**Domestic Abuse Contract Budget Revision Request**

**Use of Form:** Use this form to request changes to the line items and match for your Domestic Abuse Contract award.

**Instructions:** Transfer of funds between line-item budget categories of your contract budget must be requested in writing if approved contract budget will vary by more than 20 percent for any budget category (e.g., personnel, travel/training, etc.).

|  |  |  |  |
| --- | --- | --- | --- |
| Agency Name | | | |
| Full Name of Requestor | | Requestor Telephone Number | |
| Grant Program (e.g. statewide DV services, children’s programming, etc.) | Contract Period        to | | Date of Request |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Indicate below your current contract budget and the proposed revised amount in the line item(s) you wish to revise. Total increases and decreases between line-item categories must balance. | | | | |
| **Line Item** | **Current Approved Budget** | **Increase** | **Decrease** | **New Approved Line Item in Budget** |
| Salary | $ | $ | $ | $ |
| Fringe | $ | $ | $ | $ |
| Travel/Training | $ | $ | $ | $ |
| Equipment | $ | $ | $ | $ |
| Consultant/Contractual | $ | $ | $ | $ |
| Supplies/Other | $ | $ | $ | $ |
| Residential Services Enhancement | $ | $ | $ | $ |
| Total | $ | $ | $ | $ |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Match** | **Current Approved Amount** | **Current Approved Match Source** | **Change in Amount (increase/decrease)** | **New Approved Match Source** | | | **New Approved Match for Grant Program** |
|  | $ |  | $ |  | | | $ |
|  | $ |  | $ |  | | | $ |
|  | $ |  | $ |  | | | $ |
| **Justification** | | | | | | | |
| Line-Item Increase: State why the item being increased must have additional funding. Be specific as to what cost items are affected. | | | | | | | |
|  | | | | | | | |
| Line-Item Decrease: State why the line item being decreased will be underspent from previous levels. Be specific as to what cost items are affected. | | | | | | | |
|  | | | | | | | |
| **Approval (to be completed by contract administrator)** | | | | | | | |
|  | | | | |  |  | |
| Full Name - Contract Administrator | | | | |  | Date Signed | |

Submit this form by email attachment to your contract administrator.