



Wisconsin Department of Public Instruction
**BUDGET CHANGE REQUEST - SCHOOL-BASED
MENTAL HEALTH SERVICES GRANT**
PI-1822 (Rev. 01-23)

INSTRUCTIONS: Complete and return to the assigned consultant:

Districts A-M: Jessica.Frain@dpi.wi.gov

Districts N-Z: Elizabeth.Krubsack@dpi.wi.gov

I. GENERAL INFORMATION		
School District		Project Title
Project Coordinator	E-Mail Address	Telephone Area/No.
Funding Source <input checked="" type="checkbox"/> School-Based Mental Health Services Grant		Project Year
II. BUDGET CHANGE REQUEST		
Rationale for Budget Change		

III. SIGNATURES	
Signature of School District Project Coordinator ➤	Date Signed <i>Mo./Day/Yr.</i>
Signature of Business Manager ➤	Date Signed <i>Mo./Day/Yr.</i>

XIII-a. BUDGET DETAIL	
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Project No. For revisions only

All staff must hold the appropriate license.

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All project totals must equal salary and fringe totals on budget summary page.

XIII-a. BUDGET DETAIL (cont'd)	
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Project No. *For revisions only*

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 Cost
<div>Total</div> <div>Must agree with Non-Capital Objects total on Budget Summary</div>			

	XIII-a. BUDGET DETAIL (cont'd)	
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Date of Request *Mo./Day/Yr.*

Applicant Agency

Project No. *For revisions only***4. Capital Objects Summary (500s)**


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 Capital Objects total on Budget Summary</i>			

5. Other Objects Summary (900s)

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 Other Objects total on Budget Summary</i>			

IV. BUDGET SUMMARY				
Applicant Agency	Grant Period Beginning Date Ending Date		Initial Request	Date Submitted First Revision Second Revision
Project Number <i>For DPI Use Only</i>				

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 Up to Approved Rate <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 mm/dd/yyyy