**Kentucky Department of Education**

**Nita M. Lowey 21st Century Community Learning Program**

# **BUDGET AMENDMENT FORM**

**Note: Must be submitted** **if moving any amount of grant funds from one budget code to another.**

 Please submit the form to your **KDE Consultant.**

 **Region 1 and 2:** Tammy Cash **/ Regions 3 and 5:** Leslie Spears **/ Regions 4, 6 and 7:** Glenna Cummins

 **(FOR KDE USE ONLY) KDe Consultant / Date of Approval:**

**Date Submitted:** Click or tap to enter a date.

**Grant Cycle:** Click here to enter text.

**Grant Type:** Choose an item.

**Fiscal Agent:** Click here to enter text.

**Co-applicant:** Click here to enter text.

**School(s) Served:** Click here to enter text.

**Physical Address:** Click here to enter text.

**district:** Click here to enter text.

**Site Coordinator:** Click here to enter text.

**Program Director:** Click here to enter text.

**# OF REGULAR ATTENDEES:** Click here to enter text.

**# OF DAILY ATTENDEES:** Click here to enter text.

**Staff Member Submitting Report:** Click here to enter text.

**E-mail/Phone:** Click here to enter text.

**Please list all line-item changes. Once changes are listed, the total for the current amount and revised amount should equal the same.**

| **MUNIS Code in Current Budget** | **MUNIS Code Description** | **Current Amount** | **Revised Amount** |
| --- | --- | --- | --- |
| Click here to enter text. | Click here to enter text. | $Click here to enter text. | $Click here to enter text. |
| Click here to enter text. | Click here to enter text. | $Click here to enter text. | $Click here to enter text. |
| Click here to enter text. | Click here to enter text. | $Click here to enter text. | $Click here to enter text. |
| Click here to enter text. | Click here to enter text. | $Click here to enter text. | $Click here to enter text. |
| Click here to enter text. | Click here to enter text. | $Click here to enter text. | $Click here to enter text. |
| Click here to enter text. | Click here to enter text. | $Click here to enter text. | $Click here to enter text. |
| Click here to enter text. | Click here to enter text. | $Click here to enter text. | $Click here to enter text. |
| Click here to enter text. | Click here to enter text. | $Click here to enter text. | $Click here to enter text. |
| Click here to enter text. | Click here to enter text. | $Click here to enter text. | $Click here to enter text. |
| Click here to enter text. | Click here to enter text. | $Click here to enter text. | $Click here to enter text. |
| **TOTAL** |  | **$Click here to enter text.** | **$Click here to enter text.** |

**Reason for budget amendment request:**

* Click here to enter text.

**How will this request continue to support performance goals and performance indicators as outlined in your grant application?**

* Click here to enter text.

**Has this request been approved by the district/school finance officer or Chief Finance Officer (CFO)?** [ ]  Yes [ ]  No

Click or tap here to enter text. Click or tap to enter a date.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site Coordinator Signature Date**

Click or tap here to enter text.Click or tap to enter a date.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Director Signature Date**