



### 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:

Email Address:

[spotlighttalk@gmail.com](mailto:spotlighttalk@gmail.com)

Project Title:

Preparer's Phone:

3528700064

Request for Award ID:

Revision # (1, 2, 3)

2

Contract Agreement Number:

Amendment # (1, 2, 3)

Budget Contact Name & Phone:

Request Date:

Select Yes/No



No

No

No

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

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> (List position and indicate FT or PT)				
Background Checks	450.00			450.00
	-	-	-	-
	-	-	-	-
	-	-	-	-
<b>Total Salaries &amp; Wages</b>	<b>\$ 450.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 450.00</b>
<b>Total Personnel Expenses (Amendment)</b> <b>\$ 450.00</b>				
<b>Operating Expenses (Non-Personnel) Items must match budget narrative</b>				
Supplies	1,100.00	82.98	-	1,100.00
Insurance(Van)	500.00	-	-	500.00
Contractual Services	27,400.00	2,000.00	(9,000.00)	18,400.00
Printing & Copying	1,000.00	-		1,000.00
	-	-	-	-
			-	-
<b>Other Operating Expenses (List Below):</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Costume/Sets	6,734.00	1,802.27		6,734.00
Performance Rights	3,600.00	985.00		3,600.00
<b>Capital</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Onsite Storage/Workshop	8,500.00	7,556.00		7,556.00
Van	11,000.00	-	9,000.00	20,000.00
<b>Total Operating Expenses</b>	<b>\$ 59,834.00</b>	<b>\$ 12,370.25</b>	<b>\$ -</b>	<b>\$ 58,890.00</b>
<b>TOTAL EXPENSES</b> (Personnel + Operating)	<b>\$ 60,284.00</b>	<b>\$ 12,370.25</b>	<b>\$ -</b>	<b>\$ 59,340.00</b>
<b>TOTAL ORIGINAL BUDGET</b>	<b>\$ 60,284.00</b>			
<b>INCREASE AMOUNT</b>	<b>\$ 9,000.00</b>			
<b>DECREASE AMOUNT</b>	<b>\$ (9,000.00)</b>			
<b>INCREASE/DECREASE TOTAL</b>	<b>\$ 9,000.00</b>			
<b>PERCENTAGE OF ORIGINAL BUDGET</b>	<b>15%</b>			

For Office Use Only

Yes/No (Dropdown Box)

Request Approved:

Request Denied:

CTAC Board Approval Date if applicable:

Authorized Approver:

Colin Murphy, Executive Director

Submit Amendment Request To:

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

( Email Preferred Method)

Children's Trust of Alachua County

Or Mail to PO Box

Attn: Finance & Administration

PO Box 5669

Gainesville, FL 32627

Vendor #