Reallocation & Redistribution of Funds (Budget Revision Request)

Stephanie Pepper & Uliecia Bolton
• All funds must be spent within the contract/funding year. Unexpended funds, including funds projected to be unexpended, will be reallocated/redistributed to other subrecipients who can utilize the funds within the contract/funding year.
Reallocation/Redistribution of Funds

• **Reallocation** refers to the transfer of funds within/outside of priority categories.
  Example: Within (OAHS Transportation to OAHS Labs)
  Example: Outside (Oral Health to Mental Health)

• **Redistribution** refers to the transfer of funds between subrecipients, also known as budget sweeps.
Budget Revision Requests

• **Administrative Budget Revision Request**
  Ryan White Part A staff may administratively approve budget revisions if the revision remains within the original priority category, program scope and intent of the original award.

• **Planning Council Budget Revision Request**
  Moving funds between priority categories that require approval and/or a vote from the Planning Council. Subrecipients must submit budget revision requests in a timely manner to ensure the revision is funneled through the proper channels for approval and reallocation.
Budget Revision Information

- The **deadline** for submission of a Planning Council Revision is **fifteen (15)** working days prior to the regularly scheduled Executive Committee meeting.

- The **budget total may not be exceeded**; however, a plus or minus deviation of 10% **within** line items (i.e., personnel, supplies) and **within** Priority Categories (OH or OAHS) is authorized.

  **NOTE:**
  - Budget Revision Requests are approved on a case by case basis.
  - Adding new line items to your budget is not acceptable.
## Subrecipient Budget Reallocation Request Form

**Subrecipient (Agency)________________________**

**Programmatic Designee**

**Signature________________________**

**Funding Source**

**Fiscal Designee**

**Signature________________________**

**Date Submitted____________**

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**Enter the requested REDUCTION in allocation by service category below. Insert additional rows as needed.**

<table>
<thead>
<tr>
<th>#</th>
<th>Service Category</th>
<th>Subcategory</th>
<th>Line Item</th>
<th>Current Allocation</th>
<th>Expenditure as of:</th>
<th>Requested Reduction</th>
<th>New Requested Allocation</th>
<th>Clients Served To Date</th>
<th>Corresponds to Goal # &amp; Objective #</th>
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<th>Change in Client Goal</th>
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<th>Current Units Goal</th>
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<th>Change in Unit Goal</th>
<th>Percent Administrative</th>
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**Total Reduction (Must match total increase below)**

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<tr>
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</tbody>
</table>

**Total Increase (Must match total reduction above)**

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**Please provide a justification for each reduction request (by number)**

1

2

3

---

**Please provide a justification for each increase request (by number)**

1

2

3

---

**Please indicate the impact on the health impact of clients which would result from this action (by number).**

1

2

3

---

**Any additional comments to support requests**

1

2
### Subrecipient Budget Reallocation Request Form

**In order for us to know that the agency request is supported by the Programmatic and Fiscal teams, the signatures of Programmatic Designee of record and the Fiscal Designee of record must be in place before submitting your request.**

**# should match the # in CAREWare**

**From Contract**

**Do not enter anything in grey shaded areas**

**This can be found on the contract tab of your expenditure spreadsheet.**

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**Reduction Example**

<table>
<thead>
<tr>
<th>Number</th>
<th>Priority Service Category</th>
<th>Priority Subcategory</th>
<th>Line Item</th>
<th>Current Allocation</th>
<th>Expenditure as of:</th>
<th>Requested Reduction</th>
<th>New Requested Allocation</th>
<th>Clients Served To Date</th>
<th>Correspond to Goal # &amp; Objective #</th>
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<th>New Client Goal</th>
<th>Change in Client Goal</th>
<th>Units Provided to Date</th>
<th>Current Units Goal</th>
<th>New Units Goal</th>
<th>Change in Unit Goal</th>
<th>Percent Administrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Oral Health</td>
<td></td>
<td>Salary from Dentist Position #1</td>
<td>100,000.00</td>
<td>1-Jun-16</td>
<td>2,000.00</td>
<td>5,000.00</td>
<td>10</td>
<td>2.3</td>
<td>100</td>
<td>96</td>
<td>4</td>
<td>15</td>
<td>250</td>
<td>240</td>
<td>10</td>
<td>0%</td>
</tr>
<tr>
<td>2</td>
<td>Oral Health</td>
<td></td>
<td>Salary from Dentist Position #1</td>
<td>93,000.00</td>
<td></td>
<td>0</td>
<td>1,825.00</td>
<td>10</td>
<td>2.3</td>
<td>100</td>
<td>96</td>
<td>4</td>
<td>15</td>
<td>250</td>
<td>240</td>
<td>10</td>
<td>0%</td>
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</tbody>
</table>

**Total Reduction (Must match total increase below)**

6,825.00

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- **Line Number 1 in the Reduction Table must correspond to Line Number 1 in the Increase Table. When reducing a position more than once only subtract the “Expenditure as of” one time.**
- **Insert additional lines as needed and number lines sequentially.**
- **Please note that if funds are to be taken from a line item e.g., Salary from Dentist Position #1 for two different purposes it should be listed twice in the REDUCTION section as shown in the example.**
# Increase Example

Enter the requested INCREASE in allocation by service category below. Insert additional rows as needed.

<table>
<thead>
<tr>
<th>Number</th>
<th>Priority Service Category</th>
<th>Priority Subcategory</th>
<th>Line Item</th>
<th>Current Allocation</th>
<th>Expenditure as of 1-Jun-16</th>
<th>Requested Increase</th>
<th>New Requested Allocation</th>
<th>Clients Served To Date</th>
<th>Clients Served to Goal &amp; Objective #</th>
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<th>Units Provided to Date</th>
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<th>New Units Goal</th>
<th>Change in Unit Goal</th>
<th>Percent Administrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Oral Health</td>
<td>Salary for Dental Assistant</td>
<td>35,000.00</td>
<td>1,200.00</td>
<td>5,000.00</td>
<td>38,800.00</td>
<td>15</td>
<td>2.3</td>
<td>100</td>
<td>110</td>
<td>10</td>
<td>30</td>
<td>200</td>
<td>220</td>
<td>20</td>
<td>0%</td>
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<tr>
<td>2</td>
<td>SS - Medical Transportation</td>
<td>MARTA Tokens</td>
<td>5,000.00</td>
<td>5,000.00</td>
<td>1,825.00</td>
<td>1,825.00</td>
<td>350</td>
<td>3.1</td>
<td>350</td>
<td>375</td>
<td>25</td>
<td>700</td>
<td>700</td>
<td>750</td>
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</table>

**Total Increase (Must match total reduction above)** 6,825.00

*If a new Goal & Objective is required, include in "Additional Comments" below.*
## Subrecipient Budget Reallocation Request Form

### Funding Source
- Non MAI
- MAI

### Date Submitted
- Required

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### Enter the requested REDUCTION in allocation by service category below. Insert additional rows as needed.

<table>
<thead>
<tr>
<th>#</th>
<th>Service Category</th>
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**Total Reduction (Must match total increase below)**

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</table>

**Total Increase (Must match total reduction above)**

### Please provide a justification for each reduction request (by number)

**Complete**

### Please provide a justification for each increase request (by number)

**Complete**

### Please indicate the impact on the health impact of clients which would result from this action (by number).

**Complete**

### Any additional comments to support requests

1
2
3
Q & A

For forms and policy visit the Ryan White Part A website: www.ryanwhiteatl.org