



EXHIBIT D

COUNTY OF CUYAHOGA

Date: _____

Department of Public Safety and Justice Services
Fiscal and Grants Division
2079 E. 9th Street, Suite 502
Cleveland, Ohio 44115

Subgrantee: _____

Project Title: _____ Adjustment No: _____

We are hereby requesting a Budget Adjustment for the following categories against the above noted subgrant. Justification for this request is the result of: _____

Attach a NARRATIVE reflecting detailed description (quantity, cost, benefit to program, etc.) for each category being increased by this request.

Budget Category	Current Approved Fed/State/Budget	Adjustment Amt.	Revised Total Budget
1. Personnel	\$ _____	\$ _____	\$ _____
2. Consultants	_____	_____	_____
3. Travel	_____	_____	_____
4. Equipment	_____	_____	_____
5. Supplies	_____	_____	_____
6. Other Costs	_____	_____	_____
Total Budget	\$ _____	\$ _____	\$ _____

Agency Director

DO NOT WRITE IN THIS SPACE

Administrative Action:

[] Not Approved

[] Approved

Comment(s):

Fiscal

Date

Manager

Date