

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

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

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

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

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

<b>Staff Benefits TOTAL</b>				
-----------------------------	--	--	--	--

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

<b>Other Expenses TOTAL</b>				
-----------------------------	--	--	--	--

<b>TOTAL AWARD COSTS</b>				
--------------------------	--	--	--	--

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: \_\_\_\_\_

<b>Payment Schedule (For ELRC Use Only)</b>	
Date of Payment	Amount
	\$
	\$
	\$
Total Received	\$