

TIDC Grant Budget Adjustment Request

RE: FY20_____ Budget Adjustment Request - Grant Number ______

| | Current Approved Budget (From award | Requested Line-Item Change (+ or – amount for | Requested Adjusted Budget |
|--------------------------------------|--|--|---------------------------------|
| Direct Costs | `statement) | `each category) | |
| 1) Personnel | | | |
| 2) Fringe Benefits | | | |
| 3) Travel and Training | | | |
| 4) Equipment | | | |
| 5) Supplies & Direct Operating | | | |
| 6) Contract Services | | | |
| 7) Indirect Costs | | | |
| Total Proposed Costs | | | |
| Less Cash from Other Sources | | | |
| Total Amount Funded by Commission | | | |

1. Rationale for Adjustment – Explain in detail the proposed changes to the budget and why they are needed. Be specific and use statistics, if possible. Use as much space as necessary to fully explain why the changes are necessary. Attach more detailed "before and after" budget category breakout as needed to fully explain changes.

2. Detail any proposed changes to the staffing model and why they are needed.

3. Explain any proposed change in program Scope or Program Activities

Program.