



# FIRST 5

## MARIPOSA COUNTY



### BUDGET MODIFICATION REQUEST

Period Ending: \_\_\_\_\_

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

Agency/Project: \_\_\_\_\_

Year in \_\_\_\_\_

Contract: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Reporting \_\_\_\_\_

Quarter: \_\_\_\_\_

This Request for Budget Modification is being submitted for the purpose of operating the program as specified in this agency's contract with First 5 Mariposa County. Please include with this request, a letter justifying the request for budget modification.

#### Signatory Approval

I declare under penalty of perjury that, to the best of my knowledge, the information provided in the Budget Modification Request is true and correct.

\_\_\_\_\_  
Signature of Authorized Agency Representative

\_\_\_\_\_  
Date

For First 5 of Mariposa County Use – Do Not Fill In Below

\_\_\_\_\_  
Contracts Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Commission Chair (When request exceeds Director's authorized authority)

\_\_\_\_\_  
Date



**PROPOSED PROJECT BUDGET**

	<b>AMOUNT REQUESTED</b>	<b>OTHER FUNDING</b>	<b>IN KIND CONTRIBUTIONS</b>	<b>TOTAL BUDGET</b>
<b>EXPENSES:</b>				
1. PERSONNEL				
Salaries (list by title)				
Fringe Benefits & Payroll Taxes				
2. ADMINISTRATIVE EXPENSES:				
Building Lease/Rent				
Utilities				
Telephone/Fax/Internet				
Office Equipment (under \$1,000)				
Office Supplies				
Printing & Advertising				
Staff Travel				
Staff Training/Conferences				
Consultant and Professional Fees				
Indirect cost allocation (agencies)				
Other: (list)				
3. PROGRAM EXPENSES				
Program Supplies				
Program Equipment (under \$1,000)				
Agency Sponsored Meetings				
Other: (list)				
4. CAPITAL EXPENDITURES (itemize)				
<b>TOTAL EXPENDITURES</b>				
<b>INCOME:</b>				
Requested First 5 Grant				
Other Grants (list)				
Fees				
Fundraising Events/Product Sales				
Contributions				
Other (specify)				
<b>TOTAL INCOME</b>				



**BUDGET MODIFICATION REQUEST**

	<u>Approved</u> <u>Budget</u>	<u>Revised</u> <u>Budget</u>	<u>Amount of</u> <u>Revision</u>	<u>Percent of</u> <u>Revision*</u>
<b>EXPENSES:</b>				
1. PERSONNEL				
Salaries (list by title)				
Fringe Benefits & Payroll Taxes				
2. ADMINISTRATIVE EXPENSES:				
Building Lease/Rent				
Utilities				
Telephone/Fax/Internet				
Office Equipment (under \$1,000)				
Office Supplies				
Printing & Advertising				
Staff Travel				
Staff Training/Conferences				
Consultant and Professional Fees				
Indirect cost allocation (agencies)				
Other: (list)				
3. PROGRAM EXPENSES				
Program Supplies				
Program Equipment (under \$1,000)				
Agency Sponsored Meetings				
Other: (list)				
4. CAPITAL EXPENDITURES (itemize)				
<b>TOTAL EXPENDITURES</b>				
<b>INCOME:</b>				
Requested First 5 Grant				
Other Grants (list)				
Fees				
Fundraising Events/Product Sales				
Contributions				
Other (specify)				
<b>TOTAL INCOME</b>				

<b>NET CHANGE**</b>				
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\*Percent of Revision = Amount of Revision/Approved Budget

\*\* The Net Change should be zero or a net reduction.



**BUDGET REPORT**

	<u>Approved Budget</u>	<u>Previously Reported</u>	<u>Current Period</u>	<u>Balance of Budget</u>
<b>EXPENSES:</b>				
1. PERSONNEL				
Salaries (list by title)				
Fringe Benefits & Payroll Taxes				
2. ADMINISTRATIVE EXPENSES:				
Building Lease/Rent				
Utilities				
Telephone/Fax/Internet				
Office Equipment (under \$1,000)				
Office Supplies				
Printing & Advertising				
Staff Travel				
Staff Training/Conferences				
Consultant and Professional Fees				
Indirect cost allocation (agencies)				
Other: (list)				
3. PROGRAM EXPENSES				
Program Supplies				
Program Equipment (under \$1,000)				
Agency Sponsored Meetings				
Other: (list)				
4. CAPITAL EXPENDITURES (itemize)				
<b>TOTAL EXPENDITURES</b>				
<b>INCOME:</b>				
Requested First 5 Grant				
Other Grants (list)				
Fees				
Fundraising Events/Product Sales				
Contributions				
Other (specify)				
<b>TOTAL INCOME</b>				
<b>NET BUDGET (INCOME - EXPENDITURES)</b>				