



| | |
|--------------------|--|
| REVISION #: | |
|--------------------|--|

The **contractor** may request a Revision if they would like to **move funding from one line item to another, within the existing contract year, without changing the Total Contract Budget amount from the approved Contract Award.** If the requested funding change is less than 10% of the (original) line item amount from which the funds are requested to be moved, no Revision is required. **Revision requests will not be accepted during the last 30 days of the Contract Year.**
 Submit this form to your designated DCF Program Manager.

Between Kansas Department for Children and Families &

| | | | |
|--------------------------|--|--------------------------------|--|
| Contractor: | | | |
| Street Address* | | Contract Number | |
| City, State, Zip* | | Contract Year (from/to) | |
| E-Mail | | | |
| Phone Number | | Fiscal Year | |
| Fax Number | | | |

Justification for Revision (include any impact on Performance Measures) (attach additional pages as needed):

****A copy of any previously approved Revision(s) for the existing Contract Year must be included with this request****

| Line Item | Current Budget | Proposed Changes to Budget (+ or -)** | Proposed Budget |
|------------------------------|----------------|---------------------------------------|-----------------|
| Personnel | | | |
| Fringe Benefits | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Contractual | | | |
| Building | | | |
| Training | | | |
| Other (specify) | | | |
| Other (specify) | | | |
| Other (specify) | | | |
| Indirect Costs*** | | | |
| Total Contract Budget | | | |

**physical address required, including 9-digit zip code*

***the Total Expense for this column MUST EQUAL ZERO*

****Indirect Costs may not exceed 10% of the Contract Budget.*

Contract Project Director Signature: _____ Date: _____

DCF Program Manager Signature: _____ Date: _____

DCF OGC Grant & Contract Specialist Signature: _____ Date: _____