

NORTH CAROLINA COUNCIL ON DEVELOPMENTAL DISABILITIES (NCCDD)

Please select Amendment or Amendment Budget Realignment. See the instructions tab.

AMENDMENT # _____ AMENDMENT BUDGET REALIGNMENT # _____

PROJECT TITLE: _____

AGENCY NAME: _____

| POSITION OR DESCRIPTION BUDGET CHANGES | CURRENT BUDGET | | | BUDGET CHANGES | | | REVISED BUDGET | | |
|---|--------------------------------|--------------|-----------------------|--------------------------------|----------------------|-------------------------|----------------------|----------------|-----------------------|
| | (1) NCCDD FUNDS REQUIRED | (2) MATCH | TOTAL PROGRAM COST | INCREASES OR (DECREASES) | | | TOTAL NCCDD FUNDS | TOTAL MATCH | TOTAL PROGRAM COST |
| | | | | (3) NCCDD FUNDS REQUIRED | (4) MATCH CASH | (5) MATCH IN-KIND | | | |

STAFF SALARIES/WAGES

(Description: Salaries/Wages only for staff hired by the applicant organization to work specifically on the initiative. This may include professional staff, interns, paraprofessionals, and/or part-time/hourly employees.)

Justification - for each line item adjusted, Contractor must describe the reason for the change in the area below. Attach pages as necessary.

| | | | | | | | | | |
|-----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| SUBTOTAL | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

STAFF FRINGE BENEFITS

(Description: Fringe Benefits only for staff hired working on the initiative may include FICA, Unemployment, Worker's Compensation, Health Insurance and/or Retirement Benefits.)

Justification - for each line item adjusted, Contractor must describe the reason for the change in the area below. Attach pages as necessary.

| | | | | | | | | | |
|-----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| SUBTOTAL | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

SUPPLIES & MATERIALS

(Description: Supplies and materials may include consumable items that are essential to the program. Examples of allowable supplies include office supplies, computer supplies, medical supplies, furniture, directories and/or journals.)

Justification - for each line item adjusted, Contractor must describe the reason for the change in the area below. Attach pages as necessary.

| | | | | | | | | | |
|-----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| SUBTOTAL | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

EQUIPMENT

(Description: Equipment should possess both of the following characteristics: it is not consumable or expendable and has an expected useful life of longer than one year. Examples of allowable equipment include communication, computers, laptops, iPads, printers, office, assistive technology, medical, vehicles, scientific, and others.)

Justification - for each line item adjusted, Contractor must describe the reason for the change in the area below. Attach pages as necessary.

| | | | | | | | | | |
|-----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| SUBTOTAL | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

STAFF TRAVEL

(Description: Travel costs only for staff hired as identified in the budget that is deemed reasonable and necessary to conduct project activities. Examples of staff travel include staff mileage relating to program operations, lodging, air fare, conference registration fees and meals.)

Justification - for each line item adjusted, Contractor must describe the reason for the change in the area below. Attach pages as necessary.

| | | | | | | | | | |
|-----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| SUBTOTAL | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

NORTH CAROLINA COUNCIL ON DEVELOPMENTAL DISABILITIES (NCCDD)

Please select Amendment or Amendment Budget Realignment. See the instructions tab.

AMENDMENT # _____ AMENDMENT BUDGET REALIGNMENT # _____

PROJECT TITLE: _____

AGENCY NAME: _____

| POSITION OR DESCRIPTION BUDGET CHANGES | CURRENT BUDGET | | | BUDGET CHANGES | | | REVISED BUDGET | | |
|---|--------------------------------|--------------|-----------------------|--------------------------------|----------------------|-------------------------|----------------------|----------------|-----------------------|
| | (1) NCCDD FUNDS REQUIRED | (2) MATCH | TOTAL PROGRAM COST | INCREASES OR (DECREASES) | | | TOTAL NCCDD FUNDS | TOTAL MATCH | TOTAL PROGRAM COST |
| | | | | (3) NCCDD FUNDS REQUIRED | (4) MATCH CASH | (5) MATCH IN-KIND | | | |
| UTILITIES | | | | | | | | | |
| (Description: The cost associated with water, electricity, gas, telephone, and services.) | | | | | | | | | |
| <i>Justification - for each line item adjusted, Contractor must describe the reason for the change in the area below. Attach pages as necessary.</i> | | | | | | | | | |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| SUBTOTAL | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| CONTRACTED SERVICES/SUBCONTRACTING | | | | | | | | | |
| (Description: Contracted Services may include essential services which cannot be met by other program staff which specifically relate to the work of the program. Examples of contracted services may include consultants/contractors, photocopy services, consultants/contractors travel and fiscal services. The Contracted Services line item must be itemized based on the subcontract agreement. The Council must provide approval prior to grantee entering into any contracts. A copy of the contract must be included.) | | | | | | | | | |
| <i>Justification - for each line item adjusted, Contractor must describe the reason for the change in the area below. Attach pages as necessary.</i> | | | | | | | | | |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| SUBTOTAL | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| MEDIA/COMMUNICATIONS | | | | | | | | | |
| (Description: The cost incurred for advertising, audio visual presentations, multimedia, tv, radio presentations, logos, promotional items, publications, public service announcements and ads, reprints, text translation into another language, websites, and web materials.) | | | | | | | | | |
| <i>Justification - for each line item adjusted, Contractor must describe the reason for the change in the area below. Attach pages as necessary.</i> | | | | | | | | | |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| SUBTOTAL | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| RENT/COST OF SPACE | | | | | | | | | |
| (Description: The rent/cost of space may include rent or lease of office space, equipment, furniture, vehicles, and meeting or conference space cost to be used specifically for the program.) | | | | | | | | | |
| <i>Justification - for each line item adjusted, Contractor must describe the reason for the change in the area below. Attach pages as necessary.</i> | | | | | | | | | |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| SUBTOTAL | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| PROFESSIONAL SERVICES | | | | | | | | | |
| (Description: Professional services are those services offered by agencies in areas such as legal, IT, accounting, payroll and security.) | | | | | | | | | |
| <i>Justification - for each line item adjusted, Contractor must describe the reason for the change in the area below. Attach pages as necessary.</i> | | | | | | | | | |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| SUBTOTAL | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

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|---|--------------------------------|---------------|-----------------------|--------------------------------|----------------------|-------------------------|----------------------|----------------|-----------------------|
| | (1) NCCDD FUNDS REQUIRED | (2) MATCH | TOTAL PROGRAM COST | INCREASES OR (DECREASES) | | | TOTAL NCCDD FUNDS | TOTAL MATCH | TOTAL PROGRAM COST |
| | | | | (3) NCCDD FUNDS REQUIRED | (4) MATCH CASH | (5) MATCH IN-KIND | | | |
| DUES AND SUBSCRIPTIONS | | | | | | | | | |
| (Description: Dues includes approved dues for company memberships in professional organizations and subscriptions includes the cost of subscriptions to newspapers, magazines, and periodicals.) | | | | | | | | | |
| <i>Justification - for each line item adjusted, Contractor must describe the reason for the change in the area below. Attach pages as necessary.</i> | | | | | | | | | |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| SUBTOTAL | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| OTHER | | | | | | | | | |
| (Description: The Other category may include audit services, service payment such as stipends, costs incurred for conferences, postage/mail, internet, printing/copies, training/meetings, cleaning/janitorial, license fees, incentives, participants insurance and bonding and any other services or expenses that will not fit into another category.) | | | | | | | | | |
| <i>Justification - for each line item adjusted, Contractor must describe the reason for the change in the area below. Attach pages as necessary.</i> | | | | | | | | | |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| SUBTOTAL | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| INDIRECT COST | | | | | | | | | |
| (Description: Indirect cost rates negotiated with the Department of Health and Human Services Regional Comptroller or other similar federal agency may be used to compute allowable indirect costs. Expenditures included as indirect costs may not be duplicated elsewhere in the budget. A copy of the Negotiation Agreement must be included with the grant application. Indirect/overhead costs may not exceed 15% of the total project cost or \$20,000, whichever is less.) | | | | | | | | | |
| <i>Justification - for each line item adjusted, Contractor must describe the reason for the change in the area below. Attach pages as necessary.</i> | | | | | | | | | |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | \$0.00 | \$0.00 | \$0.00 |
| SUBTOTAL | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| TOTAL | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Approved: _____

**Must have authority to sign contracts*

Date: _____

INSTRUCTIONS

I - Check **Amendment** if request is one of the following:

1. Changes to contract period of time (after or only with Council approval)
 - a. Extend the termination date
 - b. Shorten the termination date
2. Changes to the original scope of work or previous amendment
 - a. Add new requirements
 - b. Delete existing requirements
 - c. Modify previous requirements
3. Changes to funding amount
 - a. Increase funds (after or with Council approval)
 - b. Decrease funds
4. Other reason

II - Check **Amendment Budget Realignment** if requesting the following:

1. The purpose is documenting the realignment of previously budgeted funds, not to increase or decrease the total value of the contract.

III- In completing this form please be sure to include the following:

1. Select Amendment or Amendment Budget Realignment
1. Project Title
2. Agency Name
3. Current Budget (make sure to enter complete budget) - GREEN Section
4. Budgetary requested changes (increase and decrease) - BLUE Section
5. "New" revised budget - WHITE Section
6. Detail description of each budget category - GRAY Section
7. Justification as to why the changes are being requested (if no changes are made to a particular budget category then insert N/A) - YELLOW Section

NOTE:

Please mail the completed form with the original signature (must be Approved by person with the authority to sign contracts)

TO: NC Council on Developmental Disabilities
ATTN: System Change Manager - Name
2010 Mail Service Center
Raleigh, NC 27699-2010