

Formula Grant Project Adjustment Request

A description of how the shift will assist in achieving goals and objectives

Project name: _____
Subrecipient: _____ Project number: _____
Address _____ Phone number: _____
Award amount: \$ _____ Project period: _____

Subrecipient requests a project adjustment as indicated below:

Revising budget

Category	Original amount	Change +/-	Revised budget
Personnel:	\$ _____	\$ _____	\$ _____
Consultants:	\$ _____	\$ _____	\$ _____
Travel:	\$ _____	\$ _____	\$ _____
Equipment:	\$ _____	\$ _____	\$ _____
Other:	\$ _____	\$ _____	\$ _____
Total:	\$ _____	\$ _____	\$ _____

Other adjustments:

Activities: _____
Objectives: _____
Personnel: _____
Other: _____

This Project Adjustment Request is part of, and subject to, all conditions contained in the original Project Award as approved by the Juvenile Justice Commission.

To be completed by Subrecipient

Project Director's Signature Date

Financial Officer's signature Date

To be completed by IDJC: Approved by IDJC
Disapproved by IDJC

Planning and Compliance Unit Supervisor's signature Date