

BUDGET CHANGE JUSTIFICATION

Describe what has changed in the program to make this budget change request necessary:

Explain how the requested change to the budget aligns with the DWS, OCC purpose of the grant. Refer to the Request for Grant Application if needed:

How does the requested change align with the business or entities original grant application narrative and awarded budget for funding? Refer to the business or entities awarded grant application narrative and awarded budget:

Department of Workforce Services (DWS) - Office of Child Care (OCC)
Afterschool Grant
Budget Change Request Form

OCC Grant Type:

Vendor Number:

Contract Number:

Name of Organization: _____

Contract Contact: _____

Phone: _____

Email: _____

**Current
Grant
Budget**

**Budget
Change
Request**

**Budget
Change
Difference**

Category I Administrative Expenses

Note: Total Administrative costs (direct and indirect) must not exceed 10% of your total

1. Salaries

2. Fringe Benefits

3. Indirect Costs

Total Category I Expenses

Category III Program Expenses

1. Salaries

2. Fringe Benefits

3. Program Equipment

4. Program Supplies

5. Program Related Travel & Transportation

6. Professional Development & Training

7. Contract Services & Professional Fees

8. Professional Development Awards

Total Category III Program Expenses

Total Expenses Category I & III