



**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:           | University of Florida College of Dentistry                                | Email Address:        | _____        |
| Project Title:               | Saving Smiles: An Innovative Partnership to Improve Community Oral Health |                       |              |
| Request for Award ID:        | RFA-937   | Preparer's Phone:     | 352-273-9648 |
| Contract Agreement Number:   |   | Revision # (1, 2, 3)  | 1            |
| Budget Contact Name & Phone: | Lisa Jefferson 352-273-9648   | Amendment # (1, 2, 3) |              |
| <b>Request Date:</b>         |   |                       |              |

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



|   |
|---|
| <b>Select Yes/No</b><br>No<br>Yes<br>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>    |                 |                |                          |                 |
| Dental Hygienist (RDH) Regan Burt FT            | 34,000.00       | 31,648.00      | 39,437.00                | 73,437.00       |
| Dentist PT                                      | 38,000.00       | -              | (38,000.00)              |                 |
|   | -               | -              | -                        | -               |
|   | -               | -              | -                        | -               |
|   | -               | -              | -                        | -               |
| <b>Total Salaries &amp; Wages</b>               | \$ 72,000.00    | \$ 31,648.00   | \$ 1,437.00              | \$ 73,437.00    |
| <b>Total Personnel Expenses (Amendment)</b>     | \$ 72,000.00    | \$ 31,648.00   | \$ 1,437.00              | \$ 73,437.00    |
| <b>Operating Expenses (Non-Personnel) Items</b> |                 |                |                          |                 |
| <i>must match budget narrative</i>              |                 |                |                          |                 |
| Travel  | 1,437.00        | -              | (1,437.00)               | -               |
|   | -               | -              | -                        | -               |
|   | -               | -              | -                        | -               |
|   | -               | -              | -                        | -               |
| <b>Other Operating Expenses (List Below):</b>   | -               | -              | -                        | -               |
|   |                 |                |                          | -               |
| <b>Capital</b>                                  | -               | -              | -                        | -               |
|   |                 |                |                          | -               |
| <b>Total Operating Expenses</b>                 | \$ 1,437.00     |                | \$ (1,437.00)            | \$ -            |
| <b>TOTAL EXPENSES (Personnel + Operating)</b>   | \$ 73,437.00    | \$ 31,648.00   | \$ (1,437.00)            | \$ 73,437.00    |

|                               |              |
|-------------------------------|--------------|
| TOTAL ORIGINAL BUDGET         | \$ 73,437.00 |
| INCREASE AMOUNT               | \$ -         |
| DECREASE AMOUNT               | \$ -         |
| INCREASE/DECREASE TOTAL       | \$ 39,437.00 |
| PERCENTAGE OF ORIGINAL BUDGET | 54%          |

|   |                       |
|---|-----------------------|
| <i>For Office Use Only</i>              | 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) (Email Preferred Method)  
 Children's Trust of Alachua County Or Mail to PO Box  
 Attn: Finance & Administration  
 PO Box 5669  
 Gainesville, FL 32627

Vendor # \_\_\_\_\_