



# Massachusetts Service Alliance

## AmeriCorps Budget Amendment Form

Organization:  
Organization Address:

Contact:  
Contact Phone #:  
Grant #:  
Grant Award Amount:  
Date Prepared:

Federal EIN#:  
Period Covered by Amendment

	Budget submitted to			Budget Amendment			
	CNCS	Grantee	Total	CNCS	Grantee	Total	N
<b>Section I: Program Operating Costs</b>							
A. Personnel							
B. Benefits (includes FICA, Worker's comp, leave, other fringe, etc.)							
C-1. Travel - staff							
C-2. Travel - member							
D. Equipment (not greater than 10% of total CNCS budget costs)							
E. Supplies (includes member service gear)							
F. Contracts & Consultants							
G-1. Training - staff							
G-2. Training - member							
H. Evaluation							
I. Other (Includes CNCS sponsored mtgs)							
<b>Subtotal SECTION I</b> (Grantee Funds minimum 33% of Total Operating Costs)							
<b>SECTION II: MEMBER COSTS</b>							
A-1. 1 Year FT 1700 hours \$ #							
A-2. 1 Year PT 900 hours \$ #							
A-3. Expanded PT 1700 hours \$ #							
A-4. Quarter time 450 hours \$ #							
A-5. Minimum time 300 hours \$ #							
B. FICA (7.65% of total living allowances)							
C. Worker's Compensation (or other Death & dismemberment coverage)							
D. Health care (required for FT Members)							
E. Other Member Costs (includes unemployment coverage)							
<b>Subtotal Section II</b> (add items A through E above, total not to exceed 85% CNS Funds and provide 15% grantee funds-Cash Match only)							
<b>Section III: Admin costs</b>							
A. Grantee Administrative costs (CNS Admin not to exceed 5% of CNS section I + section II) ( Up to 10% Match allowed without approved indirect cost rate)B. Federally approved or State established Indirect Cost Rate							
B. Federally approved or State established Indirect Cost Rate							
<b>Subtotal SECTION III</b>							

Total Program Operating Budget (Sum of Sections I and III)							
TOTAL BUDGET COSTS (Sum of I, II, III)							

<b>JUSTIFICATION:</b> Please explain the reason for the proposed amendment and its impacts, attach additional sheets if necessary.		
I Certify that the above information is true and correct.		
PRINT NAME	SIGNATURE:	DATE:
ACTION TAKEN BY THE ALLIANCE. A) Approved Yes No (Circle One) Reason for Disapproval:		Effective Date of
Printed Name	SIGNATURE:	Date


