



GMIS
Budget Revision

Budget Revision Primary Reason

The screenshot displays the Ohio Department of Health Grants Management Information System. The header includes the Ohio.gov logo and the text "Ohio Department of Health" and "Grants Management Information System". The navigation menu includes "Worklist", "Project", "Reports", "View Bulletins", and "Logout". A welcome message states "Welcome, ODH Subgrantee. You currently have Subgrantee Access." Below this, the agency and program details are listed: Agency Name: Allen County Health Department, Program Title: IMMUNIZATION ACTION PLAN, Project Number: 00210012IM0613, Employer Id Number: 346400019, Grant Period Begin: 1/1/2013, Grant Period End: 12/31/2013. A "Print This Page" button is also present. The interface shows a grid of checked options for various categories: Core Staff, Budget, W9, EFT, EEO Survey, Title, Reason, Justification, Personnel, Equipment, Contracts, Other Costs, Funding, Cash, Compliance, and Approved. The main section is titled "Budget - 00210012IM0613 (2) Subgrantee Response 2/8/2013 11:40:33 AM". Below this, the "Primary Reason" section is active, showing a dropdown menu with the description "00210012IM0613 (2) Subgrantee Response 2/8/2013 11:40:33 AM". A list of options is displayed, with "Subgrantee Response" selected. The options include: Initial Budget, Subgrantee Response, Reallocation of Grant Funds, Program Income Modification, Allotment Migration to Future Period, Programmatic Scope Modification, Establishment of New Category, Subgrantee Addition of new Line, GAU modification of the Budget to match the NOA, and Director Request. At the bottom, there are "Copy", "New", and "Cancel" buttons. The "New" button is highlighted with a red box.

- We will be covering how to submit a Budget Revision
- The revision we are creating will be to add a new line item to the Other Direct Cost category
- Click New to create the Budget Revision

Budget Revision Primary Reason

The screenshot displays the Ohio Department of Health Grants Management Information System interface. At the top, there is a navigation bar with the Ohio.gov logo and the text "Ohio Department of HEALTH Grants Management Information System". Below this is a menu bar with "Worklist", "Project", "Reports", "View Bulletins", and "Logout". A welcome message states "Welcome, ODH Subgrantee. You currently have Subgrantee Access." The main content area shows details for the "Allen County Health Department" and "IMMUNIZATION ACTION PLAN" program, including project number 00210012IM0613 and grant period from 1/1/2013 to 12/31/2013. A "Print This Page" button is visible. Below the details are several checked options: Core Staff, Budget, W9, EFT, and EEO Survey. There are also several unchecked options: Title, Reason, Justification, Personnel, Equipment, Contracts, Other Costs, Funding, Cash, Compliance, and Approved. A section titled "Budget - 00210012IM0613 (3) Establishment of New Category 1/13/2014 2:42:01 PM" is highlighted. The "Primary Reason" section is active, showing a description dropdown with the same text. A list of options is displayed, with "Subgrantee Addition of new Line" selected. The options are: Initial Budget, Subgrantee Response, Reallocation of Grant Funds, Program Income Modification, Allotment Migration to Future Period, Programmatic Scope Modification, Establishment of New Category, Subgrantee Addition of new Line (selected), GAU modification of the Budget to match the NOA, and Director Request. At the bottom, there are "Update", "Cancel", and "Complete" buttons, and a "Cancel" button at the very bottom.

- Now that you have clicked “New”, you must choose the type of revision you wish to create (See next slide for definitions of Primary Reasons)

Budget Revision Primary Reason Definitions

- **Initial Budget** – Application submission only
- **Subgrantee Response** – Subgrantee initiates when responding to special condition(s)
- **Reallocation of Grant Funds** – ODH initiates an increase/decrease in grant funding. ODH will attach a budget revision request letter in GMIS in the Application Comment Section. The Subgrantee will then create a budget revision using this primary reason. (Budget Revisions submitted with the primary reason listed as “Reallocation of Grant Funds” and not requested by ODH will be Disapproved. These types cause the GMIS workflow issues and delays in processing budget revisions.)
- **Program Income Modifications** – Subgrantee initiates when there is an increase or decrease in program income and/or applicant share
- **Allotment Migration to Future Period** – Subgrantee initiates when moving unspent budget funding (grant, program income and/or applicant share) to future allotment periods
- **Programmatic Scope Modification** – Subgrantee initiates when there is a change in the program scope *or* objectives (as outlined in Goals Section of the Request For Proposal)
- **Establishment of New Category** – Subgrantee initiates when there is a need to establish a new category or moving funds between previously established categories
- **Subgrantee Addition of new Line** – Subgrantee initiates when adding a new line or lines to previously established categories
- **GAU modification of the Budget to match the NOA** – Reserved for ODH use only
- **Director Request** – Reserved for ODH use only

- Once you have decided which reason you will select, go to next slide

Budget Revision Primary Reason

The screenshot displays the Ohio Department of Health Grants Management Information System interface. At the top, the Ohio.gov logo and the text 'Ohio Department of HEALTH Grants Management Information System' are visible. Below the header, there are navigation links for 'Worklist', 'Project', 'Reports', 'View Bulletins', and 'Logout'. A green banner indicates 'Welcome, ODH Subgrantee. You currently have Subgrantee Access.' The main content area shows details for the 'Allen County Health Department' and 'IMMUNIZATION ACTION PLAN' project, including project number 00210012IM0613 and employer ID 346400019. A 'Print This Page' button is located on the right. Below this, there are several checked options: Core Staff, Budget, W9, EFT, and EEO Survey. A grid of unchecked options includes Title, Reason, Justification, Personnel, Equipment, Contracts, Other Costs, Funding, Cash, Compliance, and Approved. A section titled 'Budget - 00210012IM0613 (3) Establishment of New Category 1/13/2014 2:42:01 PM' is highlighted. The 'Primary Reason' section is active, showing a dropdown menu with the selected description: '00210012IM0613 (3) Establishment of New Category 1/13/2014 2:42:01 PM'. A list of options is displayed, with 'Subgrantee Addition of new Line' selected and highlighted by a red box. Other options include 'Initial Budget', 'Subgrantee Response', 'Reallocation of Grant Funds', 'Program Income Modification', 'Allotment Migration to Future Period', 'Programmatic Scope Modification', 'Establishment of New Category', 'GAU modification of the Budget to match the NOA', and 'Director Request'. At the bottom, there are 'Update', 'Cancel', and 'Complete' buttons, with the 'Update' button also highlighted by a red box.

- Choose type of revision from list of options
- Click “Update”

Budget Revision Primary Reason

The screenshot displays the Ohio Department of Health Grants Management Information System interface. At the top, the Ohio.gov logo and the Ohio Department of Health logo are visible, along with the text "Grants Management Information System". Below the header, there is a navigation menu with links for "Worklist", "Project", "Reports", "View Bulletins", and "Logout". A welcome message states "Welcome, ODH Subgrantee. You currently have Subgrantee Access." The main content area shows details for the "Allen County Health Department" and the "IMMUNIZATION ACTION PLAN" program. It includes fields for "Project Number: 00210012IM0613", "Employer Id Number: 346400019", "Grant Period Begin: 1/1/2013", and "Grant Period End: 12/31/2013". A "Print This Page" button is located to the right. Below this, there are several checked options: "Core Staff", "Budget", "W9", "EFT", and "EEO Survey". There are also several unchecked options: "Title", "Reason", "Justification", "Personnel", "Equipment", "Contracts", "Other Costs", "Funding", "Cash", "Compliance", and "Approved". A summary line reads "Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM". The "Primary Reason" section is highlighted, showing a dropdown menu with the description "00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM". A list of options is displayed, with "Subgrantee Addition of new Line" selected. The "Other Costs" option in the left sidebar is highlighted with a red box. At the bottom, there are "Edit", "Cancel", and "Complete" buttons, and a "Cancel" button at the very bottom.

Ohio.gov
So much to Discover!

Ohio Department of HEALTH
Grants Management Information System

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Allen County Health Department
Program Title: IMMUNIZATION ACTION PLAN
Project Number: 00210012IM0613 Employer Id Number: 346400019
Grant Period Begin: 1/1/2013 Grant Period End: 12/31/2013 Print This Page

Core Staff Budget W9 EFT EEO Survey

Title Reason Justification Personnel Equipment
 Contracts Other Costs Funding Cash Compliance Approved

Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Primary Reason

Description: 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Options:

- Initial Budget
- Subgrantee Response
- Reallocation of Grant Funds
- Program Income Modification
- Allotment Migration to Future Period
- Programmatic Scope Modification
- Establishment of New Category
- Subgrantee Addition of new Line
- GAU modification of the Budget to match the NOA
- Director Request

Edit Cancel Complete

Cancel

- To make changes to the Other Direct Cost
- Click "Other Cost"

Budget Revision

Other Cost Category

The screenshot displays the Ohio Department of Health Grants Management Information System. The header includes the Ohio.gov logo and the text 'Ohio Department of HEALTH Grants Management Information System'. Below the header, there are navigation links for 'Worklist', 'Project', 'Reports', 'View Bulletins', and 'Logout'. A welcome message states 'Welcome, ODH Subgrantee. You currently have Subgrantee Access.' The main content area shows details for the 'Allen County Health Department' and 'IMMUNIZATION ACTION PLAN' program, including project and employer ID numbers and grant dates. A 'Print This Page' button is visible. A row of checked options includes 'Core Staff', 'Budget', 'W9', 'EFT', and 'EEO Survey'. Below this, there are checkboxes for various categories like 'Title', 'Reason', 'Justification', 'Personnel', 'Equipment', 'Contracts', 'Other Costs', 'Funding', 'Cash', 'Compliance', and 'Approved'. A section titled 'Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM' contains a table for 'Other Direct Costs Budget'.

Other Direct Costs Budget			
Primary Reason	Command	Description	Amount
Funding	<input type="button" value="Edit"/>	Travel (includes mileage)	\$254.75
Cash Needs	<input type="button" value="Delete"/>		
Justification	<input type="button" value="Edit"/>	Office Supplies	\$304.72
Personnel	<input type="button" value="Delete"/>		
Other Costs		Balance	\$0.00
Equipment		Total	\$559.47

At the bottom of the table, there are buttons for 'New', 'Cancel', and 'Complete'.

- Prior to moving dollars, reductions must be applied
- Click "Edit" next to the line item being reduced

Budget Revision

Other Cost Category



Grants Management Information System

[Worklist](#) [Project](#) [Reports](#) [View Bulletins](#) [Logout](#)

Welcome, ODH Subgrantee . You currently have Subgrantee Access.

Agency Name: Allen County Health Department
 Program Title: IMMUNIZATION ACTION PLAN
 Project Number: 00210012IM0613 Employer Id Number: 346400019
 Grant Period Begin: 1/1/2013 Grant Period End: 12/31/2013

Print This Page

Core Staff
 Budget
 W9
 EFT
 EEO Survey

Title
 Reason
 Justification
 Personnel
 Equipment
 Contracts
 Other Costs
 Funding
 Cash
 Compliance
 Approved

Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Other Direct Costs Budget			
	Command	Description	Amount
Funding	Update	Travel (includes mileage)	254.75
Cash Needs	Edit	Office Supplies	\$304.72
Justification	Delete		
Personnel		Balance	\$0.00
Other Costs		Total	\$559.47

Primary Reason
Equipment
Contracts
Compliance
Summary
Comments

- We will be reducing the amount by \$50
- Enter the amount of \$204.75
- On the next screen you will see that the amount has been changed

Budget Revision

Other Cost Category





Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee . You currently have Subgrantee Access.

Agency Name: Allen County Health Department
 Program Title: IMMUNIZATION ACTION PLAN
 Project Number: 00210012IM0613 Employer Id Number: 346400019
 Grant Period Begin: 1/1/2013 Grant Period End: 12/31/2013 Print This Page

Core Staff
 Budget
 W9
 EFT
 EEO Survey

Title
 Reason
 Justification
 Personnel
 Equipment
 Contracts
 Other Costs
 Funding
 Cash
 Compliance
 Approved

Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Other Direct Costs Budget			
	Command	Description	Amount
Primary Reason Funding Cash Needs Justification Personnel Other Costs Equipment Contracts Compliance Summary Comments	<input type="button" value="Update"/>	Travel (includes mileage)	204.75
	<input type="button" value="Edit"/>	Office Supplies	\$304.72
	<input type="button" value="Delete"/>		
		Balance	\$0.00
		Total	\$559.47

- Click "Update" to save the information

Budget Revision

Other Cost Category

The screenshot displays the Ohio Department of Health Grants Management Information System. The header includes the Ohio.gov logo and the text 'Ohio Department of HEALTH Grants Management Information System'. Below the header, there are navigation links: Worklist, Project, Reports, View Bulletins, and Logout. A welcome message states 'Welcome, ODH Subgrantee. You currently have Subgrantee Access.' The main content area shows project details: Agency Name: Allen County Health Department, Program Title: IMMUNIZATION ACTION PLAN, Project Number: 00210012IM0613, Employer Id Number: 346400019, Grant Period Begin: 1/1/2013, and Grant Period End: 12/31/2013. A 'Print This Page' button is located to the right. Below the project details, there are several checked options: Core Staff, Budget, W9, EFT, and EEO Survey. There are also several unchecked options: Title, Reason, Justification, Personnel, Equipment, Contracts, Other Costs, Funding, Cash, Compliance, and Approved. A summary line reads 'Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM'. The main table is titled 'Other Direct Costs Budget' and has columns for Command, Description, and Amount. The table contains two rows: 'Travel (includes mileage)' with an amount of \$204.75 and 'Office Supplies' with an amount of \$304.72. Below the table, there are buttons for 'New', 'Cancel', and 'Complete'. The 'New' button is highlighted with a red box.

Ohio.gov
So much to Discover.

Ohio Department of
HEALTH ODH

Grants Management
Information System

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Allen County Health Department
Program Title: IMMUNIZATION ACTION PLAN
Project Number: 00210012IM0613 Employer Id Number: 346400019
Grant Period Begin: 1/1/2013 Grant Period End: 12/31/2013

Print This Page

Core Staff Budget W9 EFT EEO Survey

Title Reason Justification Personnel Equipment
 Contracts Other Costs Funding Cash Compliance Approved

Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Other Direct Costs Budget		
Command	Description	Amount
Edit	Travel (includes mileage)	\$204.75
Delete		
Edit	Office Supplies	\$304.72
Delete		
	Balance	\$50.00
	Total	\$509.47

New Cancel Complete

- Now that we have reduce the budget we can add the new line item
- Click “New”

Budget Revision

Other Cost Category

The screenshot displays the Ohio Department of Health Grants Management Information System. The header includes the Ohio.gov logo and the text 'Ohio Department of HEALTH Grants Management Information System'. Below the header, there are navigation links: Worklist, Project, Reports, View Bulletins, and Logout. A welcome message states 'Welcome, ODH Subgrantee. You currently have Subgrantee Access.' The main content area shows agency and program details: Agency Name: Allen County Health Department, Program Title: IMMUNIZATION ACTION PLAN, Project Number: 00210012IM0613, Employer Id Number: 346400019, Grant Period Begin: 1/1/2013, Grant Period End: 12/31/2013. A 'Print This Page' button is visible. Below this, there are several checked options: Core Staff, Budget, W9, EFT, and EEO Survey. There are also several unchecked options: Title, Reason, Justification, Personnel, Equipment, Contracts, Other Costs, Funding, Cash, Compliance, and Approved. A title bar for the current window reads 'Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM'. The main table is titled 'Other Direct Costs Budget' and has columns for Command, Description, and Amount. The table contains three rows: 'Travel (includes mileage)' with an amount of \$204.75, 'Office Supplies' with an amount of \$304.72, and a 'Balance' row with an amount of \$50.00. A new row is being added with the description 'Telephone Service - Landline' and an amount of \$50.00, which is highlighted with a red border. At the bottom of the table, there are 'Save', 'Cancel', and 'Complete' buttons. On the left side, there is a vertical menu with options: Primary Reason, Funding, Cash Needs, Justification, Personnel, Other Costs, Equipment, Contracts, Compliance, Summary, and Comments.

Other Direct Costs Budget			
Primary Reason	Command	Description	Amount
Funding	Edit	Travel (includes mileage)	\$204.75
Cash Needs	Delete		
Justification	Edit	Office Supplies	\$304.72
Personnel	Delete		
Other Costs		Balance	\$50.00
Equipment		Telephone Service - Landline	

- Once you click the new button you will get a pull down that contains line items you can select from to add an additional line item
- Today we will select “Telephone Service-Landline” as our new line item from the pull down
- Once the selection has been made an amount must be entered
- Enter \$50 as the amount for the Telephone Service-Landline line
- The Next screen shows the line item has been entered

Budget Revision

Other Cost Category

The screenshot displays the Ohio Department of Health Grants Management Information System interface. At the top, the Ohio.gov logo and the department name are visible. Below the navigation menu, a welcome message and user access information are shown. The main section contains agency and program details, including the Agency Name (Allen County Health Department), Program Title (IMMUNIZATION ACTION PLAN), Project Number (00210012IM0613), and Grant Period (1/1/2013 to 12/31/2013). A 'Print This Page' button is located on the right. Below this, several checkboxes are checked, indicating selected options: Core Staff, Budget, W9, EFT, and EEO Survey. A second set of checkboxes for various cost categories (Title, Reason, Justification, Personnel, Equipment, Contracts, Other Costs, Funding, Cash, Compliance, Approved) is shown, with most being unchecked. A summary line reads 'Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM'. The main table, titled 'Other Direct Costs Budget', has columns for Command, Description, and Amount. It lists three items: 'Travel (includes mileage)' for \$204.75, 'Office Supplies' for \$304.72, and a 'Balance' of \$50.00. The 'Telephone Service - Landline' item is partially visible with an amount of 50.00. At the bottom of the table, 'Save', 'Cancel', and 'Complete' buttons are present, with the 'Save' button highlighted by a red box.

Other Direct Costs Budget			
Primary Reason	Command	Description	Amount
Funding	Edit	Travel (includes mileage)	\$204.75
Cash Needs	Delete		
Justification	Edit	Office Supplies	\$304.72
Personnel	Delete		
Other Costs		Balance	\$50.00
Equipment		Telephone Service - Landline	50.00

- Click “Save” to add the line item to the budget
- Repeat the prior processes to make changes to other categories, when needed. (Refer to slides 7 – 12)

Budget Revision

Other Cost Category





[Worklist](#) [Project](#) [Reports](#) [View Bulletins](#) [Logout](#)

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Allen County Health Department
 Program Title: IMMUNIZATION ACTION PLAN
 Project Number: 00210012IM0613 Employer Id Number: 346400019
 Grant Period Begin: 1/1/2013 Grant Period End: 12/31/2013
 Print This Page

Core Staff
 Budget
 W9
 EFT
 EEO Survey

Title
 Reason
 Justification
 Personnel
 Equipment
 Contracts
 Other Costs
 Funding
 Cash
 Compliance
 Approved

Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Other Direct Costs Budget			
	Command	Description	Amount
Funding	Edit	Travel (includes mileage)	\$204.75
Cash Needs	Delete		
Justification	Edit	Office Supplies	\$304.72
Personnel	Delete		
Other Costs	Edit	Telephone Service - Landline	\$50.00
Equipment	Delete		
Contracts		Balance	\$0.00
Compliance		Total	\$559.47
Summary			
Comments			

- Click "Justification"

Budget Revision Justification

Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Prior Approved Budget Justification

Budget Justification is attached to the Application Page. Thanks

Current Budget Justification

5000 characters left

- After the justification has been attached to GMIS here is where you enter your comment as to where it is located
- Before moving forward verify the justification is complete and changes are included in your revision
- Click "Edit"

Budget Revision Justification

Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Prior Approved Budget Justification

Budget Justification is attached to the Application Page. Thanks

Current Budget Justification

Budget Justification is attached to the Application Page. Thanks

5000 characters left

Update Cancel Complete

Cancel

- Enter comment regarding the location of the justification
- Click “Update” to save comment

Budget Revision Justification

Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Prior Approved Budget Justification

Budget Justification is attached to the Application Page. Thanks

Current Budget Justification

Budget Justification is attached to the Application Page. Thanks

4927 characters left

Edit Cancel Complete

Cancel

- Now click “Summary”

Budget Revision Summary

Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Summary

Budget Funding Sources

Type	Amount
Grant	\$35,513.00
Total	\$35,513.00

Budget Categories

Budget	BudgetTitle	Personnel	Other Costs	Equipment	Contracts	Total
Prior Approved	00210012IM0613 (2) Subgrantee Response 2/8/2013 11:40:33 AM	\$34,953.53	\$559.47	\$0.00	\$0.00	\$35,513.00
Current	00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM	\$34,953.53	\$559.47	\$0.00	\$0.00	\$35,513.00

Allotments [Display All Allotments](#)

Period	Start	End	Grant Amount	Requested Amount	Actual Amount	Program Income	Applicant Share	Status	Revision	Total
1	1/1/2013	3/31/2013	\$9,597.08	\$4,262.00	\$4,262.00	\$0.00	\$0.00	Warrant	1	\$4,262.00
1	1/1/2013	3/31/2013	\$0.00	\$4,366.00	\$4,366.00			Warrant	2	\$4,366.00
2	4/1/2013	6/30/2013	\$8,252.62	\$8,252.62	\$8,252.62	\$0.00	\$0.00	Warrant	2	\$8,252.62
3	7/1/2013	9/30/2013	\$9,597.08	\$8,628.00	\$0.00	\$0.00	\$0.00	Prerelease	3	\$9,597.08
4	10/1/2013	12/31/2013	\$8,066.22	\$8,629.00	\$0.00	\$0.00	\$0.00	Prerelease	3	\$8,066.22
Balance			\$0.00			\$0.00	\$0.00			
Total			\$35,513.00	\$34,137.62	\$16,880.62	\$0.00	\$0.00			\$34,543.92

Cancel

- Verify the dollars in each section and ensure that each section balances
- The Budget Funding Sources should be the total ODH is funding you
- The Budget Categories should be the amount being allocated for each category and should equal the amount ODH is funding you
- The Allotments/Cash Needs section is completed **by ODH**
- Once all sections have been verified we will begin marking all categories of the budget revision “Complete”
- Click “Funding”

Budget Revision Funding Sources

Welcome, ODH Subgrantee . You currently have Subgrantee Access.

Agency Name: Allen County Health Department
 Program Title: IMMUNIZATION ACTION PLAN
 Project Number: 00210012IM0613 Employer Id Number: 346400019
 Grant Period Begin: 1/1/2013 Grant Period End: 12/31/2013 Print This Page

Core Staff Budget W9 EFT EEO Survey

Title Reason Justification Personnel Equipment
 Contracts Other Costs Funding Cash Compliance Approved

Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Budget Funding Sources			
Command	Type	Description	Amount
<input type="button" value="Edit"/>	Grant	ODH	\$35,513.00
<input type="button" value="Delete"/>			
	Total		\$35,513.00

- Click "Complete"

Budget Revision Funding Sources

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Allen County Health Department
 Program Title: IMMUNIZATION ACTION PLAN
 Project Number: 00210012IM0613 Employer Id Number: 346400019
 Grant Period Begin: 1/1/2013 Grant Period End: 12/31/2013 Print This Page

Core Staff Budget W9 EFT EEO Survey

Title Reason Justification Personnel Equipment
 Contracts Other Costs Funding Cash Compliance Approved

Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Budget Funding Sources				
Primary Reason	Command	Type	Description	Amount
Funding		Grant	ODH	\$35,513.00
Cash Needs		Total		\$35,513.00

Justification

Personnel

Other Costs

Equipment

Contracts

Compliance

Summary

Comments

- Once marked Complete, to get Edit buttons back, you must click “Cancel”
- Click “Justification” to continue marking the revision complete for submission

Budget Revision Justification

Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Prior Approved Budget Justification

Budget Justification is attached to the Application Page. Thanks

Current Budget Justification

Budget Justification is attached to the Application Page. Thanks

4927 characters left

Edit Cancel **Complete**

Cancel

- Click “Complete”

Budget Revision Justification

Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Prior Approved Budget Justification

Budget Justification is attached to the Application Page. Thanks

Current Budget Justification

Budget Justification is attached to the Application Page. Thanks

4927 characters left

Cancel

Cancel

- Click “Personnel”

Budget Revision Personnel Category

Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM																								
Personnel Budget																								
Display All																								
	Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source															
<input type="button" value="Delete"/>	Lisa Horstman	Coordinator	100	\$21,996.00	\$21,996.00	16.1	\$3,541.31	\$25,537.31																
<input type="button" value="Delete"/>	Rebecca Dershem	Nursing Director	4	\$60,313.50	\$2,412.54	16.1	\$388.42	\$2,800.96	<table border="1"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>CFHS</td> <td>\$6,126.12</td> </tr> <tr> <td>FP Project Income</td> <td>\$1,241.20</td> </tr> <tr> <td>General Fund</td> <td>\$48,819.61</td> </tr> <tr> <td>RHWP</td> <td>\$1,714.03</td> </tr> <tr> <td>Balance:</td> <td>\$0.00</td> </tr> <tr> <td>Total:</td> <td>\$57,900.96</td> </tr> </tbody> </table>		Description	Amount	CFHS	\$6,126.12	FP Project Income	\$1,241.20	General Fund	\$48,819.61	RHWP	\$1,714.03	Balance:	\$0.00	Total:	\$57,900.96
Description	Amount																							
CFHS	\$6,126.12																							
FP Project Income	\$1,241.20																							
General Fund	\$48,819.61																							
RHWP	\$1,714.03																							
Balance:	\$0.00																							
Total:	\$57,900.96																							
<input type="button" value="Delete"/>	Jacqueline Mericle	Clerk	20	\$28,489.50	\$5,697.90	16.1	\$917.36	\$6,615.26	<table border="1"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>General Fund</td> <td>\$16,665.48</td> </tr> <tr> <td>RHWP</td> <td>\$6,126.12</td> </tr> <tr> <td>Balance:</td> <td>\$0.00</td> </tr> <tr> <td>Total:</td> <td>\$22,791.60</td> </tr> </tbody> </table>		Description	Amount	General Fund	\$16,665.48	RHWP	\$6,126.12	Balance:	\$0.00	Total:	\$22,791.60				
Description	Amount																							
General Fund	\$16,665.48																							
RHWP	\$6,126.12																							
Balance:	\$0.00																							
Total:	\$22,791.60																							
							Balance:	\$0.00																
							Amount:	\$34,953.53																

- Scroll to the bottom

Budget Revision Personnel Category

Budget 00210012100010 (5) Subgrantee Addition of New Line 1/10/2017 3:59:47 PM

Personnel Budget [Display All](#)

	Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source														
Delete	Lisa Horstman	Coordinator	100	\$21,996.00	\$21,996.00	16.1	\$3,541.31	\$25,537.31															
Delete	Rebecca Dershem	Nursing Director	4	\$60,313.50	\$2,412.54	16.1	\$388.42	\$2,800.96	<table border="1"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>CFHS</td> <td>\$6,126.12</td> </tr> <tr> <td>FP Project Income</td> <td>\$1,241.20</td> </tr> <tr> <td>General Fund</td> <td>\$48,819.61</td> </tr> <tr> <td>RHWP</td> <td>\$1,714.03</td> </tr> <tr> <td>Balance:</td> <td>\$0.00</td> </tr> <tr> <td>Total:</td> <td>\$57,900.96</td> </tr> </tbody> </table>	Description	Amount	CFHS	\$6,126.12	FP Project Income	\$1,241.20	General Fund	\$48,819.61	RHWP	\$1,714.03	Balance:	\$0.00	Total:	\$57,900.96
Description	Amount																						
CFHS	\$6,126.12																						
FP Project Income	\$1,241.20																						
General Fund	\$48,819.61																						
RHWP	\$1,714.03																						
Balance:	\$0.00																						
Total:	\$57,900.96																						
Delete	Jacqueline Mericle	Clerk	20	\$28,489.50	\$5,697.90	16.1	\$917.36	\$6,615.26	<table border="1"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>General Fund</td> <td>\$16,665.48</td> </tr> <tr> <td>RHWP</td> <td>\$6,126.12</td> </tr> <tr> <td>Balance:</td> <td>\$0.00</td> </tr> <tr> <td>Total:</td> <td>\$22,791.60</td> </tr> </tbody> </table>	Description	Amount	General Fund	\$16,665.48	RHWP	\$6,126.12	Balance:	\$0.00	Total:	\$22,791.60				
Description	Amount																						
General Fund	\$16,665.48																						
RHWP	\$6,126.12																						
Balance:	\$0.00																						
Total:	\$22,791.60																						
							Balance:	\$0.00															
							Amount:	\$34,953.53															

- Click "Complete"

Budget Revision Personnel Category

Welcome, ODH Subgrantee . You currently have Subgrantee Access.

Agency Name: Allen County Health Department
 Program Title: IMMUNIZATION ACTION PLAN
 Project Number: 00210012IM0613 Employer Id Number: 346400019
 Grant Period Begin: 1/1/2013 Grant Period End: 12/31/2013 Print This Page

Core Staff Budget W9 EFT EEO Survey

Title Reason Justification Personnel Equipment
 Contracts Other Costs Funding Cash Compliance Approved

Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Personnel Budget [Display All](#)

	Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source														
<input type="button" value="Delete"/>	Lisa Horstman	Coordinator	100	\$21,996.00	\$21,996.00	16.1	\$3,541.31	\$25,537.31															
<input type="button" value="Delete"/>	Rebecca Dershem	Nursing Director	4	\$60,313.50	\$2,412.54	16.1	\$388.42	\$2,800.96	<table border="1"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>CFHS</td> <td>\$6,126.12</td> </tr> <tr> <td>FP Project Income</td> <td>\$1,241.20</td> </tr> <tr> <td>General Fund</td> <td>\$48,819.61</td> </tr> <tr> <td>RHWP</td> <td>\$1,714.03</td> </tr> <tr> <td>Balance:</td> <td>\$0.00</td> </tr> <tr> <td>Total:</td> <td>\$57,900.96</td> </tr> </tbody> </table>	Description	Amount	CFHS	\$6,126.12	FP Project Income	\$1,241.20	General Fund	\$48,819.61	RHWP	\$1,714.03	Balance:	\$0.00	Total:	\$57,900.96
Description	Amount																						
CFHS	\$6,126.12																						
FP Project Income	\$1,241.20																						
General Fund	\$48,819.61																						
RHWP	\$1,714.03																						
Balance:	\$0.00																						
Total:	\$57,900.96																						
<input type="button" value="Delete"/>	Jacqueline Mericle	Clerk	20	\$28,489.50	\$5,697.90	16.1	\$917.36	\$6,615.26	<table border="1"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>General Fund</td> <td>\$16,665.48</td> </tr> <tr> <td>RHWP</td> <td>\$6,400.40</td> </tr> </tbody> </table>	Description	Amount	General Fund	\$16,665.48	RHWP	\$6,400.40								
Description	Amount																						
General Fund	\$16,665.48																						
RHWP	\$6,400.40																						

Other Costs

- Click "Other Costs"

Budget Revision

Other Direct Cost

Welcome, ODH Subgrantee . You currently have Subgrantee Access.

Agency Name: Allen County Health Department
 Program Title: IMMUNIZATION ACTION PLAN
 Project Number: 00210012IM0613 Employer Id Number: 346400019
 Grant Period Begin: 1/1/2013 Grant Period End: 12/31/2013 Print This Page

Core Staff Budget W9 EFT EEO Survey

Title Reason Justification Personnel Equipment
 Contracts Other Costs Funding Cash Compliance Approved

Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Other Direct Costs Budget			
Primary Reason	Command	Description	Amount
Funding	Edit	Travel (includes mileage)	\$204.75
Cash Needs	Delete		
Justification	Edit	Office Supplies	\$304.72
Personnel	Delete		
Other Costs	Edit	Telephone Service - Landline	\$50.00
Equipment	Delete		
Contracts		Balance	\$0.00
Compliance		Total	\$559.47
Summary			
Comments			

New Cancel **Complete**

- Click "Complete"

Budget Revision

Other Direct Cost

Welcome, ODH Subgrantee . You currently have Subgrantee Access.

Agency Name: Allen County Health Department
 Program Title: IMMUNIZATION ACTION PLAN
 Project Number: 00210012IM0613 Employer Id Number: 346400019
 Grant Period Begin: 1/1/2013 Grant Period End: 12/31/2013 Print This Page

Core Staff
 Budget
 W9
 EFT
 EEO Survey
 Title
 Reason
 Justification
 Personnel
 Equipment
 Contracts
 Other Costs
 Funding
 Cash
 Compliance
 Approved

Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Other Direct Costs Budget		
	Command	Amount
Funding	Travel (includes mileage) ▼	\$204.75
Cash Needs	Office Supplies ▼	\$304.72
Justification	Telephone Service - Landline ▼	\$50.00
Personnel	Balance	\$0.00
Other Costs	Total	\$559.47

Equipment Cancel

Contracts
Compliance
Summary
Comments

Cancel

- Click "Equipment"

Budget Revision Equipment Category

Welcome, ODH Subgrantee . You currently have Subgrantee Access.

Agency Name: Allen County Health Department
Program Title: IMMUNIZATION ACTION PLAN
Project Number: 00210012IM0613 Employer Id Number: 346400019
Grant Period Begin: 1/1/2013 Grant Period End: 12/31/2013 Print This Page

Core Staff Budget W9 EFT EEO Survey

Title Reason Justification Personnel Equipment
 Contracts Other Costs Funding Cash Compliance Approved

Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Equipment Budget				
Command	Description	Quantity	Amount	Total
	Balance			\$0.00
	Total			\$0.00

New Cancel Complete

Primary Reason
Funding
Cash Needs
Justification
Personnel
Other Costs
Equipment
Contracts
Compliance
Summary
Comments

- Click "Complete"

Budget Revision Equipment Category

Welcome, ODH Subgrantee . You currently have Subgrantee Access.

Agency Name: Allen County Health Department
Program Title: IMMUNIZATION ACTION PLAN
Project Number: 00210012IM0613 Employer Id Number: 346400019
Grant Period Begin: 1/1/2013 Grant Period End: 12/31/2013 Print This Page

Core Staff Budget W9 EFT EEO Survey

Title Reason Justification Personnel Equipment
 Contracts Other Costs Funding Cash Compliance Approved

Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Equipment Budget				
Command	Description	Quantity	Amount	Total
	Balance			\$0.00
	Total			\$0.00

Cancel

Contracts

Primary Reason
Funding
Cash
Needs
Justification
Personnel
Other Costs
Equipment
Compliance
Summary
Comments

- Click “Contracts”

Budget Revision Contract Category

Welcome, ODH Subgrantee . You currently have Subgrantee Access.

Agency Name: Allen County Health Department
Program Title: IMMUNIZATION ACTION PLAN
Project Number: 00210012IM0613 Employer Id Number: 346400019
Grant Period Begin: 1/1/2013 Grant Period End : 12/31/2013 Print This Page

Core Staff Budget W9 EFT EEO Survey

Title Reason Justification Personnel Equipment
 Contracts Other Costs Funding Cash Compliance Approved

Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Contracts			
Display All Contracts			
Command	Contractor	EIN	Amount
	Balance Total		\$0.00
			\$0.00

New Cancel Complete

Primary Reason
Funding
Cash Needs
Justification
Personnel
Other Costs
Equipment
Contracts
Compliance
Summary
Comments

- Click "Complete"

Budget Revision Contract Category

Welcome, ODH Subgrantee . You currently have Subgrantee Access.

Agency Name: Allen County Health Department
Program Title: IMMUNIZATION ACTION PLAN
Project Number: 00210012IM0613 Employer Id Number: 346400019
Grant Period Begin: 1/1/2013 Grant Period End: 12/31/2013 [Print This Page](#)

Core Staff Budget W9 EFT EEO Survey

Title Reason Justification Personnel Equipment
 Contracts Other Costs Funding Cash Compliance Approved

Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Contracts [Display All Contracts](#)

Funding	Command	Contractor	EIN	Amount
Cash Needs		Balance Total		\$0.00 \$0.00

Compliance

- Click "Compliance"

Budget Revision Compliance

Welcome, ODH Subgrantee . You currently have Subgrantee Access.

Agency Name: Allen County Health Department
 Program Title: IMMUNIZATION ACTION PLAN
 Project Number: 00210012IM0613 Employer Id Number: 346400019
 Grant Period Begin: 1/1/2013 Grant Period End: 12/31/2013 Print This Page

Core Staff
 Budget
 W9
 EFT
 EEO Survey
 Title
 Reason
 Justification
 Personnel
 Equipment
 Contracts
 Other Costs
 Funding
 Cash
 Compliance
 Approved

Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Primary Reason	Compliance						
Funding	Please answer all questions.						
Cash Needs	Survey Status:						
Justification	Initiated ▼						
Personnel	Display All						
Other Costs	Questions						
Equipment	1 2 3 4 5 6 7 8 9 10						
Contracts	<table border="1"> <thead> <tr> <th style="width: 10%;">Question #</th> <th style="width: 80%;">Question</th> <th style="width: 10%;">Response</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Does the project's budget include any applicant share (detailed in the Summary Section of the Budget)?</td> <td> <input type="radio"/> Yes <input checked="" type="radio"/> No </td> </tr> </tbody> </table>	Question #	Question	Response	1.	Does the project's budget include any applicant share (detailed in the Summary Section of the Budget)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Question #	Question	Response					
1.	Does the project's budget include any applicant share (detailed in the Summary Section of the Budget)?	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Compliance							
Summary							
Comments							

- Scroll to bottom

Budget Revision Compliance

	expenditures will be cut should no replacement funds be available.)	
		497 characters left
3.	Does the project's budget include any project income (detailed in the Summary Section of the Budget)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
4.	What actions will be taken if actual income is less than anticipated? (Explain where funds will be sought to replace deficit or which expenditures will be cut should no replacement funds be available.) (If you responded to question # 2, go to question #5)	N/A
		497 characters left
5.	Is project income maintained in a separate account?	<input type="radio"/> Yes <input type="radio"/> No
1 2 3 4 5 6 7 8 9 10		
<input type="button" value="Edit"/> <input type="button" value="Cancel"/>		
<input type="button" value="Cancel"/> <input type="button" value="Complete"/>		

- Click “Complete”

Budget Revision Compliance

Welcome, ODH Subgrantee . You currently have Subgrantee Access.

Agency Name: Allen County Health Department
Program Title: IMMUNIZATION ACTION PLAN
Project Number: 00210012IM0613 Employer Id Number: 346400019
Grant Period Begin: 1/1/2013 Grant Period End: 12/31/2013 [Print This Page](#)

Core Staff Budget W9 EFT EEO Survey

Title Reason Justification Personnel Equipment
 Contracts Other Costs Funding Cash Compliance Approved

Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Primary Reason Compliance

Please answer all questions.

Survey Status: Initiated [Display All](#)

[Questions](#)

1 2 3 4 5 6 7 8 9 10

Question #		
1.	Does the project's budget include any applicant share (detailed in the Summary Section of the Budget)?	<input type="radio"/> Yes <input checked="" type="radio"/> No

- Click “Primary Reason”

Budget Revision Primary Reason

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Allen County Health Department
Program Title: IMMUNIZATION ACTION PLAN
Project Number: 00210012IM0613 Employer Id Number: 346400019
Grant Period Begin: 1/1/2013 Grant Period End: 12/31/2013 Print This Page

Core Staff Budget W9 EFT EEO Survey

Title Reason Justification Personnel Equipment
 Contracts Other Costs Funding Cash Compliance Approved

Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Primary Reason

Primary Reason
Description: 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Funding
Cash
Needs
Justification
Personnel
Other Costs
Equipment
Contracts
Compliance
Summary
Comments

Options:

- Initial Budget
- Subgrantee Response
- Reallocation of Grant Funds
- Program Income Modification
- Allotment Migration to Future Period
- Programmatic Scope Modification
- Establishment of New Category
- Subgrantee Addition of new Line
- GAU modification of the Budget to match the NOA
- Director Request

Edit Cancel Complete

Cancel

- Click "Complete"

Budget Revision Primary Reason

Welcome, ODH Subgrantee . You currently have Subgrantee Access.

Agency Name: Allen County Health Department
Program Title: IMMUNIZATION ACTION PLAN
Project Number: 00210012IM0613 Employer Id Number: 346400019
Grant Period Begin: 1/1/2013 Grant Period End: 12/31/2013 Print This Page

Core Staff Budget W9 EFT EEO Survey

Title Reason Justification Personnel Equipment
 Contracts Other Costs Funding Cash Compliance Approved

Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Primary Reason

Description: 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Options:

- Initial Budget
- Subgrantee Response
- Reallocation of Grant Funds
- Program Income Modification
- Allotment Migration to Future Period
- Programmatic Scope Modification
- Establishment of New Category
- Subgrantee Addition of new Line
- GAU modification of the Budget to match the NOA
- Director Request

Cancel

Cancel Approve

- Now that all categories have been marked Complete and you are satisfied with your revision, it is ready to be submitted
- Click “Approve”

Budget Revision Primary Reason

Welcome, ODH Subgrantee . You currently have Subgrantee Access.

Agency Name: Allen County Health Department
Program Title: IMMUNIZATION ACTION PLAN
Project Number: 00210012IM0613 Employer Id Number: 346400019
Grant Period Begin: 1/1/2013 Grant Period End: 12/31/2013 Print This Page

Core Staff Budget W9 EFT EEO Survey

Title Reason Justification Personnel Equipment
 Contracts Other Costs Funding Cash Compliance Approved

Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Primary Reason

Description: 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM

Options:

- Initial Budget
- Subgrantee Response
- Reallocation of Grant Funds
- Program Income Modification
- Allotment Migration to Future Period
- Programmatic Scope Modification
- Establishment of New Category
- Subgrantee Addition of new Line
- GAU modification of the Budget to match the NOA
- Director Request

Cancel

Cancel

- Budget Revision is successfully submitted
- You should receive a confirmation email of your submission