



### BUDGET REVISION & AMENDMENT REQUEST FORM (<10%)

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

Organization Name:	Vineyard Christian Fellowship of Gainesville	Preparer's Email:	<a href="mailto:leah@gainesvillevineyard.org">leah@gainesvillevineyard.org</a>
Project Title:	The Bridge Literacy Program		
Request for Award ID:	RFA-937	Preparer's Phone:	352-359-1270
Agreement Number:	11574		
Budget Contact Name & Phone:	Leah Galione, 352-359-1270	Amendment # (1, 2, 3)	2
Request Date:			

Please answer the following qualifying questions

- 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.



Attachment #	<b>PROJECT BUDGET</b>	<b>Approved Budget</b>	<b>Expensed Y-T-D</b>	<b>DECREASE AMOUNT</b>	<b>INCREASE AMOUNT</b>
	<b>Personnel Expenses</b>				
	<b>Salaries &amp; Wages</b>				
	<b>(List position and indicate FT or PT)</b>				
	Administrative Staff	31,398.00	29,625.58		
	-	-	-	-	
	-	-	-	-	
	-	-	-	-	
	-	-	-	-	
	-	-	-	-	
	-	-	-	-	
	<b>Total Salaries &amp; Wages</b>	<b>\$ 31,398.00</b>	<b>\$ 29,685.58</b>		<b>\$ 14,937.03</b>
Attachment #	<b>Total Personnel Expenses (Amendment)</b>				
	<b>\$ 31,398.00</b>	<b>\$ 29,685.58</b>		<b>\$ 14,937.03</b>	
	<b>Operating Expenses (Non-Personnel)</b>				
	<b>Approved Budget</b>	<b>Expensed YTD</b>	<b>Decrease Amount</b>	<b>Increase Amount</b>	
	Supplies	5,739.00	4,009.95	1,709.05	
Travel		-	-	-	
Equipment	35,289.00	24,931.00	10,357.98		
Training	90.00	90.00			
Insurance	1,400.00	974.00	426.00	-	
Professional Services			-	-	
Contractual Services	1,250.00	1,250.00	-	-	
Printing & Copying	500.00	-	500.00		
Postage & Delivery	-	-	-	-	
Communications (Internet-for students)	1,200.00		1,200.00		
<b>Other Operating Expenses (List Below):</b>	-	-	-	-	
Volunteer Appreciation	144.00	-	144.00	-	
CDL License for two drivers	600.00	-	600.00	-	
Fingerprinting for staff	80.00	80.00	-	-	
	-	-	-	-	
	<b>Total Operating Expenses</b>	<b>\$ 46,292.00</b>	<b>\$ 31,334.95</b>	<b>\$ 14,937.03</b>	<b>\$ -</b>
<b>TOTAL EXPENSES</b>					
<b>(Personnel + Operating)</b>					
	<b>\$ 77,690.00</b>	<b>\$ 61,020.53</b>	<b>\$ 14,937.03</b>	<b>\$ 14,937.03</b>	
<b>TOTAL ORIGINAL BUDGET</b>		<b>\$ 77,690.00</b>			
<b>INCREASE AMOUNT</b>		<b>\$ 14,937.03</b>			
<b>DECREASE AMOUNT</b>		<b>\$ 14,937.03</b>			
<b>PERCENTAGE OF ORIGINAL BUDGET</b>		<b>19.23%</b>			

For Office Use Only

Yes/No (Dropdown Box)

Request Approved:

Request Denied:

Authorized Approver:

Submit Amendment Request To:

[invoice@childrenstrustofalachuacounty.us](mailto:invoice@childrenstrustofalachuacounty.us)  
Children's Trust of Alachua County  
Attn: Finance & Administration Manager  
PO Box 5669  
Gainesville, FL 32627

( Email Preferred Method)  
Or Mail to PO Box

Vendor #

1037