

FORM 803 INSTRUCTIONS

BUDGET REVISION FORM INSTRUCTIONS

The purpose of this form is to show DCCAH that you have reconciled the difference between your original grant request and the awarded grant amount within your project. To that end, the following form must be completed and submitted in accordance with the grant agreement.

The Budget Revision Form must represent the total project budget related to your grant request. The project budget should reflect all income and expenses attributed to the project, including operating costs and project / program expenses for the fiscal year.

The completed chart will identify the DCCAH CONTRIBUTION and MATCH CONTRIBUTION expenditures that you will track during the grant period. DCCAH CONTRIBUTION AND MATCH CONTRIBUTION expenditures must be documented by receipts or cancelled checks in the interim/final report. All reporting documents are available at <http://dcarts.dc.gov>.

RESTRICTIONS:

In accordance with the District of Columbia's Office of the City Administrator's recommendation, DCCAH requires that **no more than 35% of the total project expenses be attributed to administration and overhead costs.**

Also note:

- The following grants awards require a 1:1 match: Arts Education Program, Community Arts Grant (Organizations Only), Cultural Facilities Projects, City Arts Projects, and Grants-In-Aid;
- Individuals are never required to match their grant award;
- The DCCAH grant may not cover food costs; and
- The DCCAH grant may not cover individual pieces of equipment over \$500.

INSTRUCTIONS

1. Items 1-3: Fill in these items with the identical information from your W-9 form.
2. Items 4-6: Fill in these items with identical information from the Agreement.
3. Total Project Budget Chart: Reference the project budget submitted with the grant application to complete the chart. This **REVISED BUDGET CHART** allows grantees to take into account the reduced grant amount, staff changes, and project revisions and other adjustments.
 - Column A – **PROJECT INCOME/EXPENSES**
Indicate **total** project income and expenses, taking into consideration the 35% ratio for administrative expenses and overhead costs as reviewed in the **RESTRICTIONS** box above.
 - Column B – **DCCAH CONTRIBUTION**
Indicate budget items supported by project funds. The amount may not exceed award. The 35%/65% rule (above) applies to these funds.
 - Column C – **MATCH CONTRIBUTION**
Indicate budget items that will match project funds. The 35%/65% rule (above) applies to these funds.
 - **Individuals and East of the River grant recipients DO NOT have to match funds.**
4. Budget Narrative (if applicable): Document DCCAH CONTRIBUTION AND MATCH CONTRIBUTION for expenses exceeding \$1,000 in accordance with directions embedded in the **Budget Revision Form**.

Social Security Number
(Individuals Only)

Tax Identification Number
(Organizations Only)

BUDGET REVISION FORM

1. Grantee: _____
2. Address: _____
3. Phone: _____ 4. Email: _____
5. Grant Period: _____ 6. Grant Award Number: _____

REVISED BUDGET CHART FOR TOTAL PROJECT BUDGET			
	(A) PROJECT INCOME	(B) DCCAH contribution	(C) Match contribution
PROJECT INCOME			
GRANTS / CONTRACTS - specify Government, Foundations, Corporations, United Way/CFC if applicable			
INDIVIDUAL DONATIONS			
EARNED REVENUE - specify events, publications, fees, ticket sales and memberships, if applicable			
OTHER - may not include in-kind donations			
PROJECT EXPENSES	PROJECT EXPENSES	DCCAH contribution	Match contribution
<i>Administration may not exceed 35% of total expenses</i>			
PERSONNEL - includes salaries, payroll taxes and fringe			
CONSULTANTS AND PROFESSIONAL FEES			
ADMINISTRATIVE COSTS - if exceeds \$1,000, specify equipment, supplies, maintenance, etc. in separate narrative			
RENT AND UTILITIES			
OTHER - if exceeds \$1,000, specify in separate narrative			
Total Administrative Expenses			
<i>Artistic Fees will be 65% - 100% of total expenses</i>			
PERSONNEL - includes salaries, payroll taxes and fringe			
CONSULTANTS / TEACHING ARTISTS			
MATERIALS, SUPPLIES, EQUIPMENT			
TRANSPORTATION			
OTHER - if exceeds \$1,000, specify in separate narrative			
Total Artistic Expenses			
TOTAL EXPENSES			

Signature: _____

Date: _____

***THIS IS NOT AN INVOICE.**