

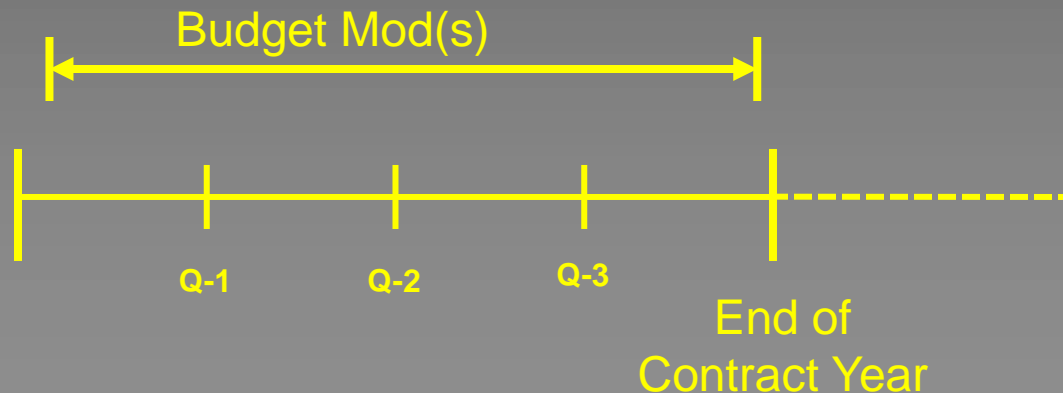
# NYS Dept. of Health Extramural Grants Administration

## Budget Modifications

# Budget Modification Requests

Use to move funds between budget lines within a contract year

- Program & possible Office of the State Comptroller (OSC) approval required
- Changes can not jeopardize ability to complete research



# Budget Modification Request Form

NYS Department of Health – Wadsworth Center – Extramural Grants Administration

## BUDGET MODIFICATION REQUEST

(Circle One)      Breast Cancer Research      Spinal Cord Injury Research      Stem Cell Research  
[hrrsb@wadsworth.org](mailto:hrrsb@wadsworth.org)      [scirb@wadsworth.org](mailto:scirb@wadsworth.org)      [nystemgrants@wadsworth.org](mailto:nystemgrants@wadsworth.org)

Contract Number: \_\_\_\_\_ Budget Period: \_\_\_\_\_

Principal Investigator(s): \_\_\_\_\_

Institution: \_\_\_\_\_

Project Title: \_\_\_\_\_

Note: Per terms of the contract:  
**Appendix B - Budget line interchanges; Any proposed modification to the contract which results in a change of greater than 10 percent to any budget category, must be submitted to OSC (Office of the State Comptroller) for approval**  
 This approval may take 3-4 months to obtain.

Briefly justify the proposed budget changes. Indicate whether these changes affect the specific aims of the project. If a category is reduced, explain how project goals can still be met. Use additional pages, if necessary.

\_\_\_\_\_  
 Signature of PI Named Above      Date

\_\_\_\_\_  
 Signature of Contracts & Grants Official      Name/Title      Date

\_\_\_\_\_  
 Approval Signature of Extramural Funding Administrator      Date

(EGA Use Only) Additional Approvals Needed?  
 NYS Department of Budget: Yes / No      NYS Office of the State Comptroller: Yes / No

Contract Number: _____		Budget Period: _____		
Use this Form to modify category allocations within a budget year. Total amounts of reduction and increase must be equal.				
	BUDGET CATEGORY	APPROVED BUDGET	REQUESTED CHANGE	PROPOSED BUDGET
<b>PERSONAL SERVICES (PS):</b>				
1	<b>SALARY AND STIPENDS</b>			
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
	SUBTOTAL PS	\$ -	\$ -	\$ -
2	FRINGE BENEFITS	\$ -	\$ -	\$ -
3	<b>TOTAL PS AND FRINGE</b>	\$ -	\$ -	\$ -
<b>OTHER THAN PERSONAL SERVICE (OTPS):</b>				
4	<b>SUPPLIES</b>			
	LAB SUPPLIES	\$ -	\$ -	\$ -
	OFFICE SUPPLIES	\$ -	\$ -	\$ -
	SUBTOTAL SUPPLIES	\$ -	\$ -	\$ -
5	EQUIPMENT	\$ -	\$ -	\$ -
6	TRAVEL	\$ -	\$ -	\$ -
7	CONSULTANT COSTS	\$ -	\$ -	\$ -
8	<b>OTHER EXPENSES</b>			
	TRAINEE HEALTH INSURANCE	\$ -	\$ -	\$ -
	HUMAN SUBJECTS	\$ -	\$ -	\$ -
	ANIMALS & CARE	\$ -	\$ -	\$ -
	CORE FACILITIES	\$ -	\$ -	\$ -
	PUBLICATIONS	\$ -	\$ -	\$ -
	COMMUNICATIONS	\$ -	\$ -	\$ -
	MEETING REGISTRATION	\$ -	\$ -	\$ -
	TUITION AND FEES	\$ -	\$ -	\$ -
	MISC OTHER EXPENSES	\$ -	\$ -	\$ -
	SUBTOTAL OTHER EXPENSES	\$ -	\$ -	\$ -
9	SUBTOTAL OTPS	\$ -	\$ -	\$ -
10	<b>TOTAL PS AND OTPS (lines 3 + 9)</b>	\$ -	\$ -	\$ -
11	<b>TOTAL SUBCONTRACT PS AND OTPS</b>	\$ -	\$ -	\$ -
12	<b>TOTAL DIRECT COSTS (lines 10 + 11)</b>	\$ -	\$ -	\$ -
13	F & A Costs	\$ -	\$ -	\$ -
14	<b>GRAND TOTAL COSTS (lines 12 + 13)</b>	\$ -	\$ -	\$ -

# Budget Modification/OSC Approval

NYS Department of Health – Wadsworth Center – Extramural Grants Administration

## BUDGET MODIFICATION REQUEST

(Circle One)

Breast Cancer Research

Spinal Cord Injury Research

Stem Cell Research

[hrrb@wadsworth.org](mailto:hrrb@wadsworth.org)

[scirb@wadsworth.org](mailto:scirb@wadsworth.org)

[nstemgrants@wadsworth.org](mailto:nstemgrants@wadsworth.org)

Contract Number: \_\_\_\_\_ Budget Period: \_\_\_\_\_

Principal Investigator(s): \_\_\_\_\_

Institution: \_\_\_\_\_

Project Title: \_\_\_\_\_

Note: Per terms of the contract:

**Appendix B - Budget line interchanges; Any proposed modification to the contract which results in a change of greater than 10 percent to any budget category, must be submitted to OSC (Office of the State Comptroller) for approval**

This approval may take 3-4 months to obtain.

*Briefly justify the proposed budget changes. Indicate whether these changes affect the specific aims of the project. If a category is reduced, explain how project goals can still be met. Use additional pages, if necessary.*

\_\_\_\_\_  
Signature of PI Named Above Date

\_\_\_\_\_  
Signature of Contracts & Grants Official Name/Title Date

\_\_\_\_\_  
Approval Signature of Extramural Funding Administrator Date

(EGA Use Only) Additional Approvals Needed?

NYS Department of Budget: Yes / No

NYS Office of the State Comptroller: Yes / No

# Budget Modification/OSC Approval

Note: Per terms of the contract:

*Appendix B - Budget line interchanges; Any proposed modification to the contract which results in a change of greater than 10 percent to any budget category, must be submitted to OSC (Office of the State Comptroller) for approval*

This approval may take 3-4 months to obtain.

- Changes greater than 10% to any budget category requires OSC approval
- Is cumulative over budget year
- Fewer modifications = fewer delays in approval process

# Budget Modification-Example

Contract Number: _____		Budget Period: _____		
Use this Form to modify category allocations within a budget year. Total amounts of reduction and increase must be equal.				
	BUDGET CATEGORY	APPROVED BUDGET	REQUESTED CHANGE	PROPOSED BUDGET
<b>PERSONAL SERVICES (PS):</b>				
1	<b>SALARY AND STIPENDS</b>			
	John Doe-PI	\$ 10,000.00	\$ 500.00	\$ 10,500.00
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
	SUBTOTAL PS	\$ 10,000.00	\$ 500.00	\$ 10,500.00
2	FRINGE BENEFITS	\$ -	\$ -	\$ -
3	<b>TOTAL PS AND FRINGE</b>	\$ 10,000.00	\$ 500.00	\$ 10,500.00
<b>OTHER THAN PERSONAL SERVICE (OTPS):</b>				
4	<b>SUPPLIES</b>			
	LAB SUPPLIES	\$ -	\$ -	\$ -
	OFFICE SUPPLIES	\$ 1,000.00	\$ (500.00)	\$ 500.00
	SUBTOTAL SUPPLIES	\$ 1,000.00	\$ (500.00)	\$ 500.00
5	EQUIPMENT	\$ -	\$ -	\$ -
6	TRAVEL	\$ -	\$ -	\$ -
7	CONSULTANT COSTS	\$ -	\$ -	\$ -
9	<b>SUBTOTAL OTPS</b>	\$ 1,000.00	\$ (500.00)	\$ 500.00
10	<b>TOTAL PS AND OTPS (lines 3 + 9)</b>	\$ 11,000.00	\$ -	\$ 11,000.00
11	<b>TOTAL SUBCONTRACT PS AND OTPS</b>	\$ -	\$ -	\$ -
12	<b>TOTAL DIRECT COSTS (lines 10 + 11)</b>	\$ 11,000.00	\$ -	\$ 11,000.00
13	F & A Costs	\$ -	\$ -	\$ -
14	<b>GRAND TOTAL COSTS (lines 12 + 13)</b>	\$ 11,000.00	\$ -	\$ 11,000.00

Approved  
&  
Proposed  
Budget  
can not  
change

Changes Must Add To \$ 0

# Approval Notification

## Less than 10%:

- EGA Approval Letter
- Signed copy of request

## More than 10%:

- EGA Approval Letter with contingencies
- Signed copy of request noting additional approvals needed
- Appendix X sent to Institution
- OSC approval sought
- Approved Appendix X returned to Institution

NYS Department of Health – Wadsworth Center – Extramural Grants Administration		
BUDGET MODIFICATION REQUEST		
(Circle One)	Breast Cancer Research <a href="mailto:hrrb@wadsworth.org">hrrb@wadsworth.org</a>	Spinal Cord Injury Research <a href="mailto:scirb@wadsworth.org">scirb@wadsworth.org</a>
		Stem Cell Research <a href="mailto:nystemgrants@wadsworth.org">nystemgrants@wadsworth.org</a>
Contract Number: _____		Budget Period: _____
Principal Investigator(s): _____		
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Note: Per terms of the contract:		
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Signature of PI Named Above		Date
Signature of Contracts & Grants Official		Name/Title Date
Approval Signature of Extramural Funding Administrator		Date
(EGA Use Only) Additional Approvals Needed?		
NYS Department of Budget: Yes / No		NYS Office of the State Comptroller: Yes / No

# Appendix X

Agency Code 12000  
APPENDIX X

Contract Number: \_\_\_\_\_ Contractor: \_\_\_\_\_

Amendment Number X- \_\_\_\_\_

This is an AGREEMENT between THE STATE OF NEW YORK, acting by and through NYS Department of Health, having its principal office at Albany, New York, (hereinafter referred to as the STATE), and \_\_\_\_\_ (hereinafter referred to as the CONTRACTOR), for amendment of this contract.

This amendment makes the following changes to the contract (check all that apply):

- \_\_\_\_\_ Modifies the contract period at no additional cost
- \_\_\_\_\_ Modifies the contract period at additional cost
- \_\_\_\_\_ Modifies the budget or payment terms
- \_\_\_\_\_ Modifies the work plan or deliverables
- \_\_\_\_\_ Replaces appendix(es) \_\_\_\_\_ with the attached appendix(es) \_\_\_\_\_
- \_\_\_\_\_ Adds the attached appendix(es) \_\_\_\_\_
- \_\_\_\_\_ Other: (describe) \_\_\_\_\_

This amendment *is* / *is not* a contract renewal as allowed for in the existing contract.

All other provisions of said AGREEMENT shall remain in full force and effect.

Prior to this amendment, the contract value and period were:

\$ \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Value before amendment) (Initial start date)

This amendment provides the following addition (complete only items being modified):

\$ \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

This will result in new contract terms of:

\$ \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
(All years thus far combined) (Initial start date) (Amendment end date)

Signature Page for:

Contract Number: \_\_\_\_\_ Contractor: \_\_\_\_\_

Amendment Number: X- \_\_\_\_\_

-----  
IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT as of the dates appearing under their signatures.

**CONTRACTOR SIGNATURE:**

By: \_\_\_\_\_ Date: \_\_\_\_\_

(signature)

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

STATE OF NEW YORK )

) SS:

County of \_\_\_\_\_ )

On the \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/ capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
(Signature and office of the individual taking acknowledgement)

-----  
**STATE AGENCY SIGNATURE**

"In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract."

By: \_\_\_\_\_ Date: \_\_\_\_\_

(signature)

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

-----  
**ATTORNEY GENERAL'S SIGNATURE**

By: \_\_\_\_\_ Date: \_\_\_\_\_

**STATE COMPTROLLER'S SIGNATURE**

By: \_\_\_\_\_ Date: \_\_\_\_\_

# NYS Dept. of Health Extramural Grants Administration

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[hrsb@wadsworth.org](mailto:hrsb@wadsworth.org)

[scirb@wadsworth.org](mailto:scirb@wadsworth.org)

[nystemgrants@wadsworth.org](mailto:nystemgrants@wadsworth.org)