

A red outline map of the state of Ohio, centered on the page. The text "GMIS Budget Revision" is superimposed on the map.

GMIS

Budget Revision

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 system title are visible. Below the navigation bar, a welcome message and user access information are shown. The main section displays 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, a grid of checkboxes allows selection of various budget categories: Core Staff, Budget, W9, EFT, EEO Survey, Title, Reason, Justification, Personnel, Equipment, Contracts, Other Costs, Funding, Cash, Compliance, and Approved. The 'Budget' category is selected. The main form area is titled 'Budget - 00210012IM0613 (2) Subgrantee Response 2/8/2013 11:40:33 AM'. The 'Primary Reason' section is active, showing a description of the budget revision. A list of options for the primary reason is provided, with 'Subgrantee Response' selected. At the bottom, there are buttons for 'Copy', 'New', and 'Cancel'. 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, the Ohio.gov logo and the text "So much to Discover" are on the left, and the Ohio Department of Health logo and "Grants Management Information System" are on the right. Below the header, there is a navigation bar with 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 the following information: 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 located on the right. Below this, there are several checkboxes for various categories: Core Staff, Budget, W9, EFT, EEO Survey, 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: "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. 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 buttons for "Update", "Cancel", and "Complete".

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) Establishment of New Category 1/13/2014 2:42:01 PM

Primary Reason

Description: 00210012IM0613 (3) Establishment of New Category 1/13/2014 2:42:01 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

Update Cancel Complete

Cancel

- 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 header includes the Ohio.gov logo, the text "Ohio Department of HEALTH", and the "Grants Management Information System" title. Below the header, a navigation bar contains links for Worklist, Project, Reports, View Bulletins, and Logout. A green banner indicates the user is logged in as "ODH Subgrantee" and has "Subgrantee Access".

The main content area shows the following 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 located to the right of the grant details. Below this, a row of checkboxes allows selection of various categories: Core Staff, Budget, W9, EFT, EEO Survey, Title, Reason, Justification, Personnel, Equipment, Contracts, Other Costs, Funding, Cash, Compliance, and Approved. The "Budget" checkbox is checked.

The main section is titled "Budget - 00210012IM0613 (3) Establishment of New Category 1/13/2014 2:42:01 PM". Below this, the "Primary Reason" section is active, showing a description: "00210012IM0613 (3) Establishment of New Category 1/13/2014 2:42:01 PM".

On the left side, a vertical menu lists various options: Primary Reason, Funding, Cash Needs, Justification, Personnel, Other Costs, Equipment, Contracts, Compliance, Summary, and Comments. The "Primary Reason" option is selected.

The "Options:" section contains a list of radio buttons for selecting the reason for the budget revision:

- ☐ 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

At the bottom of the form, there are three buttons: "Update", "Cancel", and "Complete". The "Update" button is highlighted with a red box. Below these buttons, there is a "Cancel" button.

- 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 'So much to Discover!' tagline are visible alongside the 'Ohio Department of HEALTH' and 'Grants Management Information System' headers. A navigation bar includes links for Worklist, Project, Reports, View Bulletins, and Logout. Below this, a green banner states 'Welcome, ODH Subgrantee. You currently have Subgrantee Access.'


The main content area shows agency and 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 on the right. Below these details, a row of checkboxes indicates various system components: Core Staff, Budget, W9, EFT, and EEO Survey, all of which are checked. Another row of checkboxes for Title, Reason, Justification, Personnel, Equipment, Contracts, Other Costs, Funding, Cash, Compliance, and Approved are shown, with 'Other Costs' being the focus of the current screen.


The 'Primary Reason' section is active, showing a description: '00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM'. A sidebar on the left lists various categories: Primary Reason, Funding, Cash Needs, Justification, Personnel, Other Costs (highlighted with a red box), Equipment, Contracts, Compliance, Summary, and Comments. The 'Options' list includes: 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 buttons for Edit, Cancel, Complete, and a final Cancel button.

- To make changes to the Other Direct Cost
- Click “Other Cost”

Budget Revision

Other Cost Category



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



Other Direct Costs Budget			
Primary Reason	Command	Description	Amount
Funding	Edit	Travel (includes mileage)	\$254.75
Cash Needs	Delete		
Justification	Edit	Office Supplies	\$304.72
Personnel	Delete		
Other Costs		Balance	\$0.00
Equipment		Total	\$559.47
Contracts			
Compliance			
Summary			
Comments			

[New](#)
[Cancel](#)
[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

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[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

☒ 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
Update	Travel (includes mileage)	254.75
Edit	Office Supplies	\$304.72
Delete		
	Balance	\$0.00
	Total	\$559.47

[Primary Reason](#)
[Funding](#)
[Cash Needs](#)
[Justification](#)
[Personnel](#)
[Other Costs](#)
[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



Grants Management Information System

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

☒ ☒ ☒ ☒

Welcome, ODH Subgrantee . You currently have Subgrantee Access.

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 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	Update	Travel (includes mileage)	204.75
Cash Needs	Edit	Office Supplies	\$304.72
Justification	Delete		
Personnel		Balance	\$0.00
Other Costs		Total	\$559.47

[Equipment](#)
[Contracts](#)
[Compliance](#)
[Summary](#)
[Comments](#)

[New](#) [Cancel](#) [Complete](#)

- Click "Update" to save the information

Budget Revision

Other Cost Category

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

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". The navigation bar shows links for Worklist, Project, Reports, View Bulletins, and Logout. A welcome message states "Welcome, ODH Subgrantee. You currently have Subgrantee Access." The agency information section shows: 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 available. Below this, a row of checkboxes indicates selected categories: Core Staff, Budget, W9, EFT, and EEO Survey. Another row shows checkboxes for Title, Reason, Justification, Personnel, Equipment, Contracts, Other Costs, Funding, Cash, Compliance, and Approved. The main section is titled "Budget - 00210012IM0613 (3) Subgrantee Addition of new Line 1/13/2014 3:56:47 PM". It features a table for "Other Direct Costs Budget" with columns for Command, Description, and Amount. The table lists "Travel (includes mileage)" for \$204.75 and "Office Supplies" for \$304.72. A "Balance" row shows \$50.00. A new line item, "Telephone Service - Landline", is being added and is highlighted with a red border. A sidebar on the left contains links for Primary Reason, Funding, Cash Needs, Justification, Personnel, Other Costs, Equipment, Contracts, Compliance, Summary, and Comments. At the bottom, there are "Save", "Cancel", and "Complete" buttons.

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

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


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
Contracts			
Compliance			
Summary			
Comments			


[Save](#) [Cancel](#) [Complete](#)

- 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



Ohio Department of
HEALTH


**Grants Management
Information System**

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☒ ☒ ☒ ☒

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	Delete	
Needs	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 “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

Edit Cancel Complete

Cancel

- 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 Total			\$0.00	\$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			
Command	Type	Description	Amount
	Grant	ODH	\$35,513.00
	Total		\$35,513.00

[Primary Reason](#)
[Funding](#)
[Cash](#)
[Needs](#)
[Justification](#)
[Personnel](#)
[Other Costs](#)
[Equipment](#)
[Contracts](#)
[Compliance](#)
[Summary](#)
[Comments](#)

[Cancel](#)

[Cancel](#)

- 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

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

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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Description</th> <th style="width: 30%;">Amount</th> </tr> </thead> <tbody> <tr> <td>CFHS</td> <td style="text-align: right;">\$6,126.12</td> </tr> <tr> <td>FP Project Income</td> <td style="text-align: right;">\$1,241.20</td> </tr> <tr> <td>General Fund</td> <td style="text-align: right;">\$48,819.61</td> </tr> <tr> <td>RHWP</td> <td style="text-align: right;">\$1,714.03</td> </tr> <tr> <td>Balance:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Total:</td> <td style="text-align: right;">\$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
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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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Description</th> <th style="width: 30%;">Amount</th> </tr> </thead> <tbody> <tr> <td>General Fund</td> <td style="text-align: right;">\$16,665.48</td> </tr> <tr> <td>RHWP</td> <td style="text-align: right;">\$6,126.12</td> </tr> <tr> <td>Balance:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Total:</td> <td style="text-align: right;">\$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				
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Balance:	\$0.00																						
Total:	\$22,791.60																						
							Balance: Amount:	\$0.00 \$34,953.53															

- Scroll to the bottom

Budget Revision Personnel Category

Budget 002100121M0010 (3) Subgrantee Addition of New Line 1/10/2014 3:50:47 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															
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Balance:	\$0.00																						
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							Balance: Amount:	\$0.00 \$34,953.53															

Edit New Cancel **Complete**

- 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														
Delete	Lisa Horstman	Coordinator	100	\$21,996.00	\$21,996.00	16.1	\$3,541.31	\$25,537.31															
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Description	Amount																						
General Fund	\$16,665.48																						

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
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 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
	Travel (includes mileage)	\$204.75
	Office Supplies	\$304.72
	Telephone Service - Landline	\$50.00
	Balance	\$0.00
	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](#)

[Primary Reason](#)
[Funding](#)
[Cash](#)
[Needs](#)
[Justification](#)
[Personnel](#)
[Other Costs](#)
[Equipment](#)
[Contracts](#)
[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			
Command	Contractor	EIN	Amount
	Balance		\$0.00
	Total		\$0.00

[Display All Contracts](#)

[Primary Reason](#)
[Funding](#)
[Cash](#)
[Needs](#)
[Justification](#)
[Personnel](#)
[Other Costs](#)
[Equipment](#)
[Contracts](#)
[Compliance](#)
[Summary](#)
[Comments](#)

[New](#) [Cancel](#) [Complete](#)

- 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			
Command	Contractor	EIN	Amount
	Balance Total		\$0.00
			\$0.00

[Display All Contracts](#)

[Cancel](#)

[Primary Reason](#)
[Funding](#)
[Cash Needs](#)
[Justification](#)
[Personnel](#)
[Other Costs](#)
[Equipment](#)
[Contracts](#)
[Compliance](#)
[Summary](#)
[Comments](#)

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

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

- 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.

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Project Number: 00210012IM0613 Employer Id Number: 346400019
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☒ 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
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☒ Core Staff ☒ Budget ☒ W9 ☒ EFT ☒ EEO Survey

☐ Title ☐ Reason ☒ Justification ☒ Personnel ☒ Equipment
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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](#)

- 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
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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
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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