|  |
| --- |
| **WHEN IS A PLAN/BUDGET REVISION REQUEST REQUIRED?** |
| 1. **Are you ADDING a new activity to your GEAR UP plan?**   Yes, then it is required EVEN WHEN a new activity entails no additional funds. WSAC uses these up to date work plans and budgets to monitor progress and ensure compliance.   1. **Are you DELETING an activity from your GEAR UP plan?**   Yes, then it is required EVEN WHEN the deleted activity does not have funding attached. WSAC uses these up to date work plans and budgets to monitor progress and ensure compliance.   1. **Did you spend more on a planned activity than you had budgeted?**   Not necessarily. It is NOT required if you:   1. Have enough funding to cover the overage from underspending on other item(s), etc.; AND IF 2. Are not deleting an activity to cover the overage.   That’s called “managing your overs and unders.”   1. **Did you spend less on a planned activity than you had budgeted?**   No, it is NOT NECESSARILY required, UNLESS you are going to add a new activity with the extra funds (see item 1 above). |

**NOTES:**

1. You may submit revisions up to four times a year: September 30, December 31, March 31, and June 30.
2. All “To Be Determined” funds must be budgeted no later than December 31.
3. If you have an urgent revision, you may submit at any time, otherwise please adhere to the deadlines listed at the top of the form.
4. You should not spend funds or delete activities without permission. These are contractual obligations, and spending funds that you do not have approval for puts your district at risk of not being reimbursed as well as an audit finding.
5. Incomplete forms will be returned. Please carefully following all instructions and fill in all blank cells.

# **TO SUBMIT:**

1. **The building principal or designated administrator must sign the form for approval.**
2. **Email the complete form to** [marciem@wsac.wa.gov.](mailto:marciem@wsac.wa.gov.)
3. **You will receive a response within 5 business days.**
4. **Do not make any changes to your program plan or expenditures until you have final approval.**
5. **A revised Work Plan and Budget will be emailed to the GEAR UP Coordinator and building administrator when approval is final.**

**SCHOOL NAME:** Click or tap here to enter text.

## **COORDINATOR:**Click or tap here to enter text.

## ADD NEW ACTIVITIES:

* Describe the NEW requested activity.
* Detail the costs for this activity.
* **NOTE:** Please complete a separate table for each new activity listed. You may copy and paste the table below if requesting additional revisions.

|  |  |
| --- | --- |
| **Activity Description:** Please provide a minimum of three to five sentences describing this activity – who, what, where, when, why. | |
|  | |
| **Who will participate?** (Number of students, families, and/or staff, which classes or groups) | |
|  | |
| **What is the timeline for this activity?** When will it be provided and/or completed? | |
|  | |
| **Description of Costs –** What will be purchased? | **Estimated Cost** |
|  |  |
|  |  |
| **TOTAL ESTIMATED COST OF THIS ACTIVITY** | **$** |
| **Activity Description:** Please provide a minimum of three to five sentences describing this activity – who, what, where, when, why. | |
|  | |
| **Who will participate?** (Number of students, families, and/or staff, which classes or groups) | |
|  | |
| **What is the timeline for this activity?** When will it be provided and/or completed? | |
|  | |
| **Description of Costs –** What will be purchased? | **Estimated Cost** |
|  |  |
|  |  |
| **TOTAL ESTIMATED COST OF THIS ACTIVITY** | **$** |

## DELETE ACTIVITIES:

* From your currently approved work plan and budget list the following information for any activity you are deleting – that is, you will not be providing the service or activity during the current contract year.
* Do not include any activities you are revising only – just those that will not be offered.
* Please copy the information into the table below so that it is identical to the information in your work plan and budget.

|  |  |  |
| --- | --- | --- |
| **Activity Name** | **Why are you deleting this activity?** | **Total Budget for the Activity** |
|  |  |  |
|  |  |  |
|  |  |  |

## HOW TO REVISE ACTIVITIES:

* From your currently approved work plan and budget, list the following information for any activity you are revising – that is, you will change the service or activity from what was originally proposed, or adjusting the funding requested.
* Please copy the information into the table below so that it is identical to the information in your work plan and budget.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Original Description of Activity**  (should match current work plan and budget) | **Revised Description of Activity**  (if applicable) | **Original Total Cost for Activity**  (should match current work plan and budget) | **Revised Total Cost for Activity** | **Total Change** (Original – Revised) \*Decreased amounts should be shown as -$. |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## SUMMARIZE BUDGET REVISION

|  |  |
| --- | --- |
| **Added Activities** (from #1 above) | **New Activity Funds Requested** (from #1 above) |
|  |  |
|  |  |
|  |  |
| **Deleted Activities** (from #2 above) | **Funds Not Needed** (from #2 above) |
|  |  |
|  |  |
|  |  |
| **Revised Activities** (from #3 above) | **Revised Funds Requested** (from #3 above) |
|  |  |
|  |  |
|  |  |
| **TOTAL Change = (A-B) + or – C** |  |
| ***\*Balanced budgets will equal zero in the Total Change line item.*** | |

## Administrator Approval Required:

* This form must be signed by the building administrator (principal, assistant principal, etc.)

**My signature below acknowledges my approval of the above revisions to the GEAR UP Work Plan and Budget. I understand that all revisions are subject to review and approval by the WSAC GEAR UP Associate Director, and that no expenditures as revised are allowable until approval is received. I understand that all changes become part of the revised contractual agreement with the Washington Student Achievement Council and are subject to all the GEAR UP rules and guidance.**

**Printed Name:** Click or tap here to enter text. **Title:** Click or tap here to enter text.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click or tap here to enter text.