ATTACHMENT #2: KEYSTONE STARS EDUCATION & RETENTION 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 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 Early Learning Resource Center 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 Early Learning Resource Center. The Early Learning Resource Center 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:**

STARS Education & Retention Award	**Care Level (INF,YOT,OLT,PRE, YSA,OSA,MXD)**	**Budget Request Amount**	**Budget Revision**	**Amount Spent During Period**	**Unspent Funds**
Name of Employee Receiving Award					
TOTAL EDUCATION & RETENTION AWARD COSTS					

I attest that all grant purchases were made in accordance with the STARS Education & Retention Award General Requirements contained in the STARS Education and Retention Award 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:**

Early Learning Resource Center Signature: **Date:**

Budget Revision Approval

Authorized Signature by Provider: **Date:**

Early Learning Resource Center Signature: **Date:**

Final Expense Report Approval

Authorized Signature by Provider: **Date:**

Early Learning Resource Center Signature: **Date:**

Payment Schedule (For Early Learning Resource Center Use Only)	
Date of Payment	Amount
	$
	$
	$
Total Received	$