

Budget Revision Request

LEAD AGENCY:

PROGRAM:

PROGRAM YEAR:

DATE REVISION SUBMITTED:

2015-2016

Original Budget

Budget Changes  
(+) Increases/(-) Decreases

CNCS

Grantee

Total

CNCS

Grantee

Total

Revised Budget

Justification

SECTION 1: Program Operating Costs

A: Personnel Expenses (list each employee and position)

\$0.00

\$0.00

\$0.00

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A. Subtotal Personnel Expenses

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

B: Personnel Fringe Benefits

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

C. Travel

Staff Travel

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

Travel to VF/CNCS Required Meetings

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

Member Travel

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

C. Travel SubTotal:

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

D. Equipment

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

E. Supplies (Itemize each supply category; add additional rows/lines as needed)

Staff Office Supplies

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

Computers

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

Postage

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

Member Supplies -Info/promotional items

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

Member Attire

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

D. Supplies Subtotal

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

F. Contractual and Consultant Services

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

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\$0.00

\$0.00

G. Training

Staff Training

\$0.00

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\$0.00

Member Training

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\$0.00

G. Training Subtotal:

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

H. Evaluation

\$1,000.00

\$0.00

\$1,000.00

0.00

0.00

\$0.00

\$1,000.00

\$0.00

\$1,000.00

I. Other Program Operating Costs (list each cost individually; add additional rows/lines as needed)

Background Checks

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

Utilities/phone/ internet

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

Cell phone

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

Operational Space

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

I. Other Subtotal:

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

SECTION 1. SUBTOTAL

\$1,000.00

\$0.00

\$1,000.00

\$0.00

\$0.00

\$0.00

\$1,000.00

\$0.00

\$1,000.00

SECTION II. Member Costs

A. Living Allowance

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

Full Time (1700 hrs)

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

Half Time (900 hrs)

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

Reduced Half Time (675 hrs)

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

Quarter Time (450 hrs)

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

Minimum Time (300 hrs)

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

A. Living Allowance Subtotal:

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

B. Member Support Costs

FICA for Members

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

Workers Compensation

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

Health Care

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

B. Member Support Subtotal:

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

SECTION II. SUBTOTAL

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

Budget Revision Request

LEAD AGENCY:

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2014-2015

Original Budget

Budget Changes  
(+) Increases/(-) Decreases

CNCS

Grantee

Total

CNCS

Grantee

Total

Revised Budget

Justification

SECTION III. Administrative Costs

A. Corporation Fixed Percentage

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

Corporation Fixed Amount

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

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\$0.00

Commission Fixed Amount

\$0.00

\$0.00

\$0.00

\$0.00

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\$0.00

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\$0.00

A. Corporation/Commission Fixed Subtotal:

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

B. Federally Approved Indirect Cost Rate

\$0.00

\$0.00

\$0.00

\$0.00

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SECTION III. SUBTOTAL

\$0.00

\$0.00

\$0.00

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\$0.00

TOTAL

\$1,000.00

\$0.00

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\$0.00

\$0.00

\$1,000.00

\$0.00

\$1,000.00

CNCS / Grantee Share:

100.00%

0.00%

100.00%

100.00%

0.00%

100.00%

100.00%

0.00%

100.00%

APPROVED BY:

Date Revision Request sent to Volunteer Florida:

(Following lines to be filled out by Volunteer Florida staff Only)

Date Revision Request received by Volunteer Florida:

VF APPROVAL BY:

Date Revision Request Approved by Volunteer Florida: