



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 COMMUNITY EDUCATION/AFTERSCHOOL PROGRAMS
 Governor Blunt's METS/HEALTH Afterschool Grant

BUDGET AMENDMENT

District Name		Check Type of Program <input type="checkbox"/> METS <input type="checkbox"/> HEALTH	
County/District Code Number	Site Name	Phone Number	
Contact Person	Title/Position		
Street Address		Fax Number (Required for approval confirmation)	
City	State	Zip Code	

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 equipment and/or salaries categories. Must receive prior approval before proceeding.
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. See Budget Amendment Policy document in Kids Care for additional form completion assistance.

Budget Categories	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	\$	\$
In-Direct Costs	\$	\$
TOTAL (Be sure to complete page two)	\$	\$

Signature on this form indicates that the district 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 METS/HEALTH 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
 Community Education
 Department of Elementary and Secondary Education
 P.O. Box 480
 Jefferson City, Missouri 65102-0480
 Phone: (573) 522-2627 Fax: (573) 526-4261

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