

BUDGET MODIFICATION REQUEST FORM

	T		
Grant Program		Grantee Agency	
Street Address			
Contact Person		Phone Number	
E-mail address			

		Modifications Requested (additions as a + and	
Category Expenditure	Current Budget	reductions as a -)	New Budget Total
Salaries and Fringe			
Contractual Services			
In State Travel			
Supplies and equipment			
Other (provide detail below			
Total Category Expenses			
*Total Other Expenses			
SUB TOTAL			
Indirect Costs **			
TOTAL AMOUNT			

(above should always equal 0)

*Includes telephone, postage, print, copy, and equipment under \$5,000.00	**Not to exceed 10% of Total Direct Costs or your federally negotiated rate.			
Explain why modifications are needed:				

Date

Date

Date

* This is the effect date of the requested adjustments. Budget revisions are not retro.

Form Instructions:

Grantee Signature

MDH Approval

Processed by

- 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 and Grant Specialist.