

Department of Health and Human Services  
Division of Child and Family Services  
Request for Budget Modification SFY20

Funding Source:

Child Welfare:

☐ (Chafee) Chafee Independent Living
 ☐ (FAFFY) Transition from Foster Care
 ☐ (ETV) Educational Training Voucher  
☐ (IVB-2) Title IV-B, Subpart 2
 ☐ IVB-2 Caseworker
 ☐ (AI) Adoption Incentive  
☐ (CJA) Children's Justice Act
 ☐ (CANS) Child Abuse and Neglect
 ☐ (CDR) Child Death Review

Victim Services:

☐ (FVPSA) Family Violence and Prevention Services Act
 ☒ (VOCA) Victims of Crime Act
 ☐ (ML) Victims of Domestic Violence  
☐ (AEAP) Antiterrorism and Emergency Assistance

In accordance with GIR-18 15:

All transfers between budget categories 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.

Subrecipient Name:	Washoe County Sheriff's Office	Subaward #:	16575-18-059
Address:	911 Parr Blvd Reno NV 89512	Date of Request:	12/1/2019
Contact Person:	Petra Bartella	Telephone:	775-328-3013
Performance Period:	July 1, 2019 through June 30, 2020	Email Address:	<a href="mailto:pbartella@washoecounty.u">pbartella@washoecounty.u</a>

This amendment reflects a change to :  
☐ Scope of Work
 ☒ Term
 ☒ Budget

**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	(E) Revised Budget
Personnel/Fringe	\$ -	\$ -	#DIV/0!	\$ -	\$ -
Travel/Training	\$ 364.00	\$ 3,274.00	899.45%	\$ -	\$ 3,638.00
Operating	\$ 50.00	\$ 450.00	900.00%	\$ -	\$ 500.00
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -
Contractual/Consultant	\$ -	\$ -	#DIV/0!	\$ -	\$ -
Other Expenses	\$ 584.00	\$ 5,255.00	899.83%	\$ 923.00	\$ 5,839.00
Indirect Expenses	\$ -	\$ -	#DIV/0!	\$ -	\$ -
<b>Total</b>	<b>\$ 998.00</b>	<b>\$ 8,979.00</b>		<b>\$ 923.00</b>	<b>\$ 9,977.00</b>
		(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)

Match	\$ 250.00	\$ 2,245.00			\$ 2,494.00
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Subrecipient Authorized Fiscal Signature	Sheriff	Date
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Division of Child and Family Services	
Grants and Projects Analyst II	Date
Deputy Administrator, Division of Child and Family Services	Date
Division of Child and Family Services Fiscal Authority	Date

Return to the Grant Administrator via email.

16575-18-059	Washoe County Sheriff's Office	12/1/19
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Justification for modifications must be complete and include an explanation of why funding has become available in certain		
COST CATEGORY	JUSTIFICATION	IDENTIFY GOAL AND OBJECTIVE FUNDING REDIRECT ALIGNS WITH
Personnel		SOW/Goals and Objective remain the same
Travel/Training		
Operating		
Equipment		
Contractual/Consultant		
Other Expenses		
Indirect Expenses		

Other: Increased funding and time Per DCFS approval

Federal Award Computation		
Total Obligated by this Action:	\$	998.00
Cumulative Prior Awards this Budget Period:		
Total Federal Funds Awarded to Date:	\$	998.00
Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
Amount Required this Action:	\$	250.00
Amount Required Prior Awards:	\$	-
Total Match Amount Required:	\$	250.00
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
<b>Federal Budget Period:</b>		
10/01/2016 through 09/30/2020		
<b>Federal Project Period:</b>		
10/01/2016 through 09/30/2020		
FOR AGENCY USE ONLY		
<b>Source of Funds:</b>	<u>US Department of Justice, Office of Justice Programs, Office for Victims of Crime, Victim Assistance Formula</u>	
<b>% Funds:</b>	<u>10%</u>	
<b>CFDA:</b>	<u>16.575</u>	
<b>FAIN:</b>	<u>2017-VA-GX-0085</u>	
<b>Federal Grant #:</b>	<u>2017-VA-GX-0085</u>	
<b>Federal Grant Award Date by Federal Agency:</b>	9/28/2017	

Federal Award Computation		
Total Obligated by this Action:	\$	8,979.00
Cumulative Prior Awards this Budget Period:	\$	998.00
Total Federal Funds Awarded to Date:	\$	9,977.00
Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
Amount Required this Action:	\$	2,244.00
Amount Required Prior Awards:	\$	250.00
Total Match Amount Required:	\$	2,494.00
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
<b>Federal Budget Period:</b>		
10/01/2017 through 09/30/2021		
<b>Federal Project Period:</b>		
10/01/2017 through 09/30/2021		
FOR AGENCY USE ONLY		
<b>Source of Funds:</b>	<u>US Department of Justice, Office of Justice Programs, Office for Victims of Crime, Victim Assistance Formula</u>	
<b>% Funds:</b>	<u>90%</u>	
<b>CFDA:</b>	<u>16.575</u>	
<b>FAIN:</b>	<u>2018-V2-GX-0076</u>	
<b>Federal Grant #:</b>	<u>2018-V2-GX-0076</u>	
<b>Federal Grant Award Date by Federal Agency:</b>	08/09/20018	