



# Budget Modification Request Form

Agency Name:

Contract Period:

Contract Number:

Budget Modification

Contract Term:

Effective Date:

**1. Budget Line Changes:** Please describe what activities will be added or changed to justify the adjustment. This justification should show how the approved work plan supports the budget modification request or how the proposed change(s) will affect the project, including completion of services, or the performance targets and milestones.

**2. What is the total dollar amount of funds being moved within the budget?**

**3. Do any modifications being requested change the scope of the grant?**

If yes, please explain.

**4. Provide below a brief justification for each line item change.**

*Provide details on page 2 for how budget will be modified.*



## Directions

### Page 1: Budget Modification Questions

**Complete all listed header fields (Agency Name, Contract Number, Contract Term, Contract Period and Budget Modification Effective Date)**

**Budget Modification Effective Date:** The date when the requested budget changes will take effect, if approved. The date will always be the start of a new Quarter. For example: January 1, April 1, July 1, or October 1.

**Q1. Budget Line Changes:** Provide a summary and description of the budget changes you are requesting, why you are requesting the change, and how it will impact the primary Objectives, Tasks and Performance Measures outlined in the Contract Work Plan.

**Q2. What is the total dollar amount of funds being moved within the budget?:** Provide a dollar amount for how much money is being moved between lines in the budget. For example, if you are requesting to move \$1,000 from the supplies line to the personal services line, the total would be \$1,000.

**Q3. Do any modifications being requested change the scope of the grant?:** Grantees can refer to the Contract Work Plan outlining the scope of the grant to determine if this is a change in the scope of the grant.

**Q4: Provide below a brief justification for each line item change.:** Provide a 1-2 sentence justification for each line of the budget that will be increased and/or decreased.

### Page 2: Budget Form

**Complete all listed header fields ( Project Title, Contact Name, Email Address and Address)**

**All requested budget line changes must be included in this table.**

**Category/Line Item Description:** Enter each budget line item category or description that you are requesting to modify. Examples: Personal Services, Contractual, Supplies, Translation, etc. *Grantee should only input the lines that you are requesting to change, do not input your full budget.*

**Current Budget:** For the budget lines you are requesting to change, input the dollar amount in your current budget.

**Modification:** Please enter the dollar amount that each modified budget line will increase or decrease. Enter a negative (-) amount to reduce a budget line. For example, if you are decreasing a line by \$2,000, input -\$2,000 into the chart field.

**Grantee Share:** The Grantee Share is also known as the Match. All CDD Grants must include a 34% Match. *Therefore, any budget modification should still ensure a 34% minimum Match requirement.*

**Enter all listed footer fields (Completed By, Title, Signature and Date)**

**Signature:** The form can either be signed electronically via an e-signature or grantee can print and sign the form.

**\*NOTE\***

**Current budget lines not impacted by this request do not need to be listed on pg. 2.**

**The “Requested CDD Share” Total cell should always equal zero since they shouldn’t be increasing or decreasing the budget period value.**

**The CDD “Current Budget” Total cell should always match the CDD “Revised Budget” Total cell.**