**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.