



REVISION #:	
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A **grantee agency** may request a Revision if they would like to **move funding from one line item to another, within the existing grant year, without changing the Total Grant Budget amount from the Approved Grant Budget Authority in their Notification of Grant 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 Grant Year.** Submit this form to your designated DCF Program Manager.

Between **Kansas Department for Children and Families &**

Grantee Agency:			
Street Address*		Grant Number	
City, State, Zip*		Grant 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 Grant 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 Grant 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 Grant Budget.*

Grantee Project Director Signature: _____ Date: _____

DCF Program Manager Signature: _____ Date: _____

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