Notes:

- If there are mathematical/financial questions, programs will be contacted by Accounting Specialist.
- If there are policy or compliance questions, or if additional information/clarification is needed, programs will be contacted by assigned Supervisor.