

**RENEWAL #:****1**

**DCF Program** may request a Renewal if they would like to **renew a grant for an additional grant year**. This form must be submitted to your DCF OGC Grant & Contract Specialist for submission through concurrence.

Between Kansas Department for Children and Families &

<b>Grantee Agency:</b>	Cerebral Palsy Research Foundation of Kansas (CPRF)		
<b>Street Address*</b>	5111 E. 21st St. N.	<b>Grant Number</b>	RS-2023-ILDME-01
<b>City, State, Zip*</b>	Wichita, KS 67208-1606	<b>Grant Year (from/to)</b>	
<b>E-Mail</b>	marlab@cprf.org	7/1/2023	6/30/2024
<b>Phone Number</b>	316-688-1888	<b>Fiscal Year</b>	SFY24
<b>Fax Number</b>	316-651-5219	<b>CFDA # (if applicable)</b>	

**\*\*A copy of any previously approved Renewal(s) and/or Amendment(s), as well as a NEW FFATA form, NEW Debarment Memorandum and NEW Tax Clearance Certificate must be included with this request\*\***

Line Item	New Budget
Personnel	9,335.64
Fringe Benefits	2,789.36
Travel	
Equipment	112,875.00
Supplies	
Contractual	
Building	
Training	
Other (specify)	
Other (specify)	
Other (specify)	
Indirect Costs**	
<b>Total Grant Budget:</b>	<b>\$125,000.00</b>

Speed Chart	Fund	Budget Unit	Account	New Budget Amount
26522	1000	5010	555900	125,000.00
<b>Total</b>				<b>\$125,000.00</b>

**Additional Information:**

**RENEWAL #:** 2

DCF Program may request a Renewal if they would like to renew a grant for an additional grant year. This form must be submitted to your DCF OGC Grant & Contract Specialist for submission through concurrence.

## Between Kansas Department for Children and Families &amp;

Grantee Agency:	Cerebral Palsy Research Foundation of Kansas (CPRF)		
Street Address*	5111 E. 21st. St. N.	Grant Number	RS-2023-ILDME-01
City, State, Zip*	Wichita, KS 67208-1606	Grant Year (from/to)	
E-Mail	marlab@cprf.org	7/1/2024	6/30/2025
Phone Number	316-688-1888	Fiscal Year	SFY25
Fax Number	316-651-5219	CFDA # (if applicable)	

**\*\*A copy of any previously approved Renewal(s) and/or Amendment(s), as well as a NEW FFATA form, NEW Debarment Memorandum and NEW Tax Clearance Certificate must be included with this request\*\***

Line Item	New Budget
Personnel	9,279.39
Fringe Benefits	2,845.61
Travel	
Equipment	112,875.00
Supplies	
Contractual	
Building	
Training	
Other (specify)	
Other (specify)	
Other (specify)	
Indirect Costs**	
Total Grant Budget:	\$125,000.00

Speed Chart	Fund	Budget Unit	Account	New Budget Amount
26522	1000	5010	555900	125,000.00
Total				\$125,000.00

Additional Information:

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

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

**This grant shall remain in effect, subject to the terms and conditions stated in the original Notification of Grant**