

Budget Modification Request Form

Today's Date:

Grant Program	
Grant Agency	
Street Address	
Phone Number	
Email Address	

*Please DO NOT alter the budget modification form. THANKS!
 Complete contact information at the top of the form.
 Insert Modification Request Date.
 Insert the current budget by line item approved by MDH.*

FOR MDH USE ONLY (Complete by MDH)	
Date Received by MDH	

Submit Budget Modification Request via Email:	
Email Address:	
Division:	Minnesota Department of Health Child and Family Health Division
Name of Grant Manager	
Email of Grant Manager	
Phone Number	

Name of person who completed this form:	
Phone Number	
Email Address:	

	DATE OF REQUESTED MODIFICATION		
Modifications Requested (additions as a + and reductions as a -)			
CATEGORY OF EXPENDITURE	Current Budget	Budget Modification	New Budget Total
Salaries and Fringe			
Contractual Services			
Travel Expenses			
Supplies Expenses			
Other (provide detail below)			
Category Expenditure Expenses			
Other Expenses			
SUB TOTAL			
Indirect Costs (Max 10% of Sub Total)			
Total Claim Amount Requested			

(Should always equal \$0 unless it is carryforward or amendment)

Includes telephone, postage, print, copy, and equipment under \$5,000.00

Not to exceed 10% of Total Direct Costs or your Federally negotiated rate, multiplied by Sub Total

Explain why modifications are needed:

Authorized Official Signature:		Date:	
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* This is the effective date of the requested adjustments. Budget revisions are not retroactive.

FOR MDH USE ONLY			
Grant Manager Approval:		Date:	
Processed by:		Date:	

FORM INSTRUCTIONS:

1. Complete contact information at the top of the form.
2. Insert Modification Request Date.
3. Insert the current budget by line item approved by MDH.
4. Insert modifications being made by line item. Use the - when subtracting from the line and a + when adding to the line.
5. Insert the NEW Totals by line item for the modified budget by adding the current budget and modifications requested together.
6. Explain why the modifications are needed.
7. Sign and date form.
8. E-mail form to Grant Manager.