**Policy on Re-budgeting Seeds for Change Awards**

The Seeds for Change Awards are expected to be used as described in the grant proposal, which was reviewed and selected by the reviewers and program team for funding. This helps assure the integrity of our award process, and additionally respects and honors the work of the review committee and administrative team who conduct the award competition and review process.

**Under exceptional conditions, the Awardee may request revision of an award. These include:**

* *Category 1: The price of the item has changed and the item is no longer available for purchase at the original quote price.*
	+ *Documentation must be provided to show both the original and new quotes.*
* *Category 2: The item is no longer available due discontinuation or import/export issues.*
	+ *Documentation is required.*
* *Category 3: While waiting for the award, the site has acquired the requested items, or conducted the requested activities (renovations, repairs, improvements, etc) and the original request is no longer needed.*
	+ *Documentation must be provided as a letter from the site.*

**Revision process:**

1. The Awardee contacts Global WACh administration at gwach@uw.edu to request a revision of award.
2. The Awardee completes the revision request paperwork and provides documentation appropriate to the request (as described above).
3. The Global WACh leadership team reviews the request and denies/approve the revision.

**Re-budgeting Request Form:**

1. **Project Information**

Name of Project:

City and Country of Project:

UW Contact:

 Relationship to UW Contact:

**2. Applicant Information**

Name and Title:

Organization:

Location:

Phone Number: Email Address:

1. **Describe the original request (paste Item 4 from original application):**
2. **Re-budgeting justification (Note whether reason is Category 1, 2, or 3 and describe the rationale why a re-budget is needed):**
3. **Describe the revised request the health-related outcomes the proposal addresses or unmet need. Be specific about the potential impact of the project on the health of women, adolescents, and children** (improved care, patient satisfaction, healthcare worker/staff/community empowerment, service delivery, etc.) **[250 WORD LIMIT]**
4. **Revised budget:**

**Complete the budget table with your proposed use of funds. Please attach quotes for estimates/equipment costing more than $500 USD.**

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| --- |
| **BUDGET***Budgets less than $1,000 USD will be given preference* |
| **SUPPLIES AND EQUIPMENT** *(Itemize by Category)* |  |
| ITEM | QUANTITY | UNIT COST | **TOTAL COST** |
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| **SUBTOTAL:**  |  |
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| **LABOR** *(Itemize by Category; Please note the Award does not support salaries or consumables)* |  |
| ITEM | QUANTITY | UNIT COST | **TOTAL COST** |
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| **SUBTOTAL:** |  |
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| **OTHER EXPENSES** *(Itemize by Category)* |  |
| ITEM | QUANTITY | UNIT COST | **TOTAL COST** |
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| **SUBTOTAL:** |  |

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| **GRAND TOTAL** (USD $)*Budgets less than $1,000 will be given preference* |  |

**BUDGET JUSTIFICATION** **[250 WORD LIMIT PER SECTION]** *Please provide a brief justification of all items in the budget.*

*A) Supplies & equipment:*

*B) Labor:*

*C) Other expenses:*