



Youth Assessment Center - Limited Longevity Support

Project Adjustment Request

Project Name: _____

Subrecipient: _____ Project Number: _____

Award Amount: \$ _____ Project Period: _____

Subrecipient requests a project adjustment as indicated below:

☐ Revising budget:

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

☐ 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 Department of Juvenile Corrections.

Project Director's signature _____ Date _____

Financial Officer's signature _____ Date _____

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

Project Manager's signature _____ Date _____