



Disaster Deployment Budget Amendment Form

The Disaster Deployment Amendment supports any budget adjustments for a program engaged in an AmeriCorps-approved disaster deployment. Budget adjustments may be necessary if deployment dates are extended, unforeseen expenses arise, or in other cases that affect the program's ability to support the deployment. Changes to the originally-approved deployment budget must fall within the parameters of the original assignment. *If a program needs to amend their budget, they should contact the Disaster Services Unit prior to completing and submitting this form.*

1. Program Name and Address:		2. Point of Contact (Name, Email, Phone)		3. Number of Members and Staff Available:				
				Members:		Staff:		
4. Date Submitted	5. Mission Assignment Number (Completed by DSU)		6. CAML (Completed by DSU)	7. Disaster Event	8. Original Deployment Dates	9. Revised Deployment Dates	10. MA Start Date (Completed by DSU)	11. MA End Date (Completed by DSU)

Directions: Please complete each section with as much detail as possible, including any formulas and rates.

For example:

Subsistence: 10 members x 30 days x \$15/day = \$4,500

Personnel: 2 crews x 4 weeks x \$300/crew/week = \$2,400

Transportation				Personnel			
Describe airfare, train, rental car, program vehicle mileage, etc. and provide formula for cost.		Cost		Type (Lost FFS for AmeriCorps members, Staff OT, etc.). Please include formula(s) for any personnel costs:		Cost	
Original Budget Cost				Original Budget Cost			
Additional Funds Requested		\$ -		Additional Funds Requested		\$ -	
Total Transportation		\$ -		Total Personnel		\$ -	
Lodging				Supplies			
Include rate/#members/days		Cost				Cost	
Original Budget Cost				Original Budget Cost			
Additional Funds Requested		\$ -		Additional Funds Requested		\$ -	
Total Lodging		\$ -		Total Supplies		\$ -	
Subsistence				Miscellaneous			
		Cost				Cost	
Original Budget Cost				Original Budget Cost			
Additional Funds Requested		\$ -		Additional Funds Requested		\$ -	
Total Food		\$ -		Total Miscellaneous		\$ -	
Original Budget		\$ -	Total Additional Funds Requested	\$ -	Total Revised Budget		\$ -
AmeriCorps Approvals: Sign and Date							
Disaster Services Unit:		CFO Office:		Office of Grant Administration:			