



# 2008-2009 Arkansas Better Chance Program Budget Amendment Request

**TOTAL AMOUNT OF GRANT: \$** \_\_\_\_\_

**Agency Name** \_\_\_\_\_

**Contact** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Address** \_\_\_\_\_

	Original	Requested
Salary		
Fringe		
Admin. Cost		
Nutrition		
Curriculum/E q		
Parent Involvement		

	Original	Requested
Transportation		
Accountability		
Prof. Development		
Screenings		
Technology		
<b>TOTAL</b>	0.00	0.00

**JUSTIFICATION:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signature** \_\_\_\_\_  
**Print Name** \_\_\_\_\_  
**Title** \_\_\_\_\_  
**Date** \_\_\_\_\_

**IMPORTANT!**

- 1. FORM IS REQUIRED WHEN YOU MOVE MORE THAN \$1,000 OR 10%-WHICHEVER IS MORE-FROM ONE CATEGORY TO ANOTHER.**
- 2. BUDGET AMENDMENTS ARE DUE NO LATER THAN JUNE 1, 2009.**
- 3. INCLUDE ONLY ABC FUNDS-NO MATCH.**
- 4. E-MAIL TO YOUR FINANCIAL SPECIALIST WHEN COMPLETE.**