

FISCAL YEAR 2026
STATE 911 DEPARTMENT WIRELESS STATE POLICE PUBLIC SAFETY ANSWERING POINT 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 or e-mail to 911DeptGrants@mass.gov. 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 by March 31, 2026 and be in compliance with grant guidelines and approved prior to the ISA end date (06/30/2026).

CATEGORY	CURRENT APPROVED BUDGET	AMENDED AMOUNT Indicate the reduced amount with the subtraction sign [-200.00]	NEW BUDGET AMOUNT
A. Enhanced 911 Telecommunicator Personnel Costs	\$	\$	\$
B. Non-Personnel-Related Enhanced 911 Training Costs	\$	\$	\$
C. Heat, Ventilation, Air-Conditioning, and other Environmental Control Equipment	\$	\$	\$
D. Computer-Aided Dispatch Systems	\$	\$	\$
E. Radio Consoles	\$	\$	\$
F. Console Furniture and Dispatcher Chairs	\$	\$	\$
G. Fire Alarm Receiving and Alerting Equipment Associated with Providing Enhanced 911 Service	\$	\$	\$
H. Other Equipment	\$	\$	\$
TOTAL *	\$		\$

*Total Amount must be equal to contract award amount.

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