

Budget Modification Request Form

FOR MDH USE ONLY (Complete by MDH)				
· Citime is contact (complete by interin				
Date Received by MDH				

Today's Date			
Grant Program			
Grantee Name			
Street Address			
City, State, Zip Code			
Name of person wh	o completed this form		
Email Address		Phone Number	
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Submit Budget Modification Request via Email:

Email Address: health.MCHInvoices@state.mn.us

Agency/ Division: Minnesota Department of Health/Child and Family Health Division

Grant Manager: Emily McDowell

Grant Manager
Email: Emily.Mcdowell@state.mn.us

Phone Number: (651) 201-3985

Note: Budget changes of more than 10% to any line-item requires prior approval before costs are incurred. Budget changes of 10% or less do not require prior approval but requires notification to MDH.

	DATE OF REQUIETED MODIFICATION		
	DATE OF REQUESTED MODIFICATION		
	Modifications Requested (additions as a + and reductions as a -)		
CATEGORY OF EXPENDITURE	Current Budget	Budget Modification	on New Budget Total
Salaries and Fringe			
Contractual Services			
Travel Expenses			
Supplies Expenses			
OTHER (provide detail below)			
Category Expenditure Expenses			
*Other Expenses			
SUB TOTAL			
**Indirect Costs (Max 15% of Sub Total)			
Total Amount			

(Should always equal \$0, unless carry over)

**Not to exceed your Federally negotiated indirect cost rate OR 15% of Sub Total					
Explain why modifications are needed:					
			T		
Authorized Official Signature:		Date:			
FOR MDH USE ONLY					
Grant Manager Approval:		Date:			
Processed by:		Date:			

FORM INSTRUCTIONS:

- Complete contact information at the top of the form.
- Insert Modification Request Date.
- 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.
- Explain why the modifications are needed.
- 7. Sign and date form.
- 8. E-mail form to Grant Manager.

^{*}Includes telephone, postage, print, and copy under \$5,000.00

^{**}Not to exceed your Federally negotiated indirect cost rate OR 15% of Sub Total