



Governor's Office of Planning and Budget

BUDGET ADJUSTMENT REQUEST

GRANTEE:	GRANT ID:
GRANT PROGRAM NAME:	DATE:

PREPARED BY:

A. EXPLANATION OF BUDGET REVISION REQUEST AND BUDGET NARRATIVE
*Please explain and justify the need for a budget revision. Include detailed information describing the change to each budget line item. **THE TOTAL AWARDED AMOUNT CANNOT INCREASE OR DECREASE. TOTAL MATCH AMOUNT CHANGES MUST BE APPROVED***

B. BUDGET CHANGE
Enter the total amount of approved budget and revision request for each category. If revision request decreases from the approved budget amount, place minus (-) symbol in front of the amount. The Total Adjusted Budget Request column will automatically update.

BUDGET CATEGORY	APPROVED BUDGET	REVISION REQUEST	REQUESTED ADJUSTED BUDGET TOTALS
Personnel			
Fringe Benefits			
Travel			
Equipment			
Supplies			
Contracted Services			
Other			
TOTAL			

I certify that this report is correct and complete to the best of my knowledge and belief. I authorize that the content of this form, other than the data entry required, has not been altered.	
	Authorized Representative Name and Title
	Submission Date