**Addendum D – Supplemental Funding Amendment**

This amendment adjusts the Subrecipient’s allocation for the Early Intervention Service Coordination grant beginning July 1, 2022. Additional funds are issued per Section 1.2 of the Agreement between the Subrecipient (Family and Children First Administrative Agency) and the Department (the Ohio Department of Developmental Disabilities).

Upon full execution of this amendment, the Subrecipient shall submit a budget modification request in GMS. Once the request is approved by the Department, Subrecipient shall enter budget category amounts that match below and submit the budget for approval in GMS.

In WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed by their duly authorized officers, this is effective upon full execution by both parties. All other terms remain in effect.

|  |  |
| --- | --- |
| **Total Budget (Revised)** | **$** |
| Please allocate the total revised budget amount indicated above to GMS budget categories | |
| Personnel | $ |
| Contracts | $ |
| Other Direct Costs | $ |
| Equipment | $ |
| Indirect Costs | $ |

Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrative Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diane Fox

Ohio Department of Developmental Disabilities

Deputy Director

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_