Formula Grant
Project Adjustment Request

Project Name: 
Subrecipient: 
Project Number: 
Award Amount: $ 
Project Period: 

Subrecipient requests a project adjustment as indicated below:

☐ Revising budget:

<table>
<thead>
<tr>
<th>Category</th>
<th>Original amount</th>
<th>Change +/-</th>
<th>Revised budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>$_______________</td>
<td>$____________</td>
<td>$____________</td>
</tr>
<tr>
<td>Consultants</td>
<td>$_______________</td>
<td>$____________</td>
<td>$____________</td>
</tr>
<tr>
<td>Travel</td>
<td>$_______________</td>
<td>$____________</td>
<td>$____________</td>
</tr>
<tr>
<td>Equipment</td>
<td>$_______________</td>
<td>$____________</td>
<td>$____________</td>
</tr>
<tr>
<td>Other</td>
<td>$_______________</td>
<td>$____________</td>
<td>$____________</td>
</tr>
<tr>
<td>Total</td>
<td>$_______________</td>
<td>$____________</td>
<td>$____________</td>
</tr>
</tbody>
</table>

☐ Other adjustments: (add additional pages if necessary)

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 Idaho Juvenile Justice Commission.

Project Director’s signature   Date

Financial Officer’s signature   Date

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

Planning & Compliance Supervisor’s signature   Date

E-mail to: idjcgrants@idc.idaho.gov