

**Department of Health and Human Services - Office of Community Partnerships and Grants (OCPG)
Request for Budget Modification SFY18**

Funding Source (Check all that apply):

☐ (CTF) Children's Trust Fund ☐ (CSBG) Community Services Block Grant ☐ Problem Gambling
☐ (FHN) Fund for a Healthy Nevada ☒ (SSBG-TXX) Social Services Block Grant - Title XX

In accordance with GIR-18 15:

All transfers between budget categories (or program categories for CSBG) require a Budget Modification Request (BMR) form. Proposed expenditures must be consistent with approved goals for the current grant agreement. Approved BMRs must be received by the Grantee prior to implementation of request. Requests for budget modifications must be made prior to expenditure of funds for non-budgeted items. Failure to request modifications in advance of expenditures may result in not receiving reimbursement for the expenditures and/or corrective action.

A. Modifications up to and including \$2,000 or 10% of the grant award, whichever is less, may be approved by the Grant Administrator, subject to the guidelines above.

B. Modifications between \$2,001 and \$4,999 or 15% of the grant award, whichever is less, require prior approval from the Grant Administrator and the Chief of the OCPG or an authorized designee.


C. Modifications that exceed \$5,000 or 25% of the grant award, whichever is less, require prior approval from the Grant Administrator, Chief of the OCPG and the Deputy Director of Fiscal Services or an authorized designee.

Project Name:	Title XX	Subgrant ID:	7108
Reporting Entity:	Washoe County Department of Social Services	Date of Request:	12/28/2017
Entity Address:	P.O. BOX 11130 Reno, NV 89520-0027	Telephone:	775-337-4489
Contact Person:	Brandi Johnson	Email Address:	bjohnson@washoecounty.us

Please use the second tab of this form to write a detailed narrative that provides justification for the budget changes.

Only enter amounts in (A), (B) and (D)	(A) Original or Amended Budget	(B) Amount of Change (+/-)	(C) Percentage of Change	(D) YTD Expenditures Through 02/01/2018	(E) Revised Budget
Personnel/Fringe			#DIV/0!		\$ -
Contracted Services	\$ 655,775.00	\$ 10,000.00	1.52%	\$ 34,892.90	\$ 665,775.00
Travel			#DIV/0!		\$ -
Equipment			#DIV/0!		\$ -
Supplies			#DIV/0!		\$ -
Occupancy			#DIV/0!		\$ -
Communications			#DIV/0!		\$ -
Public Information			#DIV/0!		\$ -
Other Expenses			#DIV/0!		\$ -
Indirect Expenses			#DIV/0!		\$ -
Total	\$ 655,775.00	\$ 10,000.00		\$ 34,892.90	\$ 665,775.00
		(B) Enter amount to be changed in a category Total must equal 0	(C) Do not enter numbers-will fill automatically	(D) Total cannot equal more than the revised budget	Total must equal (A)

GRANTEE Authorized Fiscal Signature	Title	Date
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Department of Health and Human Services Approval	<input type="checkbox"/> Approval Level A	<input type="checkbox"/> Approval Level B	<input type="checkbox"/> Approval Level C
	Social Service Program Specialist III	02/01/2018	
DHHS Grant Administrator	Title	Date	
DHHS OCPG Chief	Title	Date	
DHHS Fiscal Authority	Title	Date	

Return to the Grant Administrator via email.

(Shaded area below auto-fills with data from previous page)

7108	Washoe County Department of Social Services Title XX	12/28/17
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Justification for modifications must be complete and include an explanation of why funding has become available in certain categories, why funding is needed in other categories, and how the changes will affect the Grantee's ability to meet established goals. Simply stating that costs were over-estimated or under-estimated is insufficient justification. *(Note that changes to the approved Indirect rate are not allowed.)*

Personnel	
Contracted Services	Increasing the budget by \$10,000.00 due to error on original Notice of Grant Award.
Travel	
Equipment	
Supplies	
Occupancy	
Communications	
Public Information	
Other Expenses	