



## 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:

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

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.*

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Project Director's signature

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Date

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Financial Officer's signature

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Date

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

Project Manager's signature

Date