

**NORTH CAROLINA COUNCIL ON DEVELOPMENTAL DISABILITIES (NCCDD)
RFP/GRANT APPLICATION
BUDGET REVISION**

PROJECT NAME	AGENCY	DATE
TYPE OF REQUEST (check one)		
Extension of Grant Award (Specify):	<input type="checkbox"/>	Categorical Transfer(s) of Funds <input type="checkbox"/>
Substitution(s) within Category(s)	<input type="checkbox"/>	Other <input type="checkbox"/> (Specify):

BUDGET CATEGORY	CURRENT BUDGET			BUDGET CHANGES	REVISED BUDGET			
	NCCDD FUNDS REQUIRED	MATCH	TOTAL PROGRAM COST	INCREASES AND/OR DECREASES	+ / -	NCCDD FUNDS REQUIRED	MATCH	TOTAL PROGRAM COST
SALARIES								
FRINGE BENEFITS								
SUPPLIES								
STAFF TRAVEL								
COST OF SPACE								
EQUIPMENT								
CONTRACTED SERVICES								
OTHER								
INDIRECT COST								
TOTAL								

I certify to the best of my knowledge and belief that the above change(s) are necessary to carry out the mission of this NCCDD Funded Project.

AUTHORIZING OFFICIAL			
	NAME	TITLE	SIGNATURE

FOR NCCDD USE ONLY: Approved Denied Date

SIGNATURE	TITLE