

**STATE/FEDERAL GRANTS
BUDGET AMENDMENT REQUEST**

Grant Title _____

Grant Period: _____ to _____ Total Grant (incl. Match)* _____

County Dept _____

Contact person _____ Phone # _____

Federal/State Funding Dept _____

Contact person _____ Phone # _____

Salaries & Fringe Benefits (list all names)	Salaries	Fringe	Total*
Total Salaries & Fringe Benefits*			\$

Other Expenses (list all categories)	Other Expenses	Total*
Indirect Costs	901	
Total Other Expenses*		\$

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The following documents must be forwarded to the Finance Office

_____ A complete copy of the grant application/grant budget

_____ A complete copy of the grant contract

_____ A copy of the official award letter

_____ A narrative detailing method of reimbursement

Total Appropriation \$ _____
=====

State Revenue _____

Federal Revenue _____

County Match (Cash) _____

Program Income/Other (on hand in Trust Fund)..... _____

Total Revenue (must = appropriation)..... \$ _____
=====

County Matching Funds (In-Kind)..... _____

To be completed by Finance Office

Revenue Account Number _____

Budget Account Number _____