

# REQUEST FOR CONTRACT BUDGET REVISION

**From:** \_\_\_\_\_ **TO:** **Washington State Commission for National And Community Service**  
**Program Name:** \_\_\_\_\_ **P.O. Box 43113**  
**Program Address:** \_\_\_\_\_ **Olympia, WA 98504-3113**  
**Contract Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Federal Tax Id #:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Current Program Budget Totals		Budget Modifications Requested		Budget Modifications Approved	
<i>Please insert current approved Program Budget</i>		<i>Please insert Proposed Budget Changes and detail</i>		<i>For Commission use only</i>	
<b>SECTION I. Program Operating Costs</b>		<b>SECTION I. Program Operating Costs</b>		<b>SECTION I. Program Operating Costs</b>	
A. Personnel Expenses		A. Personnel Expenses		A. Personnel Expenses	
B. Personnel Fringe Benefits		B. Personnel Fringe Benefits		B. Personnel Fringe Benefits	
C. Travel		C. Travel		C. Travel	
Staff Travel		Staff Travel		Staff Travel	
Member Travel		Member Travel		Member Travel	
C. Travel Subtotal:	\$ -	C. Travel Subtotal:	\$ -	C. Travel Subtotal:	\$ -
D. Equipment	\$ -	D. Equipment		D. Equipment	
E. Supplies		E. Supplies		E. Supplies	
F. Contractual and Consultant Services	\$ -	F. Contractual and Consultant Services	\$ -	F. Contractual and Consultant Services	
G. Training		G. Training		G. Training	
Staff Training		Staff Training		Staff Training	
Member Training		Member Training		Member Training	
G. Training Subtotal:	\$ -	G. Training Subtotal:	\$ -	G. Training Subtotal:	\$ -
H. Evaluation	\$ -	H. Evaluation		H. Evaluation	
I. Other Program Operating Costs		I. Other Program Operating Costs		I. Other Program Operating Costs	
Travel to CNCS Sponsored Meetings		Travel to CNCS Sponsored Meetings		Travel to CNCS Sponsored Meetings	
I. Other Subtotal:	\$ -	I. Other Subtotal:	\$ -	I. Other Subtotal:	\$ -
<b>SECTION I. TOTAL</b>	<b>\$ -</b>	<b>SECTION I. TOTAL</b>	<b>#VALUE!</b>	<b>SECTION I. TOTAL</b>	<b>#VALUE!</b>
<b>SECTION II. Member Costs</b>		<b>SECTION II. Member Costs</b>		<b>SECTION II. Member Costs</b>	
A. Living Allowance		A. Living Allowance		A. Living Allowance	
Full-Time (1700 hours)		Full-Time (1700 hours)		Full-Time (1700 hours)	
Half-Time (900 hours)		Half-Time (900 hours)		Half-Time (900 hours)	
Reduced Half-Time (675 hours)		Reduced Half-Time (675 hours)		Reduced Half-Time (675 hours)	
Quarter-time (450 hours)		Quarter-time (450 hours)		Quarter-time (450 hours)	
Minimum time (300 hours)		Minimum time (300 hours)		Minimum time (300 hours)	
2nd Year of 2 Year Part-Time		2nd Year of 2 Year Part-Time		2nd Year of 2 Year Part-Time	
A. Living Allowance Subtotal:	\$ -	A. Living Allowance Subtotal:	\$ -	A. Living Allowance Subtotal:	\$ -
B. Member Support Costs		B. Member Support Costs		B. Member Support Costs	
FICA for Members		FICA for Members		FICA for Members	
Workers Compensation		Workers Compensation		Workers Compensation	
Health Care		Health Care		Health Care	
B. Member support	\$ -	B. Member support	\$ -	B. Member support	\$ -
<b>SECTION II. TOTAL</b>	<b>\$ -</b>	<b>SECTION II. TOTAL</b>	<b>\$ -</b>	<b>SECTION II. TOTAL</b>	<b>\$ -</b>
<b>SECTION III. Administrative Costs</b>		<b>SECTION III. Administrative Costs</b>		<b>SECTION III. Administrative Costs</b>	
A. Corporation Fixed Percentage		A. Corporation Fixed Percentage		A. Corporation Fixed Percentage	
Corporation Fixed Amount		Corporation Fixed Amount		Corporation Fixed Amount	
Commission Fixed Amount (N/A)	N/A	Commission Fixed Amount (N/A)	N/A	Commission Fixed Amount (N/A)	N/A
B. Federally Approved Indirect Cost Rate	\$ -	B. Federally Approved Indirect Cost Rate	\$ -	B. Federally Approved Indirect Cost Rate	\$ -
<b>SECTION III. TOTAL</b>	<b>#VALUE!</b>	<b>SECTION III. TOTAL</b>	<b>#VALUE!</b>	<b>SECTION III. TOTAL</b>	<b>#VALUE!</b>
<b>Budget Totals</b>	<b>#VALUE!</b>	<b>Budget Totals</b>	<b>#VALUE!</b>	<b>Budget Totals</b>	<b>#VALUE!</b>
Number of Members		Number of Members		Number of Members	
<b>Average Cost per Member</b>	<b>#VALUE!</b>	<b>Average Cost per Member</b>	<b>#VALUE!</b>	<b>Average Cost per Member</b>	<b>#VALUE!</b>

## Justification For Budget Revision

*Please detail reasons for revision here. (Include reason for revision and adverse consequences if revision is denied. Note: Funds in category A are restricted. Use additional*

AUTHORIZED SIGNATURE  
COMMISSION USE ONLY

PRINTED NAME AND TITLE

DATE

WCNCS APPROVAL:

DATE: