



Ohio Commission on Minority Health

John Kasich
Governor

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Project Budget Revision Revision

GRANT NUMBER PROJECT TITLE
 AGENCY NAME FISCAL CONTACT
 ADDRESS FISCAL CONTACT TELEPHONE

AGENCY TAX ID NUMBER GRANT PERIOD THROUGH

Categories	Current Budget	Revised Budget	Expenditures Reported YTD
Personnel			
Travel			
Equipment			
Supplies, Contracts, Other			
Administrative/Indirect Cost			
Totals			

Quarterly Allotments	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Current					
Revised					

Change Requested due to:

Narrative Reason for Revision Request (attach additional pages if needed):

This revision is subject to the terms and conditions as outlined in the original Acknowledgment of Terms/Notice of Award and/or other subsequent revision, which is amended as conditioned herein. By signing below, we certify that the information contained in this budget is, to the best of our knowledge, correct & reflective of the project's accounting records.

Signature Executive Director

Date

Signature Fiscal Officer

Date

For Official Commission Use Only

The above budget revision has the following action:
 Approved as Submitted
 Approved with Condition
 Disapproved in Full

Condition(s):

Executive Director

Date

A REQUEST FOR PROJECT REVISION MUST BE SUBMITTED TO YOUR PROGRAM COORDINATOR AT THE OHIO COMMISSION ON MINORITY HEALTH, 77 S. HIGH ST., 7th Floor, COLUMBUS, OHIO 43266-0377. Budget revisions may be submitted when necessary throughout the grant period, provided they are submitted 45 days prior to the affected period. Unless a budget revision is required by the Commission, no revision will be considered after this date. Budget revisions submitted or received after the grant award period has expired will be disallowed.

THE INFORMATION CONTAINED IN THIS REQUEST MUST REFLECT THE PROJECT'S ACCOUNTING RECORDS FOR THE PERIODS ALREADY CONCLUDED AT THE TIME OF REVISION.

THE COMMISSION ON MINORITY HEALTH (MIH) RESERVES THE RIGHT TO VERIFY ALL INFORMATION SUBMITTED IN THIS REPORT.

INSTRUCTIONS

Do not submit budget revision requests to carry unspent quarterly allotments to a future quarter. These funds will be available throughout the grant year.

- Sections 1 -9 Enter information as recorded on your grant Acknowledgement of Terms.
Section 10 Identifies the budget categories in the grant. (Lines A through E, Summed in F)
Section 11 Record the most recent Commission Approved Budget for the grant. (Lines A through E, Summed in F)
Section 12 Record the Revised Budget amounts as desired for the grant. (Lines A through E, Summed in F)
Section 13 Record Expenditures that have been reported to the Commission on the last Expenditure Report (Lines A through E, Summed in F) submitted to the Commission.
Section 14a Record the most recent MIH approved allotments.
Section 14b Record the desired allotments. For quarters already expired record actual funds received for the quarter.
Section 15 Check appropriate box to indicate the reasons for budget change(s).
Section 16 Provide a narrative reason for the changes.
Section 17 Both the Executive Director and the Fiscal Officer must sign all Budget Revision request forms. Failure to do so will result in the request being returned to the grantee for correction.

Additional instructions:

- Provide a detailed, line item justification for the Budget Revision with an explanation for the budget revision request.
- Submit one clearly identifiable original to the Commission.
- Attach additional sheets if insufficient space is provided.
- Approval of this request will be acknowledged by returning a copy of this request.
- Disapproval of this request will be acknowledged by letter.

SECTION I

Salaries and Fringes

A. PERSONNEL

	I	II	III	IV	V	VI	VII	VIII	IX
Position/Name	Annual Salary	Months on Project	% of time of Project	Amount Requested from Commission	Other Sources of Support	Fringe Benefits	Revised Budget (total of columns IV & VI)	Approved Budget	Change (+/-) Request for Revision
TOTAL									
TOTAL PERSONNEL = Amount requested from MIH + Fringe Benefits Total from Column VII									

A] State the rate of employee fringe benefits:

B] List items included in Fringe Benefits:

Agency Name _____

SECTION 1 - PERSONNEL INSTRUCTIONS

A. Salaries/Wages

All Information reported in this Section should reflect the revised amount being requested.

POSITION/ NAME:

Enter the job title and the name of the staff person (s), e.g. Project Coordinator, Mary Doe.

COLUMN I: Annual Salary

Provide the yearly salary budgeted for each position listed. The amount should be consistent with similar positions in the agency based on Full-Time Equivalency (FTE).

COLUMN II: Months on Project

Enter the total number of months of employment projected per position for this grant.

COLUMN III: % of time on Project

Calculate the percent of the employee time, which will be devoted exclusively to the project under this grant; for example, a 40-hour per week agency employee who provides 20 hours of service on this project would be listed as 50%.

COLUMN IV: Amount requested from the Commission

Amount of the employee's salary to be funded by the Commission based on annual salary (Column I), number of months on the project (Column II) and the percentage of time on the project.

(a) Example: 1) an employee with an annual salary of \$15,000 who works 12 months at 50% of his/her time would earn \$7,500 from Commission funds; 2) an employee with an annual salary of \$20,000 who works nine months at 25% of his/her time on the project would earn \$3,750 from the Commission.

(b) If the agency pays one rate during a probationary period with an increase after probation, state budget assumptions on separate lines for each category and provide a narrative explanation.

COLUMN V: Other sources of Support

Indicate the amount of each employee salary, which will be paid by a source other than the Commission (Column IV and V, when totaled, may not exceed Column I).

COLUMN VI: Fringe Benefits

List the total amount of fringe benefits to be paid by this grant. List specifics in VI A-B.

COLUMN VII: Revised New Total

Add columns IV and VI of each position and enter sum in this column.

COLUMN VIII: Approved Amount

Enter the amount currently approved by the Commission for each line.

COLUMN IX: Change (+/-) request for revision

Enter the difference between the current approved line item and the requested change in this column. Use the (+) symbol to show an increase in the line item and the (-) symbol to indicate a reduction in the line item.

TOTAL:

Enter the totals for each column.

TOTAL PERSONNEL:

Enter the sum of the totals in Column IV and VI.

B. TRAVEL (itemize, distance and rate)	I. Project Budget	II. Agency Support	III. Change (+/-) Request for Revision	IV. Revised/ New Total
Subtotal				
C. EQUIPMENT (itemize) (Rental/Leasing Only)	I. Project Budget	II. Agency Support	III. Change (+/-) Request for Revision	IV. Revised/ New Total
Subtotal				

AGENCY NAME _____

D. SUPPLIES, CONTRACTS AND OTHER (itemize)	I. Project Budget	II. Agency Support	III. Change (+/-) Request for Revision	IV. Revised/ New Total
Subtotal				

II. Use to reflect operating costs covered by agency.

AGENCY NAME _____

SECTION II - Non-Personnel - Instructions

B] **TRAVEL**

- ◇ State estimated number of miles to be traveled and the rate at which payment would be made, not to exceed the state rate of \$.505. Example: 2,000 miles at \$.505 = \$1,010.00.
- ◇ Projected number of overnight lodgings, number of people involved and the rate per day/ per person should be stated. Lodging rate per day/ per person may not exceed the state rate of \$80.00 plus room tax (if applicable).
- ◇ Lunch is not a reimbursable cost under this grant.
- ◇ Meal expenses are allowable for dinner and breakfast when on approved overnight stay, not to exceed \$40.00 per day for full days of travel preceded and followed by overnight stays.
- ◇ Out-of-state travel is not an allowable cost under this grant.
- ◇ Client and family member transportation are an allowable cost at \$.505 per mile when necessary to support program activity in the project narrative.
- ◇ Fees for conferences/ training sessions, when determined to be related to specific duties and/or responsibilities, are reimbursable or allowable. Projected numbers of such sessions and costs should be stated.

C] **EQUIPMENT**

- ◇ Leasing/rental of any of this equipment may be considered. The rate per month and the number of months for leasing/rental should be stated.

Equipment is any tangible item having a useful life of one year or more that is purchased in whole or in part with Commission funds. Non-allowable costs include, but are not limited to the following under this grant:

VCR's/ accessories	portable cameras	televisions
computers	typewriters	vehicle purchases
reflotron machines	copiers	refrigerators
furniture (will provide state/federal salvage applications to successful grantees)	baby/ infant seats, etc.	

D] **SUPPLIES** (each item must have a cost per unit stated)

For purposes of Commission funds, supplies consist of expendable property items which have a useful product life of one year or less. Supplies include all tangible, expendable property other than equipment purchased with Commission funds. Equipment priced less than \$100 (e.g., staples, scissors, wastebaskets, paper, pens) is considered office supplies.

- ◇ Printing: Costs may include typesetting, actual printing or photocopying of the material which is completed by a commercial printing company. Included also are costs for pamphlets, brochures, flyers. Provide per unit cost.
- ◇ Contracts: Agreements for all sub-contracts must be submitted with the following being addressed: scope of service, beginning date/ ending date, hourly rate and total number of contract hours.
- ◇ Advertising: Specify the media and cost of advertisement, e.g ., 3 ads in Call & Post at \$50.00 per ad.
- ◇ Rent: Rental/ Space Leasing is an allowable cost. Space for which rental fees will be paid must meet the following requirements:
 - 1] the number of months and the rate at which payment will be made should be stated;
 - 2] when rent is shared among several programs, the amount charged to the Commission must not exceed the Commission's fair share. The agency must submit documentation of how the Commission's fair share was determined (e.g., if Commission-funded project uses 20% of the space, the Commission may be charged no more than 20% of total rent);

Agency Name _____

E. ADMINISTRATIVE / INDIRECT COSTS (itemize)	I. Project Budget	II. Agency Support	III. Change (+/-) Request for Revision	IV. Revised/New Total
Administrative Subtotal				
Total				

AgencyName _____

BUDGET JUSTIFICATION/NARRATIVE

(THIS PAGE IS MANDATORY AND MUST BE COMPLETED)

Agency Name: _____ Grant # _____

Executive Director: _____ Contact Person: _____

Federal Tax I.D. Number _____ Phone: () _____

Signature _____ Date _____