

GLOW WORKFORCE DEVELOPMENT BOARD POLICY

NAME OF POLICY: GLOW WDB Budget Amendment Request Policy

APPROVAL DATE: Approved by GLOW WDB 6/21/11, 9/16/14

AMENDED BY GLOW WDB: 5/17/16

EFFECTIVE DATE: 5/17/16

Purpose:

After overall budgets are approved by the WDB, any change in funding between individual budget lines requires a budget modification to be submitted and approved by the WDB. This policy provides for a method to move budget funds occasionally as required due to unforeseen program changes or other reasons. This policy will identify the process in GLOW to complete a budget modification for both contractors and county budgeted funds.

Definitions:

Wages & Fringe: Employee salaries and benefits.

Operational Expenses: Expenses needed to operate the agency such as rent, utilities, insurance, copying, supplies, etc.

Participant Expenses: Expenses that are used for participants in the programs. These expenses would be tuition, supportive services, work experience, On the Job and Customized Training, etc.

Policy:

1. Budget modification of funds **within** one of the three defined categories (Wage & Fringe, Operational Expenses and Participant Expenses) is permitted without approval of the WDB. However, notification of the change must be given to the WDB Manager and Grant Recipient using the attached amendment form.
2. Budget modification of funds from one of the three defined categories (Wage & Fringe, Operational Expenses and Participant Expenses) to one of the other categories if the amount is \$200 or 20% requires approval of the WDB. In other words, movement of funds of \$200 or 20% from one budget line to another requires WDB approval.

Process:

- The GLOW WIB Budget Modification Form (attached) should be completed for all requests.
- All requests for Budget Modification should be sent to the Grant Recipient & the WDB Manager.
- Modification requests may take up to 90 days to process.
- Budget Modifications for Contracted Service Providers also require the signature of the Livingston County Chairman of the Board of Supervisors after WDB Board approval is received.

GLOW WDB BUDGET MODIFICATION FORM
(Submit for All Changes to WDB and GR)

Entity Name: _____ Today's Date: _____

Funding Category: Adult: _____ DLW: _____ Youth: _____

Cost Category	Original Budget	Adjustment Amount	Revised Budget
Wage & Fringe			
Operational Expenses			
Participant Expenses			
Total			

Explanation for modification of funds (describe changes/reason for modification request):

Budget Modification Requested By: Print Name: _____

Signature: _____

Title: _____

WDB OFFICE USE ONLY:

WDB Approval Required per Policy (moving funds from one of the three defined categories: Wage & Fringe, Operational, Participant, to one of the other categories of \$200 or 20%): Yes No

Authorized by: Print Name: _____ Title: _____

Signature: _____ Date: _____

Grant Recipient Print Name: _____ Title: _____

Authorized Signature: _____ Date: _____

Modified Budget Effective Date: _____

Attachments: WDB Minutes must be attached to verify board action was taken to approve the modification if required

Livingston County Chairman of the Board of Supervisors Approval if required:

Authorized by: Print Name: _____ Title: _____

Authorized Signature: _____ Date: _____