**Mosquito Control Grant Program**

**2018 Revised Budget Proposal Form**

|  |  |
| --- | --- |
| Organization Name | Click or tap here to enter text. |
| Contact Person | Click or tap here to enter text. |
| Contact Phone | Click or tap here to enter text. |
| Contact Email | Click or tap here to enter text. |
| Request Date | Click or tap to enter a date. |
| Final Report Due Date | Click or tap to enter a date. |
| Award Amount | Click or tap here to enter text. |

**2018 Mosquito Control Grant Revised Budget**

In **Table A**, please input the amount of monies awarded for each Fundable Activity in the column: **CURRENT BUDGET**. The CURRENT BUDGET is the amount of monies awarded per Fundable Activity unless a Revised Budget has previously been approved; then input the previously approved Revised Budget as the Current Budget for each Fundable Activity.

In the **REVISED BUDGET** column, please input the amount monies being proposed for each Fundable Activity. The sum of the CURRENT BUDGET must equal the sum of the REVISED BUDGET.

|  |  |  |
| --- | --- | --- |
| **Table A: Revised Budget Proposal** | | |
| **FUNDABLE ACTIVITIES** | **CURRENT  BUDGET** | **REVISED BUDGET** |
| 1.       Mosquito Surveillance |  |  |
| 2.       Larval Control |  |  |
| 3.       Adult Control |  |  |
| 4.       Community Outreach & Education |  |  |
| 5.       Source Reduction |  |  |
| 6.       Seasonal Employee(s) |  |  |
| 7.       Contracted Services |  |  |
| 8.       Monies Rounded |  |  |
| **TOTALS** |  |  |

***Note****: Fundable Activity 8:* ***Monies Rounded*** *refers to the rounded dollar amount awarded above the original funding request.*

**Revised Project Budget**

In the tables below, please provide a breakdown of costs per line item for each Fundable Activity that monies were awarded for and for each proposed line item included in this Revised Budget Proposal. All line items must be accounted for in the tables below, including: line items for proposed purchases/activities; line items that will no longer be funded if this revised budget proposal is approved; and existing line items approved under the original grant award where no change will occur.

In the applicable tables below, indicate each line item as follows:

* **(P)** for proposed purchases/activities;
* **(R)** for purchases/activities that will no longer be funded should the revised budget proposal be approved; and,
* **(E)** for existing purchases/activities where no changes will occur

A breakdown of costs is required for all Fundable Activities that grant monies were awarded for, including those not impacted by this revised budget proposal.

* **Insert rows** in the tables as necessary.
* **Delete** any tables that are not applicable (no monies were awarded for that fundable activity and/or no purchases/activities are being proposed in this request).
* Do not include line items that will no longer be funded if this request is approved in the grant **Total** for each **Fundable Activity** (line items indicated with an **R**)

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| --- | --- | --- | --- | --- |
| **Fundable Activity 1: Mosquito Surveillance** | | | | |
| **Proposed (P), Removing (R) or Existing (E)** | **Description** | **Cost/ Item** | **Quantity** | **Total Cost** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total** *(do not include line items that will no longer be funded)* | | | |  |

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| **Fundable Activity 2: Larval Control** | | | | |
| **Proposed (P), Removing (R) or Existing (E)** | **Description** | **Cost/ Item** | **Quantity** | **Total Cost** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total** *(do not include line items that will no longer be funded)* | | | |  |

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| **Fundable Activity 3: Adult Control** | | | | |
| **Proposed (P), Removing (R) or Existing (E)** | **Description** | **Cost/ Item** | **Quantity** | **Total Cost** |
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|  |  |  |  |  |
|  |  |  |  |  |
| **Total** *(do not include line items that will no longer be funded)* | | | |  |

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| **Fundable Activity 4: Community Outreach and Education** | | | | |
| **Proposed (P), Removing (R) or Existing (E)** | **Description** | **Cost/ Item** | **Quantity** | **Total Cost** |
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|  |  |  |  |  |
|  |  |  |  |  |
| **Total** *(do not include line items that will no longer be funded)* | | | |  |

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| **Fundable Activity 5: Source Reduction** | | | | | |
| **Proposed (P), Removing (R) or Existing (E)** | **Address/Location** | **Material Type** | **Cost/ Ton** | **Quantity** | **Total Cost** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** *(do not include line items that will no longer be funded)* | | | | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Fundable Activity 6: Seasonal Employees** | | | | | | | |
| **Proposed (P), Removing (R) or Existing (E)** | **Start**  **Date** | **End**  **Date** | **Activity** | **Hourly Rate** | **Hours/Week** | **Number of Weeks** | **Total Cost** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Total** *(do not include line items that will no longer be funded)* | | | | | | |  |

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| --- | --- | --- | --- |
| **Fundable Activity 7: Contracted Services** | | | |
| **Proposed (P), Removing (R) or Existing (E)** | **Description (indicate Fundable Activity provided)** | **Additional Info.** | **Total Cost** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** *(do not include line items that will no longer be funded)* | | |  |

**Revised Budget Proposal**

Please provide a justification for this request including a summary and timeline for implementation of the proposed purchases and/or activities:

**Authorized Official Signature**

Upon submission of this revised budget proposal, the applicant will be bound by its contents. In the event Ohio EPA approves this revised budget proposal, the applicant will fully comply with the contents and conditions outlined in the revised budget proposal.

I, the undersigned Authorized Official of the grant application, certify that the applicant possesses all necessary authority to undertake the proposed activities identified in this revised budget proposal. I certify the information in this revised budget proposal is accurate and complete.

|  |  |
| --- | --- |
| (Authorized Official’s Printed Name) | (Authorized Official’s Title) |

|  |  |
| --- | --- |
| *(Authorized Official’s Signature)* | *(Date)* |

***For Ohio EPA Use Only***

Date Revised Budget Proposal Received:

Date Final Report Due:

|  |  |  |
| --- | --- | --- |
|  | **Y** | **N** |
| Was this request submitted within 90 days of the end of the project period? |  |  |
| Does the Revised Budget Proposal fall within the scope/purpose of the MCG? |  |  |
| Does the Revised Budget Proposal contain all required information? |  |  |
| Revised Budget Proposal Approved? |  |  |
| Enter Date of Approval/Denial: | | |
| Approved/Denied By: | | |

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| --- |
| Reason for Denial, if Applicable |
|  |