



Request to



## REQUEST FOR PROGRAM APPROACH CHANGE AND/OR BUDGET MODIFICATION

Delega	ate/Pa	rtner: Sac	ramento Citv Un	ified School	Di			
Fundir	ng Sou	rce: ☑Hea	d Start □Early	Head Start	□Both			
Agree	ment	Nu 2	3C5551S0			Date: 05/07/2024		
I.	mod	ified: se check th Program	ne type of reque	est(s):		the agreement contact the agreement contact the agreement cost categor		above, be
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<i>[</i>								) (1)
e Ng		(ACF ap	oproval required for	all fixed asset p	fixed asset? \(\sigma\) ourchases) \(\sigma\) Yes \(\sigma\). No	Yes ☑ No		
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		From Pr (Require Change in Change in Class-size (Require	arryover rogram Year: res ACF approval) n service days / n Centers / Ten e Waiver Reque	' Calendar ( nporary Clo est (to enrol	sure I up to 24 childre		ending available	funds)

## REQUEST FOR PROGRAM APPROACH CHANGE AND/OR BUDGET MODIFICATION (Continued)

## III. The requested changes are justified based on the following:

SCUSD has reviewed the current cost allocation and requesting a 50%-50% due to the amount of requirements for each funding. In addition, all employees received a salary increase that was determined by the District and Labor Partners.

IV. For a Budget Modification – Please complete this section if: 1) there are revisions in the budget as a result of the program approach change or 2) the request is specific to a Budget Modification.

NOTE: A Rudget Narrative is required to be submitted with the undated Budget Worksheet

Program Year 2023-2024

Grant #: 09CH011763

Cost Category/Item Description	Current Budget	<b>Budget Modification</b>	Updated Budget	
Personnel	\$2,913,474.00	\$690,000.00	\$3,603,474.00	
Fringe Benefits	\$2,490,368.00	\$(690,000.00)	\$2,490,368.00	
Travel	\$21,026.00		\$21,026.00	
Equipment	\$189,396.00		\$189,396.00	
Supplies	\$978,542.06		\$288,542.06	
Contractual	\$227.650.94		\$0.00	
Construction	\$0.00		\$0.00	
Other	\$390,376.00		\$390,376.00	
Indirect	<u> </u>		\$227,650.94	
TOTAL	\$7,210,833.00	\$0.00	\$7,210,833.00	
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DATE: 05/07/2	2024				
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		(Typed Na		na valenzacia	
				nt Assistant Superintendent	
		(Title)			
APPROVED BY	POLICY COMMITTEE	F (See inst	ruction if	equired):	
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DATE OF MEETII	NG				
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			(Signatui	e of Chairperson, Policy C	ommittee)
			(Typed N	ame)	
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APPROVED BY	GOVERNING BODY	(See instru	ictions if r	equired):	
DATE OF MEETII	NG:				
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APPROVED BY GRANTEE:			
DATE:	(Karen Griffith, Head Start Deputy Director)		
	For Internal Use Only		
Date Received:	( <u>Malapio Nicela</u> r ,		
Date Approved:	CFS Program Officer/Administration)		
Date Approved:	(Victor Han, Fiscal Manager)		