



**Department  
of Health**

**Wadsworth  
Center**

# **Budget Modifications**

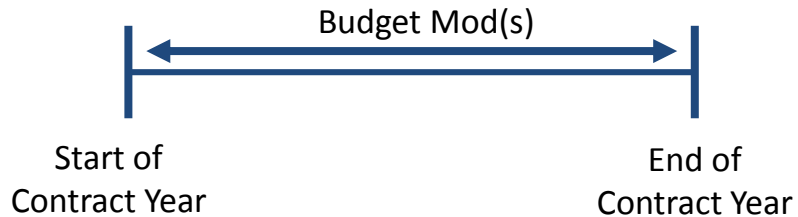
**Provided by Extramural Grants Administration**

**July 14, 2015**

## Budget Modification Requests

Use to move funds between budget lines within a contract year

- Program approval required for all requests
- Office of the State Comptroller (OSC) approval *may also* be required
- Changes cannot jeopardize ability to complete research aims within contract term




# All Fiscal Requests Require a Justification!

## Be Specific

- Strength of justification is *critical* to approval of the request
- Justification must be tied to progress made on contract aims
  - Progress to date on each specific aim
  - Plans for use of funds to accomplish stated aims



# Budget Modification Request Cover Page

 <b>NEW YORK</b> STATE OF OPPORTUNITY.		<b>Department of Health</b>		<b>Wadsworth Center</b>		
<b>Extramural Grants Administration</b> <b>BUDGET MODIFICATION REQUEST</b>						
2 (Circle One) <input type="checkbox"/> General Career Research <input type="checkbox"/> Special Consulting Research <input type="checkbox"/> Short-Term Research						
<a href="mailto:HRSB@health.ny.gov">HRSB@health.ny.gov</a>   <a href="mailto:SCIRB@health.ny.gov">SCIRB@health.ny.gov</a>   <a href="mailto:SYSTEM@health.ny.gov">SYSTEM@health.ny.gov</a>						
1	Contract Number		3	Budget Period End Date		
4	Principal Investigator(s)					
5	Organization					
6	Project Title					
Notes: Per terms of the contract: <i>Attachment E-1(A) - All budget line adjustments and/or interchanges require DOH approval. Any proposed modification to the contract which results in a change of greater than 10 percent to any budget category, will be submitted to OSC (Office of the State Comptroller) for approval. Justification must be submitted on additional pages. This approval may take 3-4 months to obtain.</i>						
7	Signature of PI Named Above				Date	
8	Signature of Contracts & Grants Official (Name/Title)				Date	
DOH EGA USE ONLY!						
9	(EGA Use Only) Approval Signature of Extramural Funding Administrator				Date	

## Items 1-8 are required!

1. Enter Contract Number (COXXXXX)
2. Circle appropriate program
3. Enter end date of budget period
4. Enter name of PI
5. Enter name of Organization
6. Enter Project Title
7. PI signature and date
8. Contract/Grants Official signature and date
9. For DOH-EGA USE ONLY! If this section is filled in, your request will be returned.

# Budget Modification Request Worksheet

BUDGET MODIFICATION REQUEST FORM			
	1 {	ORGANIZATION: 0	
		CONTRACT # 0	
	2 {	CONTRACT TERM: MM/DD/YY - MM/DD/YY	
		CURRENT PERIOD BEING MODIFIED: MM/DD/YY - MM/DD/YY	
		3 COLUMN I	4 COLUMN II
			5 COLUMN III
		CURRENT PERIOD APPROVED BUDGET	CURRENT PERIOD REQUESTED CHANGE
			CURRENT PERIOD PROPOSED BUDGET
<b>PERSONAL SERVICES (PS):</b>			
1	<b>PERSONAL SERVICES</b>		
	Principal Investigator	\$ -	\$ -
	Title	\$ -	\$ -

## Completing the Worksheet

1. Organization and Contract # will populate from Cover Page
2. Enter Contract Term and Period Being Modified
3. Column I must reflect the most recently approved Attachment B-1(A)
4. Enter requested change in Column II
5. Column III will automatically sum Columns I & II



# Budget Modification Request Justification

<b>BUDGET MODIFICATION REQUEST FORM JUSTIFICATION</b>	
1	ORGANIZATION: 0
	CONTRACT # 0
	CONTRACT TERM: MM/DD/YY - MM/DD/YY
	CURRENT PERIOD BEING MODIFIED: MM/DD/YY - MM/DD/YY
<p><b>Justification:</b> 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.</p>	
<p><b>2 Detailed Justification Should:</b></p> <ul style="list-style-type: none"> <li>• Explain proposed changes</li> <li>• Indicate whether changes affect approved research aims</li> <li>• Describe how project goals will be met</li> </ul>	

Section 1 will populate from Cover Page and Worksheet



# Budget Modification/OSC Approval

Note: Per terms of the contract:

*Attachment B-1(A) - All budget line adjustments and/or interchanges require DOH approval; Any proposed modification to the contract which results in a change of greater than 10 percent to any budget category, will be submitted to OSC (Office of the State Comptroller) for approval. Justification must be submitted on additional pages. This approval may take 3-4 months to obtain.*

- Changes greater than 10% of the total contract budget require OSC approval
- 10% is cumulative over the contract term
- Fewer modifications = fewer delays in the approval process



# Budget Modification - Example

	COLUMN I	COLUMN II	COLUMN III
	CURRENT PERIOD APPROVED BUDGET	CURRENT PERIOD REQUESTED CHANGE	CURRENT PERIOD PROPOSED BUDGET
<b>PERSONAL SERVICES (PS):</b>			
<b>1 PERSONAL SERVICES</b>			
Principal Investigator	\$ -	\$ -	\$ -
Title	\$ -	\$ -	\$ -
Title	\$ -	\$ -	\$ -
<b>e) OPERATING EXPENSES*</b>	\$ 60,000	\$ (5,000)	\$ 55,000
Lab Supplies	\$ 45,000	\$ 5,000	\$ 50,000
Office Supplies	\$ 15,000	\$ (10,000)	\$ 5,000
Animals and Care	\$ -	\$ -	\$ -
CORE Facilities	\$ -	\$ -	\$ -
Publications	\$ -	\$ -	\$ -
Communications	\$ -	\$ -	\$ -
<b>f) OTHER (Facilities and Administration)</b>	\$ -	\$ -	\$ -
<b>SUBTOTAL NON PERSONAL SERVICES*</b>	\$ 60,000	\$ (5,000)	\$ 55,000
<b>TOTAL*</b>	\$ 60,000	DOES NOT EQUAL ZERO	\$ 55,000

Revised Budget Total Must Equal Current Budget Total

Changes Must Sum to \$0





# Approval Notification

## Less than 10% of the Total Contract Budget:

- EGA Approval Letter
- Signed copy of the request

## More than 10%:

- EGA Approval Letter with contingencies
- Signed copy of request noting additional approvals required

Principal Investigator(s)	
Institution	
Project Title	
<small>Note: Per terms of the contract: Attachment B-1(A) - All budget line adjustments and/or interchanges require DOH approval. Any proposed modification to the contract which results in a change of greater than 10 percent to any budget category, will be submitted to OSC (Office of the State Comptroller) for approval. Interchange must be submitted on additional pages. This approval may take 3-4 months to obtain.</small>	
Signature of PI Named Above	Date
Signature of Contracts & Grants Official (Name/Title)	Date
(EGA Use Only) Approval Signature of Extramural Funding Administrator	Date
(EGA Use Only) Additional Approvals Needed?	
NYC Office of the State Comptroller: Yes / No	

# No-Cost Time Extension Request: Approval Notification

- EGA returns countersigned request form
- EGA obtains DOH, AG and OSC approvals
- Copy of executed amendment or denial letter sent to organization and EGA
- Organization can voucher for allowable expenses incurred during approved extension period



# NYS DEPARTMENT OF HEALTH EXTRAMURAL GRANTS ADMINISTRATION SPECIFIC QUESTIONS?

Contact us at:

[HRSB@health.ny.gov](mailto:HRSB@health.ny.gov)

[NYSTEM@health.ny.gov](mailto:NYSTEM@health.ny.gov)

[SCIRB@health.ny.gov](mailto:SCIRB@health.ny.gov)

or

(518) 474-7002



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