There are two types of Budget modifications that CHART hospitals may wish to pursue during CHART Phase 2. The first requires prior written approval of the HPC, and the second requires notification to the HPC but approval is not required. Descriptions of both types of modifications are below, and this form is required for either type of change.

Requestors may use multiple forms if helpful to clarify the modification, and may attach additional documents as helpful. Attachments may be particularly helpful for complex modifications.

Requestors must save the completed form using the following naming convention: *yyyymmdd* - CHART Phase 2 Budget Modifications – *AwardName*.docx. (For example, 20151201 – CHART Phase 2 Budget Modifications - Acme Hospital.docx) Return completed form to HPC-CHART@state.ma.us. **Submit only the Word version of the form; do not submit a pdf or scanned copy.**

The HPC will contact requestors with additional questions if necessary. Email notice regarding disposition of request will be sent to Contractor’s Financial Designee, Investment Director(s), and Project Manager via email. If applicable, the HPC will send updated Implementation Plan documents to Investment Director(s) and Project Manager. Further, if applicable, the HPC will send an updated Financial Report reflecting the changes to the Financial Designee for use in future reporting.

## 1: HPC approval required

CHART hospitals must seek prior written approval from the HPC for all Budget modification such that the modification(s): (1) will materially modify the nature, performance level, or scope of the Initiative(s); (2) is a modification of more than fifty thousand dollars ($50,000) to a line item; and/or (3) is a modification of more than one hundred thousand dollars ($100,000) in the aggregate to multiple line items within a Budget category. Budget modifications shall not increase the total CHART Phase 2 Funds.

## 2: Notification to HPC required; HPC approval not required

CHART hospitals may make the following limited Budget modification(s) without prior written approval of the HPC, provided that the modification(s) will not increase the total CHART Phase 2 Funds in the Budget or materially modify the nature, performance level, or scope of the Initiative(s), and Contractor provides an explanation of the modification(s) to the HPC: (1) modification of no more than fifty thousand dollars ($50,000) to a line item; and (2) modifications of no more than one hundred thousand dollars ($100,000) in the aggregate to multiple line items within a Budget category.

## Request

|  |
| --- |
| 1. **Referring to the previous page’s instructions:**

[ ]  Check here if the modification(s) meet requirements for “1: HPC approval required”[ ]  Check here if the modification(s) meet requirements for “2: Notification to HPC required”[ ]  Check here if unsure |
| 1. **Hospital name(s):**

Click here to enter text. |
| 1. **Award type:**

[ ]  Hospital-specific award[ ]  Joint Award |
| 1. **Name, email, and phone number of person completing this form:**

Click here to enter text. |
| 1. **Category to be modified** *(select all that apply)***:**

[ ]  Personnel salary expense[ ]  Indirect cost expense[ ]  Consultants/Contractors/Equip Costs/Direct Support Costs/Travel[ ]  Community Partner Expense[ ]  Enabling Technology |
| 1. **Line Item(s) to be modified under Category chosen above** *(select all that apply)***:**

[ ]  Personnel Salary[ ]  Fringe Benefits[ ]  Indirect Costs[ ]  Consultants / Contractors[ ]  Equipment Costs[ ]  Training Costs[ ]  Direct Proposal Support Costs[ ]  Travel |
| 1. **Total dollar amount of entirety of modification:**

Click here to enter text. |
| 1. **Provide a detailed description of the modification to the budget, including the following:**
	1. Description of line item
	2. Dollar amount of change (indicate if this is an increase, decrease or additional funding)
	3. If modification is for Personnel, indicate the annualized salary, FTE, and total program funding
	4. If modification affects CHART-funded dollars, indicate where and what amount(s) you will reduce funding to adhere to your CHART-funded cap

Click here to enter text. |
| 1. **Briefly explain how the modification will affect your CHART program and why it is necessary:**

Click here to enter text. |
| 1. *(Optional)* **Provide anything additional the HPC should consider in reviewing the modification:**

Click here to enter text. |