

FY 2024 Grant Adjustment Request

MVCPA Grant Adjustment for Hidalgo County

Grantee	Hidalgo County
Program Name	HCSO Catalytic Converter Grant
Fiscal Year	2024
Grant Number	

Adjustment ID	Submitted By	Submit Date	Program Change	Budget Change	Approval Date
269			False	True	

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Grant Adjustment ID: 269

This is a Program Change Budget Change (Check each that applies)

Program Modification Explanation and Reason:

Budget Modification Explanation and Reason:

Moving money from OT to Personnel to cover shortages not address in the budgeting process of the application. Moving \$6,000.00 from OT to Personnel.

Current Budget			
Budget Category	Total Expenditures	MVCPA Expenditures	Match Expenditures
Personnel	\$90,243.00	\$90,243.00	\$0.00
Fringe	\$69,279.00	\$69,279.00	\$0.00
Overtime	\$122,951.00	\$122,951.00	
Professional and Contract Services	\$0.00		
Travel	\$0.00		
Equipment	\$306,500.00	\$306,500.00	
Supplies and Direct Operating Expenses (DOE)	\$40,950.00	\$40,950.00	
Total	\$629,923.00	\$629,923.00	\$0.00

Proposed Changes: indicate amount to increase or decrease budget item.

Budget Category	Total Expenditure Change	MVCPA Expenditure Change	Match Expenditure Change
Personnel	\$6,000.00	\$6,000.00	\$0.00
Fringe	\$0.00		
Overtime	(\$6,000.00)	-\$6,000.00	\$0.00
Professional and Contract Services	\$0.00		
Travel	\$0.00		
Equipment	\$0.00		
Supplies and Direct Operating Expenses (DOE)	\$0.00		
Total	\$0.00	\$0.00	\$0.00

Proposed New Budget			
Budget Category	New Total Expenditures	New MVCPA Expenditures	New Match Expenditures
Personnel	\$96,243.00	\$96,243.00	\$0.00
Fringe	\$69,279.00	\$69,279.00	\$0.00
Overtime	\$116,951.00	\$116,951.00	\$0.00
Professional and Contract Services	\$0.00	\$0.00	\$0.00
Total	\$629,923.00	\$629,923.00	\$0.00

Budget Category

	New Total Expenditures	New MVCPA Expenditures	New Match Expenditures
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$306,500.00	\$306,500.00	\$0.00
Supplies and Direct Operating Expenses (DOE)	\$40,950.00	\$40,950.00	\$0.00
Total			

Program Income

Enter the amount of program income earned since the last submitted quarterly report

Enter the amount of program income to be moved into the program budget under this adjustment request.

The amount moved into the budget must equal the change in total expenditures from the table above. Any increase in program expenditures must be supported by an increase in program income.

Rates

Reimbursement rate before changes are approved:	100.00000000000000%
Updated reimbursement rate if changes are approved:	100%
Updated cash match if changes are approved (Must be at least 20%):	0%
Updated overtime if changes are approved (Must be less than 5%):	121.51637002171587%

Current Documents in folder: [Upload](#)

No Documents in folder

I have the authorization from the governing body to request and accept this proposed modification to the Statement of Grant Award.