

BUDGET REVISION WORKSHEET

Agency Name:

Program Name:

Grant #:

Budget Period:

	AmeriCorps Portion			Grantee Portion			TOTAL REVISED
	APPROVED BUDGET	REVISION + OR -	REVISED BUDGET	APPROVED BUDGET	REVISION + OR -	REVISED BUDGET	
Section I. Program Operating Costs							
A. Personnel Expenses			\$ -			\$ -	\$ -
B. Personnel Fringe Benefits			\$ -			\$ -	\$ -
C. Travel							
Staff Travel			\$ -			\$ -	\$ -
Member Travel			\$ -			\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
D. Equipment			\$ -			\$ -	\$ -
E. Supplies			\$ -			\$ -	\$ -
F. Contractual & Consultant			\$ -			\$ -	\$ -
G. Training							
Staff Training			\$ -			\$ -	\$ -
Member Training			\$ -			\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H. Evaluation			\$ -			\$ -	\$ -
I. Other Program Operating Costs			\$ -			\$ -	\$ -
Corp. Sponsored meetings			\$ -			\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Section I. Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Section II. Member Support Costs							
A. Living Allowance							
Full Time (1700 hrs)			\$ -			\$ -	\$ -
Half Time (900 hrs)			\$ -			\$ -	\$ -
Reduced Half Time (675 hrs)			\$ -			\$ -	\$ -
Quarter Time (450 hrs)			\$ -			\$ -	\$ -
Minimum Time (300 hrs)			\$ -			\$ -	\$ -
2nd yr of 2 yr Half Time			\$ -			\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
B. Member Support Costs							
FICA for Members			\$ -			\$ -	\$ -
Worker's Comp.			\$ -	\$ -		\$ -	\$ -
Health Care			\$ -			\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Section II. Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Section II. Percentages	#DIV/0!		#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!
Section III. Admin/Indirect Costs							
A. Corp. Fixed Percentage							
Corp. Fixed Amount			\$ -			\$ -	\$ -
Commission Fixed Amount			\$ -			\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
B. Federally Approved Indirect Cost Rate			\$ -			\$ -	\$ -
Section III Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Section I & III Funding Percentages	#DIV/0!		#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!
Budget Totals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Requested By:

Program Director

Date: _____

Approved By:

Grants and Contracts Officer

Serve Idaho

Date: _____