

## Subgrant Budget Modification Forms

The following forms are templates that can be used for a Budget Modification. Budget Modifications are used for any changes to the budget that do not increase or decrease the total awarded amount.

The following forms are examples and depending on your subgrant, could be more specific. Please speak with your funding division if you have any questions about the forms.

The following templates are included:

- Budget Modification Signature Sheet – MDHS-BMSS-1002b
- Budget Modification Budget Changes – MDHS-BMBC-1003b
- Budget Modification Budget Summary – MDHS-BMBS-1006b
- Budget Modification Cost Summary – MDHS-BMCSS-1007b
- SAMPLE – Budget Modification Budget Narrative

Completed forms must be submitted to your MDHS funding division and approved **PRIOR** to execution. Failure to receive prior approval could result in delays of service and disallowance of costs or other actions within agency authority.

For further information about Budget Modifications see the MDHS Subgrant Manual.

**STATE OF MISSISSIPPI  
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
BUDGET MODIFICATION SIGNATURE SHEET  
P. O. BOX 352  
JACKSON, MISSISSIPPI 39205-0352**

<b>MDHS FUNDING DIVISION:</b>	
<b>1. SUBGRANTEE'S NAME, ADDRESS &amp; PHONE NUMBER</b>	
<b>UEI NUMBER:</b> _____	
<b>CONTACT PERSON:</b> _____	
<b>PHONE NUMBER:</b> _____	
<b>EMAIL:</b> _____	
<b>SECONDARY CONTACT PERSON (IF APPLICABLE)</b> _____	
<b>PHONE NUMBER:</b> _____	
<b>EMAIL:</b> _____	
<b>2. AGREEMENT NUMBER(S):</b>	
<b>3. GRANT ID: (FUNDING SOURCE &amp; YEAR)</b>	
<b>4. BEGINNING AND ENDING DATES:</b>	
_____ through _____	
<b>5. BUDGET MODIFICATION # :</b>	
<b>6. BUDGET MODIFICATION EFFECTIVE DATE:</b>	
<b>7. BUDGET MODIFICATION REQUEST (Check One):</b>	
<input type="checkbox"/>	Line Item Flexibility <b>Complete 8 and submit the Budget Changes Sheet only</b>
<input type="checkbox"/>	Budget Modification <b>Complete and submit the entire Budget Modification Packet.</b>
<b>8. EXPLANATION/JUSTIFICATION FOR BUDGET MODIFICATION</b>	
[If additional space is needed, please attach typed page (s)] :	
<b>9. MDHS FUNDING DIVISION APPROVALS</b>	
<b>BY:</b> _____	<b>DATE:</b> _____
<b>TITLE:</b> <u>Division Director</u>	_____





**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
BUDGET MODIFICATION COST SUMMARY SUPPORT**

<b>1. Agency:</b>						
<b>2. Agreement Number(s):</b>				<b>3. Grant ID</b>		
<b>4. Beginning</b>				<b>5. Ending</b>		
<b>6. Budget Modification #</b>				<b>7. Bud Modification Eff Date</b>		
<b>8. Budget Category</b>	<b>9. Budget</b>					
	<b>Federal</b>	<b>State</b>	<b>Local</b>	<b>Program</b>	<b>In-Kind</b>	<b>Total</b>
<b>TOTAL</b>						

EXHIBIT B

BUDGET NARRATIVE

Budget Modification #

**Salaries:** \$ -

**Fringe Benefits:** \$ -

**Indirect Cost:** \$ -

**Commodities:** \$ -

**Contractual Services:** \$ -

**Travel:** \$ -

Approximately \_\_\_\_\_ miles at district rate of \$0.\_\_\_\_/mile (or MDHS approved rate)

Other travel consists of in-state and out-of-state expenses (Hotels, meals, airline tickets, etc.)

If Mileage or Other travel is not needed, the amount will be utilized under mileage or other travel.

**TOTAL BUDGET - (*Activity Name*)** \$ -

SAMPLE