



**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:	Equal Access Clinic Network	Email Address:	<a href="mailto:philmackie1095@ufl.edu">philmackie1095@ufl.edu</a>
Project Title:	Equal Access Clinic Network Pediatric Expansion Program		
Request for Award ID:	115260	Preparer's Phone:	727-946-2104
Contract Agreement Number:	11540		
Budget Contact Name & Phone:	Phillip Mackie 727-946-2104	Revision # (1, 2, 3)	1
Request Date:	07/28/21	Amendment # (1, 2, 3)	

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
No
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>				
	-	-	-	-
	-	-	-	-
	-	-	-	-
<b>Total Salaries &amp; Wages</b>	\$ -	\$ -	\$ -	\$ -
<b>Total Personnel Expenses (Amendment)</b>				
	\$ -	\$ -	\$ -	\$ -
<b>Operating Expenses (Non-Personnel) Items</b>				
<i>must match budget narrative</i>				
	Approved Budget	Expensed YTD	Increase/Decrease Amount	New Line Amount
Reichert Ultramatic Phoroptor	3,250.00	-	(3,250.00)	-
Pediatric Stethoscope	97.00	-	-	97.00
Otoscope	40.00	-	-	40.00
Retinoscope with handle	857.00	438.00	540.00	1,397.00
Misc Supplies	3,037.00	1,000.00	2,710.00	5,747.00
			-	-
<b>Other Operating Expenses (List Below):</b>	-	-	-	-
<b>Capital</b>	-	-	-	-
<b>Total Operating Expenses</b>	\$ 7,281.00	\$ 1,438.00	\$ -	\$ 7,281.00
<b>TOTAL EXPENSES</b>				
<b>(Personnel + Operating)</b>	\$ 7,281.00	\$ 1,438.00	\$ 3,250.00	\$ 7,281.00

TOTAL ORIGINAL BUDGET	\$ 7,281.00
INCREASE AMOUNT	
DECREASE AMOUNT	
INCREASE/DECREASE TOTAL	\$ 3,250.00
PERCENTAGE OF ORIGINAL BUDGET	45%

*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 # \_\_\_\_\_