

Budget Revision Form

This form is to request approval of budget revisions. The request must be approved in advance of budget changes.

Grantee Name:	Grant Number:
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RFA Title:	Date:
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Budget Period:	<i>Start Date:</i>	<i>End Date:</i>
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Section I

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

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

Section II

Provide an explanation and justification for the requested changes. *(Attach additional sheets as necessary.)*

Signature of Financial Administrative Authority	Signature of Project Director:
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For TCDD Use Only

Approved:	Date:
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