

AMENDMENT #:

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 &

| Grantee Agency: | Harvesters - The Community Food Networ | k | |
|-------------------|----------------------------------------|------------------------|------------------|
| Street Address* | 3801 Topping | Grant Number | EES-2022-CSFP-02 |
| City, State, Zip* | Kansas City, MO 64129-1744 | Grant Year (from/to) | |
| E-Mail | jaguilar@harvesters.org | 10/1/2021 | 9/30/2022 |
| Phone Number | 816.929.3237 | Fiscal Year | 2022 |
| Fax Number | 816.929.3123 | CFDA # (if applicable) | 10.565 |

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):

Harvesters' budgeted contract amount was reached in June. Therefore, costs for the program have not been reimbursed for the last quarter of FFY2022. Personnel was chosen for this amendment as Personnel is Harvesters' largest expense and program personnel have been continuing to track their time and operate the program without reimbursement.

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 | 63,928.51 | 5,000.00 | 68,928.51 | |
| Fringe Benefits | | | 0.00 | |
| Travel | 9,774.66 | | 9,774.66 | |
| Equipment | | | 0.00 | |
| Supplies | 14,137.26 | | 14,137.26 | |
| Contractual | | | 0.00 | |
| Building | 17,554.81 | | 17,554.81 | |
| Training | | | 0.00 | |
| Other (Technology) | 4,070.21 | | 4,070.21 | |
| Other (FA Dues) | | | 0.00 | |
| Other (specify) | | | 0.00 | |
| Indirect Costs** | 10,946.55 | | 10,946.55 | |
| Total Grant Budget | \$120,412.00 | \$5,000.00 | \$125,412.00 | |

^{*}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 | |



AMENDMENT #:

2 4

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 &

| Grantee Agency: | Harvesters The Community Food Ne | twork | |
|-------------------|----------------------------------|------------------------|------------------|
| Street Address* | 3801 Topping Ave | Grant Number | EES-2022-CSFP-02 |
| City, State, Zip* | Kansas City, MO 64129 | Grant Year (from/to) | |
| E-Mail | jaguilar@harvesters.org | 10/1/2022 | 9/30/2023 |
| Phone Number | 816-929-3223 | Fiscal Year | FFY2023 |
| Fax Number | | CFDA # (if applicable) | 10.565 |

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):

Harvesters budgeted contract amount was reached in June. Therefore cost for program could not be reimbursed without this amendment. Personnel was chosen for this amendment as it Harvesters largest expense. Program personnel continue to track their time and operate program.

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 | 67,595.95 | 10,000.00 | 77,595.95 |
| Fringe Benefits | | | 0.00 |
| Travel | 7,744.50 | | 7,744.50 |
| Equipment | | | 0.00 |
| Supplies | 10,010.00 | | 10,010.00 |
| Contractual | | | 0.00 |
| Building | 20,050.00 | | 20,050.00 |
| Training | | | 0.00 |
| Other (Technology) | 4,000.00 | | 4,000.00 |
| Other (specify) | 65.00 | | 65.00 |
| Other (specify) | | | 0.00 |
| Indirect Costs** | 10,946.55 | 1,000.00 | 11,946.55 |
| Total Grant Budget | \$120,412.00 | \$11,000.00 | \$131,412.00 |

^{*}physical address required, including 9-digitzip code

^{**}Indirect Costs may not exceed 10% of the Grant Budget

| Speed Chart | Fund | Budget Unit | Account | New Budget Amount |
|-------------|------|-------------|---------|-------------------|
| ISD25174 | 3308 | 3215 | 555900 | 131,412.00 |
| | | | Total | \$131,412.00 |