

**FISCAL YEAR 2027
State 911 Department**

EMERGENCY MEDICAL DISPATCH GRANT BUDGET MODIFICATION FORM

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. 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, 2027** and be in compliance with grant guidelines and approved prior to the contract end date (06/30/2027).

CATEGORY	CURRENT APPROVED BUDGET	AMENDED AMOUNT Indicate the reduced amount with a subtraction sign (-200.00)	NEW BUDGET AMOUNT
1. Certified EMD Resource	\$	\$	\$
2. Emergency Medical Dispatch Protocol Reference System	\$	\$	\$
3. Other Emergency Medical Dispatch and Quality Assurance of Emergency Medical Dispatch Services	\$	\$	\$
TOTAL *	\$		\$

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

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