**FISCAL YEAR 2024**

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

**SUPPORT AND INCENTIVE GRANT BUDGET MODIFICATION**

**PSAP NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Attach narrative and quotes to support budget modification request** and **MAIL** to: **State 911 Department, 151 Campanelli Drive, Suite A, Middleborough, MA 02346**

Reallocations **exceeding 25%** of the contract award and/or reallocation to a category and/or item 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. All budget modifications must be submitted in compliance with grant guidelines and approved prior to the contract end date **(06/30/2024)**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Primary PSAP, Regional PSAP, Regional Secondary PSAP, & RECC** | | | | | |
| **CATEGORY** | **CURRENT**  **APPROVED BUDGET**  **(A)** | **Indicate Add or Reduce**  **+/-** | **AMENDED AMOUNT**  **(B)** | **NEW BUDGET AMOUNT**  **(C=A +/– B)** |
| A. Enhanced 911 Telecommunicator Personnel Costs | $ |  | $ | $ |
| B. Heat, Ventilation, Air-Conditioning, and other  Environmental Control Equipment | $ |  | $ | $ |
| C. Computer-Aided Dispatch Systems | $ |  | $ | $ |
| D. Radio Consoles | $ |  | $ | $ |
| E. Console Furniture and Dispatcher Chairs | $ |  | $ | $ |
| F. Fire Alarm Receiving and Alerting Equipment Associated  with Providing Enhanced 911 Service | $ |  | $ | $ |
| G. Other Equipment | $ |  | $ | $ |
|  |  |  |  |  |
| H. Public Safety Radio Systems  (**Regional PSAPs and RECCs only**) | $ |  | $ | $ |
| I. PSAP Customer Premises Equipment Maintenance  (**Regional Secondary PSAPs only**) | $ |  | $ | $ |
|  |  |  |  |  |
| **TOTAL \*** | $ |  |  | $ |

**\*Total Amount must be equal to contract award amount.**

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

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