**Prior Approval Budget Revision: Cover Letter Template**

*Please review these instructions before using the template for prior approval budget amendment requests.*

*To fill out the template, please use the text boxes to add information specific to your request.*

*Additionally, fill out the summary budget table for each cost category that has a positive or negative change. Fill out the summary table as indicated below.*

* *Original Budget (column 2): Refer to the most recent notice of award for the amount for each row of the cost categories. List that amount.*
* *Difference from Original Amount (column 3): List the amount (positive or negative change) from the original awarded amount from column 2. If changes are not requested in a category, insert $0.00.*
* *New Revised Budget Total (column 4): List the new total amount for each cost category.*

*If you have any questions about this template, please contact the Grants Management Specialist for your award.*

*Delete this page before submitting your request.*

*Click to enter a date.*

Centers for Disease Control and Prevention

Office of Grants Services

**Re:** *Enter Award Number: (e.g. NU50CK000XXX)*

**NOFO Number and Title:** *Enter NOFO Number and Title*

Dear Grant Management Specialist:

This letter is in support of a revised budget in the amount of *Click here and enter dollar amount* under the Notice of Award listed above. Funds are requested to meet the following goals/objectives/targets: *Click here and add the goals/objectives/targets for your program.*

*Click here and add the reason for the request (Significant Rebudgeting, Change in Indirect Cost Rate, Change in Scope, Transfer of Substantive Programmatic Work, etc.); a statement specifying that the action remains within the scope of the Notice of Funding Opportunity; and if the funding will be used to support the ongoing activities of the grant/cooperative agreement. If there is a change in scope of approved activities, provide a justification.*

Below is a summary budget table that identifies the changes.

|  |  |  |  |
| --- | --- | --- | --- |
| COST CATEGORY | ORIGINAL BUDGET | DIFFERENCE FROM ORIGINAL AMOUNT | NEW REVISED BUDGET TOTAL |
| Personnel | $0 | **$0** | $0 |
| Fringe Benefits | $0 | $0 | $0 |
| Travel | $0 | $0 | $0 |
| Equipment | $0 | $0 | $0 |
| Supplies | $0 | $0 | $0 |
| Contractual | $0 | $0 | $0 |
| Other | $0 | $0 | $0 |
| Total Direct Costs | $0 | $0 | $0 |
| Indirect Costs | $0 | $0 | $0 |
| Total Costs | $0 | $0 | $0 |

*Click here and add budget narrative outlining the proposed changes, following the CDC Budget Preparation Guidance (https://www.cdc.gov/grants/documents/budget-preparation-guidance.pdf).*

If you have any questions regarding this request, please feel free to contact *Click here and enter the contact name, number, and email.*

Sincerely,

*Click here and enter name of authorized organizational representative*

Authorized Organizational Representative