



Wisconsin Department of Public Instruction
EDUCATOR EFFECTIVENESS GRANT
BUDGET MODIFICATION REQUEST FORM
 PI-1621-R (Rev. 08-2022)

Return to:

By email: educator.effectiveness@dpi.wi.gov

Or by mail:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
ATTN: CARL BRYAN
LICENSING, EDUCATOR ADVANCEMENT AND SUPPORT
PO BOX 7841
MADISON, WI 53707-7841

For questions regarding this grant, contact:
Carl Bryan at carl.bryan@dpi.wi.gov or (608) 266-3275

I. GENERAL INFORMATION			
Applicant Agency	Mailing Address <i>Street, City, State, ZIP</i>		
Contact Person	Title		
E-Mail Address	Fax <i>Area/No.</i>	Phone <i>Area/No.</i>	
Program Coordinator <i>If other than contact person</i>	Title		
E-Mail Address	Phone <i>Area/No.</i>		
Program Coordinator's Mailing Address <i>Street, City, State, ZIP</i>	Grant Period		
	Beginning Date <i>Mo./Day/Yr.</i>	Ending Date <i>Mo./Day/Yr.</i>	
	7/1/2022	6/30/2023	
Total Funds Awarded	Project Title		
	Educator Effectiveness Grant 2022-23		

II. CERTIFICATION/SIGNATURES	
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WE, THE UNDERSIGNED, CERTIFY that the information contained in this application is complete and accurate to the best of my knowledge; that the necessary assurances of compliance with applicable state and federal statutes, rules, and regulations will be met; that I am authorized by the agency designated in this application to bind the agency to the certifications and assurances contained in this application; and, that the indicated agency designated in this application is authorized to administer this grant.

WE FURTHER CERTIFY that the assurances listed above have been satisfied and that all facts, figures, and representation in this application are correct to the best of my knowledge.

Signature of Applicant Agency Administrator	Date Signed <i>Mo./Day/Yr.</i>
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Signature of School Board Clerk <i>If applicable</i>	Date Signed <i>Mo./Day/Yr.</i>
➤	

III. JUSTIFICATION

Provide justification for the requested budget modification here. Please describe not only the reason for the request, but also the content of the request. Describe the impact on not only the budget, but also the grant program's goals, objectives, and activities:

V-a. BUDGET DETAIL

Date of Request <i>Mo./Day/Yr.</i>	Applicant Agency	Project No. For revisions only
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1. Personnel Summary (100s-200s)

All staff must hold the appropriate license.

List all employees to be paid from this project. Do not include contracted personnel employed by other agencies in this section. If a vacancy exists which will be filled, indicate "vacant".

a. WUFAR Function Code Only Required for LEAs <i>Indicate for each position listed</i>	b. Name	c. Position/Title	d. Project FTE	e. Date(s) Service to be Provided	f. Total Cost Salary Fringe	

Total Salary and Fringe	
<i>All project totals must equal salary and fringe totals on budget summary page.</i>	

XII-a. BUDGET DETAIL (cont'd)

Date of Request <i>mm/dd/yyyy</i>	Applicant Agency	Project No. <i>For revisions only</i>
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2. Purchased Services Summary (300s)

a. WUFAR Function Code Only Required for LEAs	b. Type of Service Purchased	c. Date(s) Service to be Provided	d. Specify Agency/Vendor or Supplier <i>If known</i>	e. Cost
Total				
<i>Must agree with Purchase Services Total on Budget Summary</i>				

3. Non-Capital Objects Summary (400s)

a. WUFAR Function Code Only Required for LEAs <i>Indicate for each item listed in column c.</i>	b. Quantity	c. Item Name <i>Include all items budgeted</i>	d. Total Costs
Total			
<i>Must agree with Non-Capital Objects total on Budget Summary</i>			

XII-b. BUDGET SUMMARY					
Applicant Agency	Grant Period		Initial Request	Date Submitted	
	Beginning Date	Ending Date		First Revision	Second Revision
Project Number <i>For DPI Use Only</i>	07/01/2022	06/30/2023			

Budget Revisions: Submit a copy of this page, with appropriate revisions included. (Attach this to a brief letter of justification.) **Note:** Submit request at least **30 days** prior to expenditure of grant monies.

WUFAR Function	WUFAR Object	Amount Requested	First Revision	Second Revision
Instruction (100 000 Series) Activities dealing directly with the interaction between instructional staff and students.	a. Salaries (100s)			
	b. Fringe Benefits (200s)			
	c1. Purchased Services (300s)			
	c2. Purchased Services (300s) Any single contract over \$25,000			
	d. Non-Capital Objects (400s)			
	e. Capital Objects (500s)			
	f. Other Objects (e.g., fees) (900s)			
	TOTAL Instruction			
Support Services—Pupil and Instructional Staff Services (in 210 000 and 220 000 Series) Support services are those which facilitate and enhance instructional or other components of the grant. This category includes staff development, supervision, and coordination of grant activities.	a. Salaries (100s)			
	b. Fringe Benefits (200s)			
	c1. Purchased Services (300s)			
	c2. Purchased Services (300s) Any single contract over \$25,000			
	d. Non-Capital Objects (400s)			
	e. Capital Objects (500s)			
	f. Other Objects (e.g., fees) (900s)			
	TOTAL Support Services—Pupil/Instructional Staff Services			
Support Services—Administration (Associated with functions in 230 000 series and above.) Includes general; building; business; central service administration, and insurances.	a. Salaries (100s)			
	b. Fringe Benefits (200s)			
	c1. Purchased Services (300s)			
	c2. Purchased Services (300s) Any single contract over \$25,000			
	d. Non-Capital Objects (400s)			
	e. Capital Objects (500s)			
	f. Insurance (700s)			
	g. Other Objects (e.g., fees) (900s)			
	TOTAL Support Services—Admin.			
Indirect Cost <i>Up to Approved Rate</i> <i>Approved rate should not be used for single contracts over \$25,000</i>	Approved Rate	%		
	TOTAL BUDGET			
DPI Approval	Signature of DPI Reviewer			Date Signed <i>mm/dd/yyyy</i>
	➤			