

CRIMINAL JUSTICE COORDINATING COUNCIL
SUBGRANT ADJUSTMENT REQUEST

SUBGRANTEE: Prosecuting Attorneys' Council of Georgia
FUNDING CATEGORY: Victim Services

SUBGRANT #: _____

REQUEST DATE: _____

PROJECT: _____
(indicate circuit for DA offices, county for SG offices):

NATURE OF ADJUSTMENT:

Mark all that apply.

*Adjustments of each type
should be entered in the
section indicated.*

<input type="checkbox"/> REVISED BUDGET	Go To	SECTION I
<input type="checkbox"/> PROJECT PERIOD AND/OR EXTENSION	Go To	SECTION II
<input type="checkbox"/> PROJECT OFFICIALS/ADDRESSES	Go To	SECTION III
<input type="checkbox"/> PROJECT PERSONNEL	Go To	SECTION III
<input type="checkbox"/> GOALS & OBJECTIVES	Go To	SECTION III
<input type="checkbox"/> OTHER	Go To	SECTION III

ALL CHANGES REQUIRE THOROUGH JUSTIFICATION AND EXPLANATION IN SECTION IV

SECTION I. REQUEST FOR BUDGET CHANGE – JUSTIFY IN SECTION IV

	CURRENT APPROVED	REVISIONS +/-	REVISED BUDGET
Personnel	\$ _____	\$ _____	\$ _____
Equipment	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____
Printing	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____
FEDERAL	\$ _____	\$ _____	\$ _____
MATCH	\$ _____	\$ _____	\$ _____

SECTION II. REQUEST FOR CHANGE IN PROJECT PERIOD – JUSTIFY IN SECTION IV

CURRENT GRANT PERIOD: REQUESTED GRANT PERIOD: FOR EXTENSION, # OF MONTHS:

Start Date: 10/01/18 Start Date: _____ _____

End Date: 09/30/19 End Date: _____

NOTE: The maximum extension request cannot exceed 12 months

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SECTION III. Please describe your revision below. For new or exiting staff, please indicate name, salary, effective date of hire/termination, and reason for leaving (resignation, termination, retirement, etc.)

SECTION IV. JUSTIFICATION OF ALL REQUESTED ADJUSTMENTS, REVISIONS, AND/OR CHANGES

All requested adjustments in Sections I, II and III must be justified in detail in this section. Include item costs, descriptions, equipment lists, detailed explanations, and any other information that would further clarify and support your request for adjustment. Attach additional pages as needed.

SUBMITTED BY:

Signature of VOCA project director

Title

Date