

**AMENDMENT #:****1**Form OGC-1009.2  
REV 2/19

DCF Program may request an Amendment if they would like to extend the Grant Year end date (no cost extension), increase/decrease the Total Grant Budget amount, or change the scope of work, within the grant year. For Amendments involving a change to the scope of work, please attach additional details/documentation to this form. Amendment requests will not be accepted during the last 60 days of the grant year. Extensions may not be exercised solely for the purpose of expending unliquidated award balances. This form must have appropriate justification and be sent to your DCF OGC Grant & Contract Specialist for submission through concurrence.

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

|                   |                                |                        |                 |
|-------------------|--------------------------------|------------------------|-----------------|
| Grantee Agency:   | Connections To Success         |                        |                 |
| Street Address*   | 1017 North 6th St Suite 200    | Grant Number           | EES-2021-CTS-01 |
| City, State, Zip* | Kansas City, KS 66101-1100     | Grant Year (from/to)   |                 |
| E-Mail            | jcook@connectionstosuccess.org | 7/1/2020               | 6/30/2022       |
| Phone Number      | 816-561-5515                   | Fiscal Year            | FY21-22         |
| Fax Number        |                                | CFDA # (if applicable) | 93.558          |

**Justification for Amendment (Include details explaining the need for extending the Grant Year, increasing/decreasing Total Grant Budget, or changing the Scope of Work) (attach additional pages as needed):**

CTS is looking to expand their services into two new counties: Crawford and Bourbon. They are not seeking additional funding, just to expand their service area. There are not duplicative services currently served with TANF funding in those counties. No other changes are being sought.

**\*\*A copy of any previously approved Amendment(s) and/or Renewal(s), as well as a NEW FFATA form, must be included with this request. If this Amendment adds money to the current agreement a NEW Debarment Memo and Tax Clearance is also required.\*\***

| Line Item                 | Current Budget | Changes to Budget (+ or -) | New Budget |
|---------------------------|----------------|----------------------------|------------|
| Personnel                 | 0.00           |                            | 0.00       |
| Fringe Benefits           | 0.00           |                            | 0.00       |
| Travel                    | 0.00           |                            | 0.00       |
| Equipment                 | 0.00           |                            | 0.00       |
| Supplies                  | 0.00           |                            | 0.00       |
| Contractual               | 0.00           |                            | 0.00       |
| Building                  | 0.00           |                            | 0.00       |
| Training                  | 0.00           |                            | 0.00       |
| Other (Background Checks) | 0.00           |                            | 0.00       |
| Other (Client Assistance) | 0.00           |                            | 0.00       |
| Other (specify)           | 0.00           |                            | 0.00       |
| Indirect Costs**          | 0.00           |                            | 0.00       |
| Total Grant Budget        | \$0.00         | \$0.00                     | \$0.00     |

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

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

| Speed Chart | Fund | Budget Unit | Account | New Budget Amount |
|-------------|------|-------------|---------|-------------------|
|             |      |             |         |                   |
|             |      |             |         |                   |
|             |      |             |         |                   |
|             |      |             | Total   | \$0.00            |