

FISCAL YEAR 2027
STATE 911 DEPARTMENT PUBLIC SAFETY ANSWERING POINT AND REGIONAL EMERGENCY COMMUNICATION CENTER
SUPPORT AND INCENTIVE GRANT BUDGET MODIFICATION

PSAP NAME: _____

DATE: _____

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, 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 the subtraction sign [-200.00]	NEW BUDGET AMOUNT
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)	\$	\$	\$
J. PSAP Customer Premises Equipment Maintenance (Regional Secondary PSAPs only)	\$	\$	\$
TOTAL *	\$	\$	\$

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

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