



IDJC Assessment Center Grant Carryover Request

Project Name: _____

Subrecipient: _____

Project Number: _____

Project Period: _____ Project Period Fund Balance: \$ _____

Carryover of funds are hereby requested in the amount of \$ _____

From Project Period: _____ to Project Period: _____

Criteria for approval of Carryover Requests: *(all reports must be on file for current budget period)*

- Quarterly Financial Reports
- Performance Metrics
- Community Contributions

Carryover Request Justification:

Project Director's Signature

Date

Financial Officer's Signature

Date