



IDJC Assessment Center 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: _____

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