

REQUEST FOR ESTABLISHMENT/MODIFICATION OF ACCOUNT

TO: DEPARTMENT OF ADMINISTRATION - DIVISION OF ACCOUNTS
 VIA: BUREAU OF BUDGET & MANAGEMENT RESEARCH
 FROM: _____

* Agency Grant Manager: _____

Contact Number: _____

ACCOUNT TITLE (**Maximum 30 characters**): _____

PURPOSE:

- | | | |
|--|---|---|
| <input type="checkbox"/> Grant Award [Original] - Federal | <input type="checkbox"/> Catalog Number Change - Federal | <input type="checkbox"/> Appropriation [Original] - Local |
| <input type="checkbox"/> Grant Award [Supplement] - Federal | <input type="checkbox"/> Appropriation Type Change | <input type="checkbox"/> Appropriation [Supplemental] - Local |
| <input type="checkbox"/> Grant Period Modification - Federal | <input type="checkbox"/> Object Class(es) - Add / Delete | <input type="checkbox"/> Appropriation Period Modification |
| <input type="checkbox"/> Grant Number Change - Federal | <input type="checkbox"/> Local/Federal Participation Ratio Modification | <input type="checkbox"/> Other [specify]: _____ |

APPROPRIATION TYPE:

- | | | | |
|--|---|--|----------------------|
| <input type="checkbox"/> Local Operation [A] | <input type="checkbox"/> Federal 101 [E] | <input type="checkbox"/> Subgrants [J] | DOA USE ONLY: |
| <input type="checkbox"/> Federal Local Match [B] | <input type="checkbox"/> Federal CIP [F] | <input type="checkbox"/> Reimbursable Appropriations [X] | CIP - Yes No |
| <input type="checkbox"/> Local Continuing [C] | <input type="checkbox"/> Federal Match Continuing [G] | <input type="checkbox"/> Work Request [Z] | |
| <input type="checkbox"/> Local CIP [D] | <input type="checkbox"/> Federal 101 Continuing [H] | <input type="checkbox"/> Other: _____ | |

OBJECT CLASS(ES) REQUIRED:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> 111 Salary | <input type="checkbox"/> 233 Office Space Rental | <input type="checkbox"/> 280 Sub-Recipient/Grants | <input type="checkbox"/> 450 Capital Outlay |
| <input type="checkbox"/> 112 Overtime/Premium Pay | <input type="checkbox"/> 240 Materials / Supplies | <input type="checkbox"/> 290 Miscellaneous | <input type="checkbox"/> 700 Indirect - Local |
| <input type="checkbox"/> 113 Benefits | <input type="checkbox"/> 250 Equipment | <input type="checkbox"/> 361 Utilities - Power | <input type="checkbox"/> 701 Indirect - Federal |
| <input type="checkbox"/> 220 Travel | <input type="checkbox"/> 270 Worker's Comp Benefits | <input type="checkbox"/> 362 Utilities - Water | <input type="checkbox"/> 800 Expense Reimb. |
| <input type="checkbox"/> 230 Contractual | <input type="checkbox"/> 271 Drug Testing | <input type="checkbox"/> 363 Utilities - Telephone | <input type="checkbox"/> _____ other |

AUTHORITY / * GRANT NO. / PL NO.	ASSISTANCE LISTINGS NO. (former CFDA)	START DATE	EXPIRATION DATE
*FEDERAL SHARE PERCENTAGE	* LOCAL SHARE PERCENTAGE	OBLIGATION END DATE	EXPENDITURE END DATE
APPROPRIATION ACCOUNT NUMBER	TOTAL FUNDS		
	LOCAL	FEDERAL - AUTHORIZED (Cumulative)	FEDERAL - AWARDED
GENERAL LEDGER or REVENUE ACCOUNT	** LOCAL MATCH ACCOUNT NUMBER	** NOTE	
		IF LOCAL MATCH ACCOUNT DOES NOT EXIST OR NEEDS UPDATING, PLEASE ATTACH SEPARATE E.O.A. REQUEST.	
REQUESTOR:	BBMR	DIVISION OF ACCOUNTS	
REQUESTED BY _____ DATE _____	APPROVED BY _____ DATE _____	APPROVED BY _____ DATE _____	
DIVISION OF ACCOUNTS - FEDERAL BRANCH USE ONLY			
DRAW TYPE	DRAW ACCT	SUB-ACCT	REVIEWED BY
DOCUMENT NUMBER	REVENUE ACCOUNT	REPORTING	INDIRECT COSTS (Y / N)

NOTES: _____