



# Formula Grant Project Adjustment Request



Project Name: \_\_\_\_\_

Subrecipient: \_\_\_\_\_ Project 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: (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