**FISCAL YEAR 2020**

**STATE 911 DEPARTMENT PUBLIC SAFETY ANSWERING POINT AND REGIONAL EMERGENCY COMMUNICATION CENTER**

**DEVELOPMENT GRANT**

**BUDGET MODIFICATION SHEET - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please use this form to request modification of your current authorized budget.**

Reallocations **exceeding 25%** of the contract award and/or reallocation to a category not previously approved shall be subject to the **prior written approval** of the State 911 Department, and such approval shall be sought and obtained **prior** to implementation of such reallocation. No grantee will receive funding above and beyond its initial contract award. **Attach narrative and quotes to support budget modification request** and mail to: **State 911 Department, 151 Campanelli Drive, Suite A, Middleborough, MA 02346**

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| --- |
| **Primary PSAP, Regional PSAP, Regional Secondary PSAP, & RECC** |
| **CATEGORY** | **CURRENT****APPROVED BUDGET** | **Indicate Add or Reduce****+/-** | **AMENDMENT AMOUNT** | **NEW BUDGET AMOUNT** |
| **A. CPE Equipment - Current Regional Secondary PSAPs**  | $ |  | $ |  |
| B. Professional Services | $ |  | $ |  |
| C. Project Management Services | $ |  | $ |  |
| D. Transition Expenses | $ |  | $ |  |
| E. Architectural and Engineering Services | $ |  | $ |  |
| F. Construction | $ |  | $ |  |
| G. Equipment  | $ |  | $ |  |
|  |  |  |  |  |
| **TOTAL \*** | $ |  | $ |  |

**\*Total Amount must not exceed authorized allocation.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Quote & Narrative Attached Signature, Authorized Signatory Date**
* **New Item – No adjustment to category budget**