

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
**URBAN SEARCH RESCUE RESPONSE SYSTEM
BUDGET CHANGE FORM**

Paperwork Burden Disclosure Notice

Public reporting burden for this form is estimated to be 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB Number. Send comments regarding the accuracy of this burden estimate and any suggestions for reducing the burden to: Collections and Research Branch, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20590-3305, Paperwork Reduction Project (1660-0073). **Note: Do not send your completed form to this address.**

INSTRUCTIONS

CURRENT BUDGET PLAN INFORMATION - List those items in your Task Force's original Spend Plan/Budget Narrative for the appropriate Cooperative Agreement that were overestimated or never completed/needed.

- Description of work not being accomplished - the item(s) your Task Force had in their budget for the Cooperative Agreement year referenced on the top of the sheet. These are items that were, for one reason or another, never accomplished (overtaken by other events?) or maybe the cost to complete the work was overestimated. Present a solid reason for this change/these changes.
- Reason - provide the reason for why these funds were not expended on what was originally planned. Address circumstances beyond your control that causes the need for the change.
- Anticipated Cost - the original cost listed in your Spend Plan for that particular item/service.
- Program Category/Object Class - one of the 4 main categories - Training, Equipment, Management, or Storage/Maintenance.
- Included in the Original Budget Submission? - the answer should be "YES" because that is the point of the first section of this form - to outline those items you had originally planned to do in the original Spend Plan.

REQUESTED BUDGET REVISION - list the item(s) you now wish to purchase using the funding that is now available.

- Description of Modified Budget Item - brief description of what you now want to purchase.
- Reason modified budget item is required - why do you need it now? Include that it would have been advantageous to have it before but are now able to purchase. Must show the item was needed during the Cooperative Agreement year being addressed.
- Projected Cost - how much do you anticipate this item will cost?
- Program Category/Object Class - see above for categories. The funds should be moved to a category that is most appropriate for this new purchase.
- SOW Authority - review the Statement of Work for the applicable CA and reference the section(s) this new item is directly or indirectly tied to (e.g., FY2005 SOW Article VI, Section A, Item 3)

*The TOTAL REVISED BUDGET REQUIREMENTS should NOT exceed the TOTAL FUNDS REMAINING.

** Also need to include revised FF20-20 with budget submission

*** For requests that include vehicle purchase(s), please include specifications for all rolling cache (e.g., vehicles, gators, trailers).

TASK FORCE

AWARD #

CURRENT BUDGET PLAN INFORMATION

Description of work not being accomplished	Reason	Anticipated Cost	Program Category/ Object Class	Included in original Budget Submission? (Answer should be YES)
TOTAL FUNDS REMAINING				

REQUESTED BUDGET REVISION

Description of modified budget item	Reason modified budget item is required	Projected Cost	Program Category/ Object Class	SOW Authority (e.g, FY05 SOW, Article 5, Sec. C, 2)
TOTAL REVISED BUDGET REQUIREMENTS				

**TOTAL FUNDS REMAINING	
TOTAL REVISED BUDGET REQUIREMENTS Note: Revised budget requirements should NOT exceed total funds remaining	

**Also need to include revised FF20-20 with budget change submission

***For requests that include vehicle purchase(s), please include specifications for the vehicle(s)

SAMPLE

TASK FORCE

CA-TFX

AWARD #

EMW-2005-CA-XXXX

CURRENT BUDGET PLAN INFORMATION

Description of work not being accomplished	Reason	Anticipated Cost	Program Category/ Object Class	Included in original Budget Submission? (Answer should be YES)
Mobilization Exercise	Activation during Cooperative Agreement period of performance. This meets the Statement of Work Requirements	\$20,000	Training	YES
Shoring Training	Training Requirements were met as stated in the SOW/CA however it was funded by State and at no cost to the US&R Cooperative Agreement	\$5,000	Training	YES
Salaries and Expenses	Did not fill administrative position until mid-way through the Cooperative Agreement period. Until that time, no acceptable applicant applied	\$50,000	Admin	YES
TOTAL FUNDS REMAINING		\$75,000		

REQUESTED BUDGET REVISION

Description of modified budget item	Reason modified budget item is required	Projected Cost	Program Category/ Object Class	SOW Authority (e.g, FY05 SOW, Article 5, Sec. C, 2)
150 Sets Cold Weather Gear (LG-0122.00)	Had the need but did not have sufficient funding in the FY-05 grant and have a need for the 150 sets.	\$70,000	Equipment	FY05 SOW Sec VI-C, 1
WMD Awareness Training - Feb/March 2007	It has been since 2003 that a full WMD Awareness Training has been held, with new members on the team, this will get them qualified.	\$5,000	Training	FY05 SOW, Sec VI-B, 2
TOTAL REVISED BUDGET REQUIREMENTS		\$75,000		

**TOTAL FUNDS REMAINING	\$75,000
TOTAL REVISED BUDGET REQUIREMENTS Note: Revised budget requirements should NOT exceed total funds remainig	\$75,000

**Also need to include revised FF20-20 with budget change submission

***For requests that include vehicle purchase(s), please include specifications for the vehicle(s)

COOPERATIVE AGREEMENT EXTENSION FORM

TASK FORCE	AWARD #
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PROGRAM MANAGER	PHONE #
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Current Period of Performance From _____ To: _____	Requested Period of Performance From _____ To: _____
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Type of Extension <input type="checkbox"/> 1st Extension of 12 Months or Less <input type="checkbox"/> 2nd Extension <input type="checkbox"/> 1st Extension Exceeding 12 Months <input type="checkbox"/> 3rd Extension	Budget change? (If YES, also submit Budget Change Form) <input type="checkbox"/> YES <input type="checkbox"/> NO
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BRIEF STATUS OF ONGOING ACTIVITY UNDER THIS COOPERATIVE AGREEMENT

EXPLANATION OF WHY ACTIVITY COULD NOT BE COMPLETED WITHIN THE PERIOD OF PERFORMANCE. (Include actions taken to resolve any problems, how these circumstances were/are beyond your control, and justification for the new date)

FOR FEMA USE ONLY

US&R Program Office	<input type="checkbox"/> APPROVE Name & Signature of Program Office Official <input type="checkbox"/> DISAPPROVE _____
Grants Management	<input type="checkbox"/> APPROVE Name & Signature of Grants Management Official <input type="checkbox"/> DISAPPROVE _____

FOR 2ND APPROVALS ONLY

US&R Program Office Branch Chief	<input type="checkbox"/> APPROVE Name & Signature of Program Branch Chief <input type="checkbox"/> DISAPPROVE _____
Grants Management Section Chief	<input type="checkbox"/> APPROVE Name & Signature of Grants Management Section Chief <input type="checkbox"/> DISAPPROVE _____