**Substance Abuse and Mental Health Services Administration Disaster Response Grants**

**Template for**

**Budget Adjustment Request**

**Note:** The enclosed document is provided as a sample format for requesting budget adjustments within the Federal Emergency Management Agency (FEMA) Crisis Counseling Assistance and Training Program (CCP) Regular Services Program (RSP) grants. States have the authority to move funds, up to a cumulative 10 percent of the total budget, from one line item to another without requesting approval. Any budget adjustments between a cumulative 11–24 percent must be approved by the Center for Mental Health Services (CMHS) project officer. Any budget adjustments above a cumulative 25 percent must be approved by the Substance Abuse and Mental Health Services Administration (SAMHSA) grants management officer. Once this threshold has been met, all modifications must be approved. The actual object class categories used for the attached budget table must correspond with the object classes in the approved budget. It is recommended that states consult with their CMHS project officer prior to any budget modification.

**U.S. Department of Health and Human Services**

**Substance Abuse and Mental Health Services Administration**

**Center for Mental Health Services**

CCP Application Toolkit, Version 4.0

March 2013

[Name]

Project Officer

Emergency Mental Health and Traumatic Stress Services Branch

Center for Mental Health Services

Substance Abuse and Mental Health Services Administration

1 Choke Cherry Road, Room 6–[####]

Rockville, Maryland 20857

Dear [Name],

As the Project Director for the Federal Emergency Management Agency (FEMA) [####] Regular Services Program crisis counseling grant to [state name], I am writing to request a budget adjustment. The state received approval for up to [$$$] to provide crisis counseling to disaster survivors.

**Requested Budget Adjustment**

We are requesting to reduce the current budget for [state agency or service provider name] in [budget category] by [$$$]. We are requesting to increase the budget for [State agency or service provider name] in [budget category] by [$$$].

**Rationale**

[Include a brief rationale explaining the necessity of the proposed budget adjustment.]

Attached is a table outlining the new budget for the affected [state agency or service provider name]. Please call me at [###-###-####] if you have any questions.

Sincerely,

[Name of Project Director]

cc: Governor’s Authorized Representative

Gwendolyn Simpson, SAMHSA Grants Management

Randall Kinder, FEMA Headquarters

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RSP Budget Adjustment Request** | | | | | | | | | |
| Disaster declaration number: | | | FEMA–XXXX–DR–State | | | | | |  |
| Organizational unit: |  | | | | | | | |  |
|  |  | | | | | | | |  |
| **Budget Category** | | **Approved Budget** | | | **Requested Budget Adjustment** | | **Revised Budget (apply budget adjustment to approved budget)** | | |
| Salaries and Wages | |  | | |  | |  | | |
| Fringe % | |  | | |  | |  | | |
| Subtotal Personnel Costs | |  | | |  | |  | | |
| Travel | |  | | |  | |  | | |
| Equipment | |  | | |  | |  | | |
| Supplies | |  | | |  | |  | | |
| Contractual Consultant/Trainer Costs | |  | | |  | |  | | |
| Contractual Media/Public Information Costs | |  | | |  | |  | | |
| Subtotal Contractual Costs | |  | | |  | |  | | |
| Other Direct Costs | |  | | |  | |  | | |
| Subtotal Contractual and Direct Costs | |  | | |  | |  | | |
| Total | |  | | |  | |  | | |
|  | |  | | |  | |  | | |
| **Note:** As a supplemental program, the CCP does not fund a line-item category for indirect costs. All charges must be direct. | | | | | | | | | |
|  | | | |  | |  | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Completed by: |  | Date: |  |

**Signatures**

I request approval for this budget adjustment on behalf of the State of [Name].

**State Project Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Approved: \_\_\_\_\_\_\_\_ Disapproved: \_\_\_\_\_\_\_

**Federal Project Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**