

BUDGET ADJUSTMENT REQUEST

(See Reverse for Instructions)

Contractor Name: _____

California Department of Public Health
 Network for A Healthy California
 Mail Station 7204
 P.O. Box 997377
 Sacramento, CA 95899-7377

Effective Date: _____
 Contract Number: _____
 Contract Term: _____
 Invoice Period: _____

Please check type of budget adjustment: State Share Federal Share

Budget Categories (1)	Original Approved Budget (2)	Line Item Budget Adjustments (3)	Revised Approved Budget (4)
A. PERSONNEL SALARIES			\$ -
B. FRINGE BENEFITS ___% of Personnel Salaries			\$ -
C. OPERATING EXPENSES			\$ -
D. EQUIPMENT EXPENSES			\$ -
E. TRAVEL AND PER DIEM			\$ -
F. SUBCONTRACTS			\$ -
G. OTHER COSTS			\$ -
H. INDIRECT COSTS ___ % of _____.			\$ -
TOTAL	\$ -	\$ -	\$ -

 Signature of Project Coordinator

 Date

 Signature of Accounting Representative

 Date

FOR STATE USE ONLY		
_____ Signature of Authorized Network Staff	_____ Title	_____ Date

BUDGET ADJUSTMENT REQUEST

(Instructions)

Modifications to the amounts in the approved Contract State Share or Federal Share Budget line items can be made using a Budget Adjustment Request (BAR) from the Contractor provided that all of the following requirements are met:

1. You have consulted with your Contract Manager prior to submitting your written Budget Adjustment Request.
2. The total contract amount does not increase or decrease.
3. Cumulatively, the line item shifts do not exceed \$25,000 or 10% of the annual contract total whichever is greater, up to a cumulative maximum of \$50,000.
4. A narrative letter is submitted requesting approval and explaining the changes to each line item that is being impacted.
5. The change is programmatically justified and does not extensively alter the approved Scope of Work.
6. Line items on your budget adjustment correspond to line items on your Invoices and State Share Documentation Reports.

Budget Adjustment Request Instructions

1. Enter the contractor name, contract number, contract term, period covered (this should be decided in consultation with your Contract Manager), and check the type of budget adjustment.
2. Column 2: "Original Approved Budget," shows the approved line item amounts for your contract budget. Enter the totals for all nine line items, regardless of whether they are being changed.
3. Column 3: "Line Item Budget Adjustments," shows the amount of change for each line item. When the change amount is a decrease, use parentheses around the amount (rather than a minus sign before it). If there is no change in the amount for a line item, enter zero in this column.
4. Column 4: "Revised Approved Budget," shows the new line item amounts. Display the amounts for all line items whether or not they were changed. For example, starting with Column 2, "Original Approved Budget," add or subtract Column 3, "Line Item Budget Adjustments" amounts, to arrive at the amounts for Column 4, "Revised Approved Budget."
5. Signature Section: original signatures of the authorized Project Coordinator and Accounting Representative and the date must appear on the Budget Adjustment Request form.