

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
CONTRACT PROVIDER TECHNOLOGICAL NEEDS PROJECTS

Instructions for Completing Technological Needs Projects Budget Change Worksheet

GENERAL INSTRUCTIONS

When requesting a budget modification, submit a **Technological Needs Projects Budget Change Worksheet**, identifying the **MOST CURRENT APPROVED BUDGET** and the **PROPOSED REVISED BUDGET**.

Project Name	Enter the name of Contractor's project as it appears in the TNFA.
Project ID No.	Enter the Project ID No. as it appears on the project approval notification letter.
Contractor Name	Enter the name of the Contractor as it appears in the TNFA.
Legal Entity No.	Enter the Legal Entity number of Contractor as it appears in the TNFA.
Budget Category (ORIGINAL):	Enter amounts by category. Enter whole dollar amounts only.
Personnel	Enter the total Personnel costs for the project as shown on Exhibit 4 - Budget Summary of the TNFA or the most recent approved Budget Modification.
Hardware	Enter the total Hardware costs for the project as shown on Exhibit 4 - Budget Summary of the TNFA or the most recent approved Budget Modification.
Software	Enter the total Software costs for the project as shown on Exhibit 4 - Budget Summary of the TNFA or the most recent approved Budget Modification.
Contract Services	Enter the total Contract Services costs for the project as shown on Exhibit 4 - Budget Summary of the TNFA or the most recent approved Budget Modification.
Other Expenses	Enter the total Other Expense costs for the project as shown on Exhibit 4 - Budget Summary of the TNFA or the most recent approved Budget Modification.
Budget Category (REVISED):	Enter amounts by category. Enter whole dollar amounts only.
Personnel	Enter the REVISED total Personnel Costs associated with the project. If the dollar amount for this budget category is unchanged, enter the CURRENT budget amount.
Hardware	Enter the REVISED total Hardware Costs associated with the project. If the dollar amount for this budget category is unchanged, enter the CURRENT budget amount.
Software	Enter the REVISED total Software Costs associated with the project. If the dollar amount for this budget category is unchanged, enter the CURRENT budget amount.
Contract Services	Enter the REVISED total Contract Services Costs associated with the project. If the dollar amount for this budget category is unchanged, enter the CURRENT budget amount.
Other Expenses	Enter the REVISED total Other Expense Costs associated with the project. If the dollar amount for this budget category is unchanged, enter the CURRENT budget amount.
Contractor's Project Director Signature	Contractor's Project Director identified in the TNFA must sign the Budget Modification form.
Date	Enter date of signature by the Contractor's Project Director.
County's Project Manager Signature	Leave blank.
Date	Leave blank.
Approved / Denied	Leave blank.
If denied, state reason Denied	Leave blank.

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
 CONTRACT PROVIDER TECHNOLOGICAL NEEDS PROJECTS

**Technological Needs Projects
 Budget Change Worksheet**

Project Name: Clinical Data & Practice Mgmt. System Project ID No.: CDM00999A

Contractor's Name: XYZ Agency, Inc. Legal Entity No.: 00999

Request Date: 08/13/2010

Category	Original Budget	Revised Budget
Personnel	\$15,625	\$15,625
Hardware	\$25,125	\$31,125
Software	-	-
Contract Services	\$117,348	\$111,348
Other Expenses (Describe)	-	-
TOTAL	\$158,098	\$158,098

Contractor's Project Director Signature: John Doe, Ph.D., Executive Director Date: 08/13/2010

DMH USE ONLY	
County's Project Manager Signature: _____	Date: _____
APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> If denied, state reason: _____	