

**ATTACHMENT #2: KEYSTONE STARS MERIT AWARD BUDGET WORKSHEET
BUDGET REQUEST, BUDGET REVISION, and FINAL EXPENSE REPORT**

Instructions: Please complete the column labeled Budget Request Amount for the Budget Request Approval and sign and date. Once the Early Learning Resource Center (ELRC) has approved the request, they will sign and date the Budget Request Approval. If a revision is needed that is +/- 10% in any line item, the provider must complete the column labeled Budget Revision for only those line items needing revised and sign and date. The ELRC must approve the budget revision and sign and date the Budget Revision Approval. Once the provider is ready to report expenses, the provider must complete the column labeled Amount Spent During Period, sign and date, and submit to the ELRC. The ELRC must approve the amount spent and sign and date the Final Expense Report Approval. Use this document to report your initial budget, revisions to the budget, and expenditures against the budget.

Name of Facility: _____ **MPI #:** _____

Report for Period: _____ **through** _____ **Date Submitted:** _____

I. Equipment & Supplies/Materials	Budget Request Amount	Budget Revision	Amount Spent During Period	Unspent Funds
Classroom Furnishings				
Infant / Young Toddler / Older Toddler				
Preschool				
Young School-Age / Older School-Age				
Mixed/Multiple Age Groups				
Learning Materials				
Infant / Young Toddler / Older Toddler				
Preschool				
Young School-Age / Older School-Age				
Mixed/Multiple Age Groups				
Minor Renovations				
Infant / Young Toddler / Older Toddler				
Preschool				
Young School-Age / Older School-Age				
Mixed/Multiple Age Groups				
Gross Motor Equipment				
Infant / Young Toddler / Older Toddler				
Preschool				
Young School-Age / Older School-Age				
Mixed/Multiple Age Groups				
Expenses Related to: DHS Certification, Business Practices and Computer Technology				
Infant / Young Toddler / Older Toddler				
Preschool				
Young School-Age / Older School-Age				
Mixed/Multiple Age Groups				
Equipment & Supplies/Materials TOTAL				
II. Professional Development (PD)				
Non-Credit				
Infant / Young Toddler / Older Toddler				
Preschool				
Young School-Age / Older School-Age				
Mixed/Multiple Age Groups				
Credit				
Infant / Young Toddler / Older Toddler				
Preschool				
Young School-Age / Older School-Age				
Mixed/Multiple Age Groups				
II. Professional Development (PD) Continued	Budget Request Amount	Budget Revision	Amount Spent During Period	Unspent Funds
Other (include Travel Costs, Personnel Costs for Substitutes, and Technical Assistance)				
Infant / Young Toddler / Older Toddler				
Preschool				
Young School-Age / Older School-Age				
Mixed/Multiple Age Groups				
Professional Development (PD) TOTAL				

III. Accreditation Costs				
Infant / Young Toddler / Older Toddler				
Preschool				
Young School-Age / Older School-Age				
Mixed/Multiple Age Groups				
Accreditation Costs TOTAL				

IV. Staff Benefits				
Benefits				
Infant / Young Toddler / Older Toddler				
Preschool				
Young School-Age / Older School-Age				
Mixed/Multiple Age Groups				

Staff Bonuses and Salary				
Infant / Young Toddler / Older Toddler				
Preschool				
Young School-Age / Older School-Age				
Mixed/Multiple Age Groups				

Staff Benefits TOTAL				
-----------------------------	--	--	--	--

V. Other Expenses (specify)				
Infant / Young Toddler / Older Toddler				
Preschool				
Young School-Age / Older School-Age				
Mixed/Multiple Age Groups				

Other Expenses TOTAL				
-----------------------------	--	--	--	--

TOTAL AWARD COSTS				
--------------------------	--	--	--	--

I attest that all grant purchases were made in accordance with the STARS Merit Award General Requirements contained in the STARS Merit Request. If I did not follow the General Requirements, I understand that I must return the grant funds. I also agree to keep receipts for purchases made through this grant for a period of seven years after the date this Grant Agreement is executed.
I understand that it is my responsibility to maintain receipts and records for financial auditing purposes.

Budget Request Approval

Authorized Signature by Provider: _____ Date: _____

ELRC Signature: _____ Date: _____

Budget Revision Approval

Authorized Signature by Provider: _____ Date: _____

ELRC Signature: _____ Date: _____

Final Expense Report Approval

Authorized Signature by Provider: _____ Date: _____

ELRC Signature: _____ Date: _____

Payment Schedule (For ELRC Use Only)	
Date of Payment	Amount
	\$
	\$
	\$
Total Received	\$