



BUDGET AMENDMENT

For instructions and deadlines, please refer to page 4.

District/Organization Name

Contact Person

21st CCLC
 SAC

Cohort Number
 8 9 10

Grant Year
 1 2 3 4 5

Phone Number

Ext.

Email (required for approval/denial of request)

Budget Category

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

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

Budget Categories for Afterschool 3812

Certificated Salaries 6100

\$

\$

Noncertificated Salaries 6150

\$

\$

Employee Benefits 6200

\$

\$

Purchased Services 6300

\$

\$

Materials and Supplies 6400

\$

\$

Capital Outlay 6500

\$

\$

Budget Categories for Professional Development 2200

Purchased Services 6300

\$

\$

Materials and Supplies 6400

\$

\$

Budget Categories for 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)

FOR DEPARTMENT USE ONLY - APPROVAL

PLEASE SCAN AND EMAIL TO:

exl@dese.mo.gov

For questions, please call (573) 522-2627

Budget Amendment Submission Number: _____

Signature of DESE Supervisor

Date

Date Emailed to Grantee:

Signature of Accounting Specialist

Date

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Budget Amendment

When to complete a Budget Amendment:

- **Budget Amendments are still required even for grantees using the ePeGS system!**
- 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 Amendment:

- Complete the contact information completely, including all required signatures.
- All figures must match figures in ePeGS (for districts only).
- 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 Amendment. If there was not a previously approved Budget Amendment, the budget you submitted in your current Application/Continuation Report is your current approved budget.
- If there are mathematical/financial questions, programs will be contacted by Accounting Specialist.
- If there are allowability or compliance questions, or if additional information/clarification is needed, programs will be contacted by assigned DESE Supervisor.
- Upon amendment approval this will become your program's new budget.
- All budget amendments will be emailed back to the contact person on page 1. A stamp with the DESE Supervisor's signature will be placed in the lower left corner on page 1 of the amendment indicating "approved" or "denied."

Do not:

- Spend amended money until approval has been given to you; approval may not always be given.
- Submit a Budget Amendment 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. CCLC 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 request for reimbursement for any services performed and/or purchases received before June 30 may be requested and therefore paid after June 30 (even though this occurs the following fiscal year).