



TIDC Grant Budget Adjustment Request

RE: FY20 _____ **Budget Adjustment Request - Grant Number** _____

_____ County requests a budget adjustment for the _____ Program.
 The details of the request are indicated in the table below:

	Current Approved Budget <small>(From award statement)</small>	Requested Line-Item Change <small>(+ or – amount for each category)</small>	Requested Adjusted Budget
Direct Costs			
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

 Authorized Official Signature

 Date