



Youth Assessment Center – Rural Replication

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.

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