

Budget Modification Procedures

Please be sure to discuss any changes you propose to make to your contract budget with your contract project monitor prior to submission of required documentation.

Changes in the total budget amount of your contract can only be made with the written approval from the Director of the Department of Health Services, in the form of an executed **Contract Amendment**. Depending upon the size of your contract budget, Contract Amendments may also require approval by the Board of Supervisors.

Within the total budget amount of your contract, however, you may transfer funds within or across budget sections or line items, provided you obtain written approval from the Division's Section Manager. Written approval must be obtained by submitting a **Budget Revision Request** form or **Line Item Adjustment** form as described below.

Proposed budget transfers between budget sections (e.g. from the Personnel section to the Services and Supplies section) or between line items (e.g. from office supplies to travel) require an approved Budget Revision Request if the total of the proposed changes is greater than 10% of the total contract amount for that year.

Requests for Budget Revisions must be submitted to your contract project monitor prior to implementation of the proposed budget change. A Budget Revision Request form and a Budget Revision Narrative form must be submitted to your contract project monitor at least two weeks in advance of the targeted approval date. Your request will be reviewed for consistency with state, federal and county contract requirements and for budget accuracy. A copy of your approved request will be returned to you and should be maintained with your contract records. No requests will be approved after 30 days prior to the end of the contract period.

Proposed budget transfers between budget sections or between line items which together total less than 10% of the total contract amount for that year may be implemented with the submission of a **Line Item Adjustment** form. Line Item Adjustment forms must be submitted to your contract project monitor with or prior to any contract invoice implementing the proposed change.

Please contact your contract project monitor if you have questions.

County of Sonoma
Department of Health Services
Public Health Division
490 Mendocino Avenue, Suite 202
Santa Rosa, CA 95401
Phone: 707-565-6680
Fax: 707-565-6619