INSTRUCTIONS FOR REQUEST FOR BUDGET CHANGE

The purpose of the Request for Budget Change is to allow for unanticipated changes from the original approved/amended budget. This form must be sent to the Division of Maternal and Child Health. ***Budget changes may not be implemented until the official request has been approved and returned to you.*** A budget modification is required for all changes between budget line items as described in your agreement for services.

Left –hand top corner of form above diagram

Project number — Indicate your project number (should be under 4 digits) if your project has one. If no project number was given then leave blank. This is not your project code (which may look like 400362014160090).

Contract Number — Indicate your contract number. (Example: MCH 479-6, NS 520-1, etc.)

Project Name — Indicate the official title of your project as indicated in your approved contract/grant.

Middle of the form above diagram

Budget Reference Year — Indicate year of budget you are requesting the changes on. If it is October when you are submitting this request and you want to make changes to your contract that ended in September –contract dates being October 1, 2008 – September 30, 2009 you would put 2009. If you want to make changes to your contract that just started in October – contract dates being October 1, 2009 – September 30, 2010, then you would put 2010.

Right-hand top corner of form above diagram

Budget Revison # — Indicate if it this revision is your 1st or 2nd only 2 are allowed per contract period.

Date Prepared Date you are submitting this budget modification

Proposed Effective Date Date you are requesting budget change to start

Body of form

Present Budgeted Amount This will be the last approved budgeted amount. This will be either your original budget amount on executed contract/grant or amount after an amendment or your first budget modification.

- Revision on MCH Awarded amount– Use Column 4
- Revision on Match dollars –Use Column 3
- Revision to Non-Matching dollars-Use Column 2

Requested Increase (Decrease This area indicates what budgeted item you want the budget amount increased or decreased. Decreased amount are shown in () as (167.00) while increased amounts are without the ().

- Revision on MCH Awarded amount– Use Column 7
- Revision on Match dollars –Use Column 6
- Revision to Non-Matching dollars-Use Column 5

New Budget Total This area indicates what you want in each adjusted area after the adjustment is made.

- Revision on MCH Awarded amount– Use Column 11

- Revision on Match dollars –Use Column 10
- Revision to Non-Matching dollars-Use Column 9

Signatures

Top left signature needed would be the Project Director of this project. This is the only signature we would normally need from your end.

Top Right signature is needed only if there is a Health Officer's signature required. We would let you know if we needed this from you.

Bottom left signature is for the Grants Manager from the Department of Health.

Overall instructions

- Limit $5,000
- Adding line items on approved budget requires an amendment.
    - **THEY CANNOT BE DONE WITH A REQUEST FOR BUDGET CHANGE.**
- Round to nearest dollar. (Examples:$482.53 to $483.00 or $482.49 to $482.00)