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| --- | --- |
| **Grantee:** | **Date Prepared:** |
| **Address:** | **Prepared By:** |
| **Grant Number:**  **Funding Type:** | **Phone/Email:** |
| **Federal ID:** | **For Grant Year:** |

**Provide a detailed justification for the revision to the program demonstrating that the purpose and activities of the original grant, as approved and funded, will continue, or be modified.**

1. Description of current program:

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1. Description of requested revision to the program and the reason(s) for the request.

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1. How does the proposed revised program differ from the program that was originally approved for funding? How will the original purpose and activities of the program be maintained through the revision?

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1. Will there be a change to the current capacity or goal number of families? Please explain any increase or reduction and the reason why. Please also explain if you are reallocating capacities or goals across counties and the reason why. How does or will the revisions to the funded slots or goals impact families currently being served by the program?

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1. Will the proposed changes require a budget revision? A budget revision is required when:
   1. reallocating funds among major categories (Personnel, Operations, Fixed Assets) totaling 10 percent or more of the category total, or;
   2. if a line previously had $0 and will now have funds allocated (adding a line), or;
   3. if a line previously had funds allocated will now have $0 (removing a line).

The total grant award amount may be reduced, but not increased. If a revision is needed, complete the next page.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grantee Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Support Consultant Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office of Child Development and Early Learning Signature**

**Please submit your budget revision in the Pennsylvania Family Support Data System**

**AFTER PROGRAM APPROVAL IF APPLICABLE**

**The Programmatic approval will be uploaded and can be referenced in the Budget Revision**

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| **Grantee:** | **Grant Number:** |

**Fill out the chart below to reflect the changes in your budget (if needed). Show the current budget, identify the amount proposed change in each line (increase or decrease), and the proposed revised budget amount.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CATEGORY** | **CURRENT BUDGET \*** | **CHANGE**  **(use + or -)** | **REVISED BUDGET** |
| **Personnel** |  |  |  |
| 110-Wages and Salaries |  |  |  |
| 120-Employee Benefits |  |  |  |
| Subtotal |  |  |  |
| **Operations** |  |  |  |
| 310-Occupancy |  |  |  |
| 320-Communications |  |  |  |
| 330-Administrative Supplies |  |  |  |
| 350-Transportation |  |  |  |
| 360-Purchased from Subcontractors |  |  |  |
| 390-Other Operating Costs (indirect costs) |  |  |  |
|  |  |  |  |
| Subtotal |  |  |  |
| **Purchased Assets** |  |  |  |
| 412-Service and Office Equipment |  |  |  |
| 414-Data Processing Equipment |  |  |  |
| Subtotal |  |  |  |
| **TOTAL** |  |  |  |

*\*Add line items as needed. Current Budget column must match the approved grant budget for the year.*

Include a detailed description of each line item in the budget that is impacted by the proposed changes.

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