

# DIVISION OF HIV/STD/VH REQUEST FOR BUDGET CHANGE

Agency \_\_\_\_\_  
 PO# \_\_\_\_\_

Date \_\_\_\_\_  
 SCM # \_\_\_\_\_

Request for  
 Budget Change # \_\_\_\_\_

Please check one of the boxes that encompass your request for budget change.

Move funds from one current service category to another       Return Funds  
 Add a new service category, and move funds to it

|                  | SERVICE CATEGORY | "CURRENT BUDGET"<br><small>(Located on invoice template grant summary report tab - Column V)</small> | + | REQUESTED INCREASE<br>(DECREASE) | = | REQUESTED BUDGET |
|------------------|------------------|--|---|----------------------------------|---|------------------|
|                  |                  | <small>Show all entries with whole dollar amounts only. (Do not add commas)</small>                  |   |                                  |   |                  |
| Core Services    |                  |  |   |                                  |   |                  |
|                  |                  |  |   |                                  |   |                  |
|                  |                  |  |   |                                  |   |                  |
|                  |                  |  |   |                                  |   |                  |
| Support Services |                  |  |   |                                  |   |                  |
|                  |                  |  |   |                                  |   |                  |
|                  |                  |  |   |                                  |   |                  |
|                  |                  |  |   |                                  |   |                  |
| Administration   |                  |  |   |                                  |   |                  |
|                  |                  |  |   |                                  |   |                  |
|                  | <b>TOTAL</b>     |  |   |                                  |   |                  |

**Fill in written JUSTIFICATION with details of all categories. EXPLANATION OF REQUEST FOR BUDGET CHANGE:**

Forms with missing signatures or dates will not be processed. Changes cannot be requested in the 1st 90 days of the contract period. Changes must be received and approved prior to 60 days from the expiration of the contract. Email to the attention of your Ryan White Services [HSPProgram@isdh.in.gov](mailto:HSPProgram@isdh.in.gov). Changes are in effect only after final signature at ISDH.

Requested by:  
 \_\_\_\_\_  
 Program Representative of Agency      Date  
 \_\_\_\_\_  
 Fiscal Representative of Agency      Date

Approved by:  
 \_\_\_\_\_  
 Contract and Rebates Manager at ISDH      Date  
 \_\_\_\_\_  
 Ryan White Part B Director at ISDH      Date

Effective Date: \_\_\_\_\_

\_\_\_\_\_  
 Additional Program Director at ISDH      Date  
 (If Necessary)