



BUDGET REVISION AND 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:	Shands Teaching Hospital and Clinics, Inc marrel@shands.ufl.edu		
Project Title:	Partners In Adolescent Lifestyle Support (PALS)		
Request for Award ID:	RFA-937	11575	352-219-0988
Agreement Number:			
Budget Contact Name & Phone:	Dr. Lucy Marrero, 352-219-0988	Revision # (1, 2, 3)	1
Request Date:	August 17, 2020	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
Personnel Expenses				
Salaries & Wages				
<i>(List position and indicate FT or PT)</i>				
Licensed Clinical Supervisor	20,000.00	9,711.14	6,000.00	26,000.00
Mental Health Counselor-Bercela Banda, LSC	15,000.00		7,485.00	22,485.00
Programmatic Administrator-Dr Lucy Marrero	500.00			500.00
Fringe Benefits (see Attached for breakdown)	7,000.00	-	-	7,000.00
Jessica Turner 10hrs	20,000.00	8,640.00	(11,360.00)	8,640.00
	-	-	-	-
Total Salaries & Wages	\$ 62,500.00	\$ 18,351.14	\$ 2,125.00	\$ 64,625.00

Total Personnel Expenses (Amendment)	\$ 62,500.00	\$ 18,351.14	\$ 2,125.00	\$ 64,625.00
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Operating Expenses (Non-Personnel)	Approved Budget	Expensed YTD	Decrease Amount	New Line Amount
Supplies	-	-	-	-
Travel	525.00	-	(525.00)	-
Equipment	3,000.00		-	3,000.00
Training	-	-	-	-
Insurance	600.00	-	(600.00)	-
Professional Services	7,250.00	-	-	7,250.00
Contractual Services	-	-	-	-
Printing & Copying	1,000.00	-	(1,000.00)	-
Postage & Delivery	-	-	-	-
Communications (Telephone / Fax / Internet)	-	-	-	-
Other Operating Expenses (List Below):	-	-	-	-
basic needs allocation	4,000.00	-	-	4,000.00
group snacks	1,400.00	-	-	1,400.00
Capital	-	-	-	-
	-	-	-	-
	-	-	-	-
Total Operating Expenses	\$ 17,775.00	\$ -	\$ (2,125.00)	\$ 15,650.00

TOTAL EXPENSES				
(Personnel + Operating)	\$ 80,275.00	\$ 18,351.14	\$ -	\$ 80,275.00

TOTAL ORIGINAL BUDGET	\$ 80,275.00
INCREASE AMOUNT	
DECREASE AMOUNT	
INCREASE/DECREASE TOTAL	\$ 13,485.00
PERCENTAGE OF ORIGINAL BUDGET	17%

For Office Use Only	Yes/No (Dropdown Box)
Request Approved:	Yes
Request Denied:	
Authorized Approver:	 Colin Murphy, Executive Director
Submit Amendment Request To:	invoice@childrenstrustofalachuacounty.us (Email Preferred Method) Children's Trust of Alachua County Attn: Finance & Administration Manager PO Box 5669 Gainesville, FL 32627 Or Mail to PO Box

Vendor #