**DETAILED BUDGET WORKSHEET CHANGE REQUEST**

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| * This form may be used to request 1) reprioritizing funds from one Strategy Reference Number (SRN) to an existing or new SRN; 2) reprioritizing funds from multiple SRNs to an existing or new SRN or 3) reprioritizing funds from one SRN to multiple existing or new SRNs.
* Prior to purchasing equipment, equipment requirements must be identified on the appropriate grant's Detailed Budget Worksheet (DBWS). Funding for planning, exercises, and training must be identified and approved on the DBWS.
* Changes over $150,000, 10% of the budget cumulative over the course of the award lifecycle or **new change in investments / projects** will require an amendment to be submitted in ND grants for budget and program review/approval**. Amount of funding to reprioritize must be in whole dollars**.
 |
| **DBWS Reference No:** |       |
| **GRANT:** | Choose an item. | **Grant Program:** Choose an item. | **Is this an existing or new project?** Choose an item. |
| **CURRENT FUNDING** | **REQUESTED FUNDING REPRIORITIZATION** |
| **SRN** | **Funding Available** | **Investment No / Description** | **Project Title / Description** | **New or Existing SRN?** | **SRN** | **Amount to Reprioritize** | **Investment No / Description** | **Project Title / Description** |
|       |      |       |       | Choose an item. |       |       |       |       |
|       |       |       |       | Choose an item. |       |       |       |       |
|       |       |       |       | Choose an item. |       |       |       |       |
| **TOTAL:** | **$** |  | **TOTAL:** | **$**  |  |
| **Explain why the sub recipient cannot fund this request with existing grant funding or operational funds:**       | **Brief description of how this request fit within an existing or new project:**      |
| **Sub Recipient Dept / Agency:**      **Sub Recipient Program Manager:**            |
|  | Printed Name |  | Signature (blue ink) |  | Date |  |  |  |
|        |  |  |  |  |  |  |
|  | Email |  |  |  |  |  |  |
| **Pass Through Entity Endorsement:**EHP Approval: [ ]  Category A/B (exempt) [ ]  Category C (to be submitted separately) [ ]  Request Requires DHS ApprovalComments:       |
|        |  |   |  |       |  |
|  | Printed Name |  |  Signature (blue ink) |   | Date |  |
| **DHS/ FEMA Approval:** Changes over $150,000, 10% of the budget cumulative over the course of the award lifecycle or change in investments / projects will require an amendment to be submitted in ND grants for budget and program review/approval. [ ]  $150,000 or 10% of budget or more [ ]  Change in investment / Project |
|              |
|  | Printed Name |  | Signature |  | Date |  |  |  |