# Public Charter Schools Grant Program Budget Revision Request Form

## Instructions

### When to File

Object code total expenditures may not exceed **110 percent** of the approved budget. If a revision to your approved budget is needed to prevent an overage from occurring, please complete a Budget Revision Request Form (BRRF) and submit it to the Public Charter Schools Grant Program (PCSGP) Office.

### How to File

1. Referring to the most recent Quarterly Expenditure Report (QER), tab 2: Fiscal Year By Quarter, enter the “Approved Total Annual Budget” object codes into page 2 of the BRRF, Column 2.
2. In Column 3: “Proposed Budget Change (+/-)”, enter the amounts to be subtracted/added. Please ensure that the total for Column 3: “Proposed Budget Change (+/-)”, equals zero.
3. Add Column 2 to Column 3 to calculate Column 4: “Revised Approved Total Annual Budget by Object Code”. Please ensure the total for Column 4: “Revised Total Annual Budget by Object Code” matches the total for Column 2: “Approved Total Annual Budget by Object Code.”
4. Have the authorized party sign the BRRF. Submit the signed BRRF by email to [PCSGP@cde.ca.gov](mailto:PCSGP@cde.ca.gov). Keep a copy of the BRRF for your records.
5. Once the BRRF has been approved by the PCSGP Office, the new approved total annual budget by object codes should then be entered on the QER on the tab 2 Fiscal Year by Quarter, “Approved Annual Allocation.”

For assistance completing or submitting a BRRF, please contact the Charter Schools Division, PCSGP Grant Office, by email at [PCSGP@cde.ca.gov](mailto:PCSGP@cde.ca.gov), or contact your assigned PCSGP Regional Consultant by email. Please allow at least 72 hours for review and approval of the BRRF.

## Budget Revision Request Form

### Sub-Grantee Information

| **Required Field** | **Sub-Grantee Information** |
| --- | --- |
| Sub-Grantee Name |  |
| Charter School Number (if applicable) |  |
| Fiscal Year |  |
| Quarter in Which Revisions Will Take Effect |  |

### Expenditure Information

| **1. Expenditures by Object Code** | **2. Current Approved Total Budget by Object Code** | **3. Proposed Budget**  **Change (+/-)** | **4. Revised Total Annual Budget by Object Code** |
| --- | --- | --- | --- |
| A. Certificated Salaries (1000–1999) |  |  |  |
| B. Classified Salaries (2000–2999) |  |  |  |
| C. Employee Benefits (3000–3999) |  |  |  |
| D. Books/Supplies (4000–4999) |  |  |  |
| E. Services & Operations (5000–5999) |  |  |  |
| F. Capital Outlay (6000–6999) |  |  |  |
| G. Indirect Costs (7200–7600) |  |  |  |
| TOTAL (Sum of lines A through G) |  |  |  |

Proposed Budget Change – Revisions must total zero.

Revised Total Annual Budget by Object Code – Revised budget total should equal original total approved budget amount.

### Certifications

The Administrator signature below indicates that you read all assurances, certifications, terms and conditions associated with the Federal Charter Schools Program, and you agree to continue to be compliant with all funding requirements.

#### Sub-Grantee Certification

| **Required Field** | **Site Administrator Information** |
| --- | --- |
| Administrator Name |  |
| Administrator Email Address |  |
| Administrator Phone Number |  |
| Administrator Signature |  |
| Date Signed |  |

#### California Department of Education Certification

| **Required Field** | **Consultant Information** |
| --- | --- |
| Regional Consultant Name |  |
| Date Approved |  |

California Department of Education  
Charter Schools Division  
Revised October 2021

## Budget Revision Request Form Narrative

In the chart below, please provide a detailed description and explanation of 1) why the previously approved budget expense is no longer needed to accomplish goals outlined in the work plan and 2) the new requested budget expense, including a detailed calculation and narrative on how this new budget expense will help to accomplish goals outlined in the work plan.

**Sub-Grantee Name:** [Enter name]

### Budget Change Description

| **Expenditure by  Object Code** | **Written Explanation for Budget Change (What specifically is no longer being purchased and why)** | **Reallocated/New Requested Budget Expense (Detailed calculation and narrative by line item** |
| --- | --- | --- |
| Certificated Salaries (1000–1999) |  |  |
| Classified Salaries (2000–2999) |  |  |
| Employee Benefits (3000–3999) |  |  |
| Books/Supplies (4000–4999) |  |  |
| Services & Operations (5000–5999) |  |  |
| Capital Outlay/Equipment (6000–6999) |  |  |
| Indirect Costs  (7200-7600) |  |  |