

FISCAL YEAR 2026
STATE 911 DEPARTMENT PUBLIC SAFETY ANSWERING POINT AND REGIONAL EMERGENCY COMMUNICATION CENTER
DEVELOPMENT GRANT BUDGET MODIFICATION FORM

AGENCY NAME: _____

DATE: _____

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** or e-mail in one (1) attachment to 911DeptGrants@mass.gov.

CATEGORY	CURRENT APPROVED BUDGET	AMENDMENT AMOUNT <small>Indicate the reduced amount with the minus sign e.g. -2,000.00</small>	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	\$	\$	\$
H. Purchase of a Building	\$	\$	\$
I. Leasing of a PSAP Facility	\$	\$	\$
J. Ancillary Expenses	\$	\$	\$
TOTAL *	\$		\$

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

- ☐ **Quote & Narrative Attached**
☐ **New Item – No adjustment to category budget**