

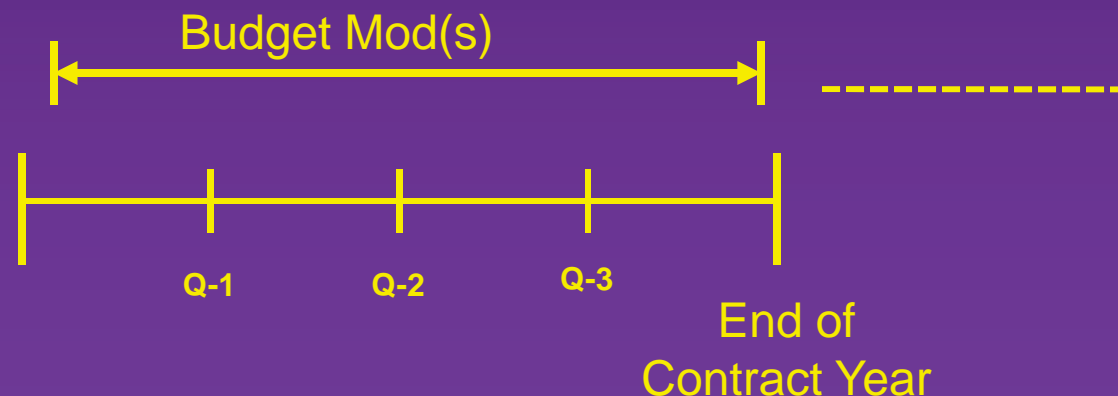
New York State Department of Health Extramural Grants Administration

Contractor Training Budget Modifications

Budget Modification Requests

Use to move funds between budget lines
within a contract year

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



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

hrsb@wadsworth.org

scirb@wadsworth.org

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

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 require OSC approval
- Is cumulative over budget year
- Fewer modifications = fewer delays in approval process

Budget Modification- Example

Contract Number: _____		Budget Period: _____		
Use this Form is 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
PERSONAL SERVICES (PS):				
1	SALARY AND STIPENDS			
	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	TOTAL PS AND FRINGE	\$ 10,000.00	\$ 500.00	\$ 10,500.00
OTHER THAN PERSONAL SERVICE (OTPS):				
4	SUPPLIES			
	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	SUBTOTAL OTPS	\$ 1,000.00	\$ (500.00)	\$ 500.00
10	TOTAL PS AND OTPS (lines 3 + 9)	\$ 11,000.00	\$ -	\$ 11,000.00
11	TOTAL SUBCONTRACT PS AND OTPS	\$ -	\$ -	\$ -
12	TOTAL DIRECT COSTS (lines 10 + 11)	\$ 11,000.00	\$ -	\$ 11,000.00
13	F & A Costs	\$ -	\$ -	\$ -
14	GRAND TOTAL COSTS (lines 12 + 13)	\$ 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 hrrb@wadsworth.org	Spinal Cord Injury Research scirb@wadsworth.org
Stem Cell Research 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
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

rev. 08/09

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 modification (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)
County of _____) ss:

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 Department of Health Extramural Grants Administration

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Wadsworth Center
NEW YORK STATE DEPARTMENT OF HEALTH