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BUDGET REVISION REQUEST

Budget revision requests allow the grantee to make changes to their approved agreement budget by moving costs from one budget category to a different category. All request must be received by Illinois Criminal Justice Information Authority (ICJIA) at least 60 days prior to the expiration of the agreement’s period of performance.

If approved, budget revisions will be effective on the date the ICJIA receives the Budget Revision Request, unless the budget narrative lists a specific effective date. Do not implement the requested changes until you receive written approval from your Grant Specialist. Your Grant Specialist will provide you with written approval along with a new agreement budget. Please refer to *Budget Revision Instructions* for how to complete your request.

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| **Agreement #** |       | **Performance Period** |       to       |
| **Program Name:**  |       |
| **Implementing Agency:** |       |
| **Program Agency:** |       |
| **Person Making Request:** |       |
| **Date of Request:**  |       |

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| Is request made 60 days prior to end of performance period? [ ] Yes [ ] No |
| If No, please explain.  |
|  |

Indicate the categories where budget revision(s) are requested.

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| **Category** | **Approved Budget** | **Indicate Difference (+ or -)** | **Revised Budget** |
| **Federal/State** | **Match** | **Federal/State** | **Match** | **Federal/State** | **Match** |
| *Example* | *$1,000.00* | *$250.00* | *-$65.00* | *+$8.25* | *$935.00* | *$258.25* |
| Personnel (Salaries & Wages) |       |       |       |       |       |       |
| Fringe  |       |       |       |       |       |       |
| Travel |       |       |       |       |       |       |
| Equipment |       |       |       |       |       |       |
| Supplies |       |       |       |       |       |       |
| Contractual Services |       |       |       |       |       |       |
| Other/Indirect Costs |       |       |       |       |       |       |
| **Total** |  |  |  |  |  |  |

**Personnel and Fringe:** [ ]  **No Changes in this Category**

Please provide a reason for the budget revision request and how the requested revision will benefit the program for each line item changed in each category. *If revisions are made in* ***Personnel, you must*** *provide a detailed explanation of the changes in salary AND fringe. Include the effective date of the* ***Personnel*** *change in this form and in the REVISED budget narrative.*

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**Travel:** [ ]  **No Changes in this Category**

Please provide a reason for the budget revision request and how the requested revision will benefit the program for each line item changed in each category.

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**Equipment:** [ ]  **No Changes in this Category**

Please provide a reason for the budget revision request and how the requested revision will benefit the program for each line item changed in each category.

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**Supplies:** [ ]  **No Changes in this Category**

Please provide a reason for the budget revision request and how the requested revision will benefit the program for each line item changed in each category.

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**Contractual:** [ ]  **No Changes in this Category**

Please provide a reason for the budget revision request and how the requested revision will benefit the program for each line item changed in each category.

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**Other/Indirect Costs:** [ ]  **No Changes in this Category**

Please provide a reason for the budget revision request and how the requested revision will benefit the program for each line item changed in each category.

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|  |  |
| Signature | Date |

**Please sign and date before submitting to Grant Specialist.**

**For ICJIA Use Only**

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| Date Received: |       |  |
| [ ]  Approved [ ]  Not Approved | Grant Specialist |  |
|  | Signature | Date |
|  |  |  |
| [ ]  Approved [ ]  Not Approved | Program Manager |  |
|  | Signature | Date |