

New York State
Department of Health
Extramural Grants Administration

Contractor Training
Budget Modifications

All Fiscal Requests require a justification!

The strength of the justification is *critical* to approval of the request

Justification must be tied to progress made on approved contracts aims.

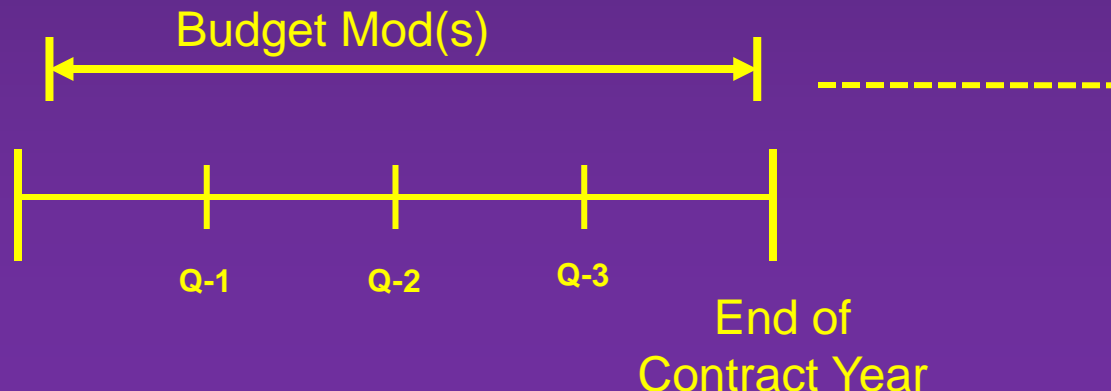
Be specific!

- This is where we are on each specific aim
- This is what we plan to accomplish in next year
- This is how unexpended funds will specifically be used to accomplish stated aims

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 Request Form

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
nystemgrants@wadsworth.org

Contract Number

Current Period End Date

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 cumulative change of greater than 10 percent of the total contract amount, 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
PERSONAL SERVICES (PS):				
1	SALARY AND STIPENDS			
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
	SUBTOTAL PS	\$ -	\$ -	\$ -
2	FRINGE BENEFITS	\$ -	\$ -	\$ -
3	TOTAL PS AND FRINGE	\$ -	\$ -	\$ -
OTHER THAN PERSONAL SERVICE (OTPS):				
4	SUPPLIES			
	LAB SUPPLIES	\$ -	\$ -	\$ -
	OFFICE SUPPLIES	\$ -	\$ -	\$ -
	SUBTOTAL SUPPLIES	\$ -	\$ -	\$ -
5	EQUIPMENT	\$ -	\$ -	\$ -
6	TRAVEL	\$ -	\$ -	\$ -
7	CONSULTANT COSTS	\$ -	\$ -	\$ -
8	OTHER EXPENSES			
	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	TOTAL PS AND OTPS (lines 3 + 9)	\$ -	\$ -	\$ -
11	TOTAL SUBCONTRACT PS AND OTPS	\$ -	\$ -	\$ -
12	TOTAL DIRECT COSTS (lines 10 + 11)	\$ -	\$ -	\$ -
13	F & A Costs	\$ -	\$ -	\$ -
14	GRAND TOTAL COSTS (lines 12 + 13)	\$ -	\$ -	\$ -

Budget Modification/OSC Approval



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 nystemgrants@wadsworth.org	
Contract Number _____		Current Period End Date _____	
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 cumulative change of greater than 10 percent of the total contract amount, must be submitted to OSC (Office of the State Comptroller) for approval			
This approval may take 3-4 months to obtain.			
<i>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.</i>			
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 cumulative change of greater than 10 percent of the total contract amount, 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 total contract budget requires OSC approval
- Is cumulative over contract term
- 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% of Total contract budget:

- EGA Approval Letter
- Signed copy of request

More than 10%:

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

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 nystemgrants@wadsworth.org	
Contract Number _____		Current Period End Date _____	
Principal Investigator(s) _____			
Institution _____			
Project Title _____			
Note: Per terms of the contract:			
<i>Appendix B - Budget line interchanges; Any proposed modification to the contract which results in a cumulative change of greater than 10 percent of the total contract amount, must be submitted to OSC (Office of the State Comptroller) for approval</i>			
<i>This approval may take 3-4 months to obtain.</i>			
<i>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.</i>			
Signature of PI Named Above _____		Date _____	
Signature of Contracts & Grants Official _____		Name/Title _____	Date _____
Approval Signature of Extramural Funding Administrator _____		Date _____	
<div style="text-align: center;">(EGA Use Only) Additional Approvals Needed?</div> <div style="display: flex; justify-content: space-around;">NYS Department of Budget: Yes / NoNYS Office of the State Comptroller: Yes / No</div>			

NYS Department of Health Extramural Grants Administration

Contact us at:

hrsb@wadsworth.org

nystemgrants@wadsworth.org