

BUDGET AMENDMENT/GRANT EXTENSION

NYS Division of Homeland Security and Emergency Services
State Office Building Campus – Bldg. 7A
1220 Washington Avenue Suite 610
Albany, NY 12242

FEDERAL FUNDS **STATE FUNDS**

1. GRANTEE: _____ 2. COUNTY: _____ 3. CONTRACT NUMBER: _____
4. IMPLEMENTING AGENCY: _____ 5. DHSES NUMBER: _____
6. TYPE OF REQUEST: BUDGET REALLOCATION BUDGET INCREASE BUDGET DECREASE GRANT EXTENSION START DATE WORKPLAN CHANGE
7. PROJECT TITLE: _____ 8. DATE OF REQUEST: _____
9. DATE OF LAST APPROVED REQUEST: _____ 10. CONTRACT DURATION: ____ / ____ / ____ TO ____ / ____ / ____
11. REQUESTED TERMINATION DATE: ____ / ____ / ____
- 11a. REQUESTED NEW START DATE: ____ / ____ / ____

12. REQUESTED BUDGET AMENDMENT

| CATEGORY | A. APPROVED PROJECT BUDGET | | *B. PROPOSED TRANSFER | | C. REQUESTED OPERATING BUDGET | |
|----------------------|----------------------------|----------------------|-----------------------|----------------------|-------------------------------|----------------------|
| | STATE/FEDERAL | CASH/ OTHER MATCH | STATE/FEDERAL | CASH/ OTHER MATCH | STATE/FEDERAL | CASH/ OTHER MATCH |
| A. PERSONNEL | | | | | | |
| B. FRINGE BENEFITS | | | | | | |
| C. CONSULTANTS | | | | | | |
| D. EQUIPMENT | | | | | | |
| E. SUPPLIES | | | | | | |
| F. TRAVEL | | | | | | |
| G. RENT | | | | | | |
| H. ALT & RENOVATIONS | | | | | | |
| I. ALL OTHER | | | | | | |
| TOTAL | | | | | | |

13. AMENDMENT JUSTIFICATION (attach additional sheets if necessary): _____

14. This document is submitted as a request to modify current contract: _____

Grantee Signature

| DHSES USE ONLY | | | |
|--|---|--|--|
| <p><input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> APPROVED WITH CONDITIONS (SEE ATTACHED)</p> <p>Program Sign _____</p> <p>Title _____</p> | <p><input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> APPROVED WITH CONDITIONS (SEE ATTACHED)</p> <p>Fiscal Sign _____</p> <p>Title _____</p> | | |

INSTRUCTIONS FOR FILING THE BUDGET AMENDMENT/GRANT EXTENSION REQUEST FORM

This form replaces all other Budget Amendment/Grant Extension Requests for both State and Federal funds. All grantees are required to submit this form for any adjustments to their budget and/or to obtain an extension to their grant period, if appropriate.

SUBMIT SIX (6) COPIES OF THIS FORM.

ITEMS 1-5: Obtain information from the contract and associated material, correspondence, etc.

ITEM 6: Check the appropriate box (es) for this request (Budget Reallocation, Budget Increase/Decrease, Grant Extension, Start Date).

ITEM 7: Obtain information from application for grant.

ITEM 8: Enter the preparation date of this request.

ITEM 9: Enter date of the last approved request, i.e., the last Budget Amendment/Grant Extension Request submitted to DHSES and returned approved to you; if none, enter "none".

ITEM 10: Enter the effective beginning date of the contract to the termination date of the contract or contract extension, if an extension was requested and approved by DHSES.

ITEM 11: If you are requesting an extension of the contract, enter the date that will be the new requested termination date of the contract. A contract extension is not possible under some circumstance. Check with your Representative at DHSES.

ITEM 11a: If you are requesting a new start date of the contract, enter the date that will be the new requested start date of the contract. A new contract start date is not possible under some circumstances. Check with your Representative at DHSES.

ITEM 12: Requested Budget Amendment information must be entered in columns A - C, and in rows A - I.

A. Approved Project Budget:

Enter the present operating budget. It must be in effect as of the date entered in ITEM 9.

B. Proposed Transfers:

These columns should reflect dollar amounts and categories to be affected by the proposed fund transfer or increase. (Example: Category D, Equipment, + \$2,500, Category E, Supplies, -\$2,500). Changes in the grantee share as well as requested transfer of DHSES funds should be reflected.

C. Requested Operating Budget:

This should reflect the newly proposed budget. If the request is approved, these two columns will become the new current operating budget for the project. Only upon receipt of written approval from DHSES of the Budget Revision/Grant Extension Request will the requested operating budget become the operating budget. Grantees should never make adjustments to their Grant Awards until written approval is received. New budget amounts, once approval is received, should be reflected on all subsequent Monthly Fiscal Cost Reports to DHSES. Do not report proposed changes on Monthly Fiscal Cost Reports prior to the receipt of written approval by DHSES.

ITEM 13: AMENDMENT JUSTIFICATION (ATTACH ADDITIONAL PAGES AS NECESSARY).

ITEM 14: Grantee Signature – Necessary to request contract changes.

ADDENDA: SUPPORT MATERIAL (ATTACH PAGES AS NECESSARY).

FOR DHSES USE ONLY: Completed by DHSES

SIX (6) SIGNED AND NOTARIZED ORIGINALS OF APPENDIX X MUST BE ATTACHED TO THIS FORM FOR BUDGET INCREASES, DECREASES, GRANT EXTENSIONS OR START DATE CHANGES.

BUDGET REALLOCATIONS REQUIRE THIS FORM AND A SIGNED LETTER FROM THE GRANTEE.
Should any questions concerning this form arise, contact your Representative at DHSES