Texas Council for Developmental Disabilities

Budget Revision Form

This Form must be submitted and approved in advance of budget changes.

Organization:	Grant No. DD-
RFA Project Title:	Date

Budget Category	TCDD Funds				Match Funds			
	Approved Budget*	Increase (+)	Decrease (-)	Revised Total	Approved Budget*	Increase (+)	Decrease (-)	Revised Total
A. Personnel - Salaries	0			0	0			0
B. Personnel - Fringe	0			0	0			0
C. Personnel - Travel	0			0	0			0
D. Equipment	0			0	0			0
E. Supplies	0			0	0			0
G. Contractual	0			0	0			0
H. Other Costs	0			0	0			0
I. Indirect Costs	0			0	0			0
J. Totals	0	0	0	0	0	0	0	0

*See Notice of Grant Award or latest approved Budget Revision form.

Section II

Explanation of Requested Changes / Detail Justifications

(attach additional sheets as necessary)

Signature of Financial Administrative Authority	Signature of Project Director

for Program Use Only

Approved	Date