



## BUDGET REVISION AND AMENDMENT REQUEST FORM

A Budget Amendment Request Form must be submitted for CTAC approval. Please answer the questions below to support your request.

Organization Name: City of Gainesville PRCA; Recreation Division  
 Project Title: Summer Camp Expansion  
 Request for Award ID: RFA No. 20-937  
 Contract Agreement Number: #11550  
 Budget Contact Name & Phone: William Marcantel, 352-393-8526  
**Request Date: 4/27/2021**

Email Address: [marcantelwp@cityofgainesville.org](mailto:marcantelwp@cityofgainesville.org)

Preparer's Phone: 352-393-8526

Revision # (1, 2, 3)

Amendment # 2 **10/16/2020**

Please answer the following qualifying questions (IF REQUESTING AMENDMENT TO ORIGINAL AWARD AMOUNT)

- 1 Is there a change in the scope or the objective of the project?
- 2 Is there a change in key personnel specific to the award amount?
- 3 Does this budget amendment or the cumulative sum of amendments increase the budget more than 10% of award amount



Select Yes/No

Yes

No

No

If your answer is "Yes" to at least one of the above questions, STOP & CONTACT CTAC TO DISCUSS YOUR REQUEST.

PROJECT BUDGET	Approved Budget	Expensed Y-T-D	INCREASE/DECREASE AMOUNT	NEW LINE AMOUNT
<b>Personnel Expenses</b>				
<b>Salaries &amp; Wages</b>				
<i>(List position and indicate FT or PT)</i>				
Temporary Recreation Asst, PT	8,662.00	-	440.00	9,102.00
	-	-	-	-
	-	-	-	-
	-	-	-	-
<b>Total Salaries &amp; Wages</b>	<b>\$ 8,662.00</b>	<b>\$ -</b>	<b>\$ 440.00</b>	<b>\$ 9,102.00</b>
<b>Total Personnel Expenses (Amendment)</b>				
	<b>\$ 8,662.00</b>	<b>\$ -</b>	<b>\$ 440.00</b>	<b>\$ 9,102.00</b>
<b>Operating Expenses (Non-Personnel) Items</b>				
<i>must match budget narrative</i>				
Materials and Supplies	5,360.00	-	(2,360.00)	3,000.00
Field Trip Expenses	-	-	3,600.00	3,600.00
Food	-	-	3,600.00	3,600.00
	-	-	-	-
Van Rentals	5,280.00	-	(5,280.00)	-
	-	-	-	-
<b>Other Operating Expenses (List Below):</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Capital</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total Operating Expenses</b>	<b>\$ 10,640.00</b>	<b>\$ -</b>	<b>\$ (440.00)</b>	<b>\$ 10,200.00</b>
<b>TOTAL EXPENSES</b>				
<b>(Personnel + Operating)</b>	<b>\$ 19,302.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 19,302.00</b>
<b>TOTAL ORIGINAL BUDGET</b>	<b>\$ 19,302.00</b>			
<b>INCREASE AMOUNT</b>				
<b>DECREASE AMOUNT</b>				
<b>INCREASE/DECREASE TOTAL</b>	<b>\$ 7,640.00</b>			
<b>PERCENTAGE OF ORIGINAL BUDGET</b>	<b>40%</b>			

For Office Use Only Yes/No (Dropdown Box)

Request Approved:

Request Denied:

CTAC Board Approval Date if applicable:

Authorized Approver:

Submit Amendment Request To:

Colin Murphy, Executive Director

[invoice@childrenstrustofalachuacounty.us](mailto:invoice@childrenstrustofalachuacounty.us)

Children's Trust of Alachua County

Attn: Finance & Administration

PO Box 5669

Gainesville, FL 32627

( Email Preferred Method)

Or Mail to PO Box

Vendor #