|  |  |
| --- | --- |
|  |  |
| Agency | Date |
|  |  |
| Project Title | Project Number (Required) |
|  |  |
| Project Director | Email | Phone |
| Describe requested modifications: | |
|  | |
| Explain the reason why this project amendment is necessary: | |
|  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CATEGORY | APPROVED  BUDGET | +/- | REQUESTED  CHANGE | = | REVISED  BUDGET |
| SALARIES (\_\_FTE)  *List each staff member name, salary, and FTE on attachment* |  |  |  |  |  |
| EMPLOYEE BENEFITS |  |  |  |  |  |
| PURCHASED SERVICES  *List itemized services to be purchased on attachment.* |  |  |  |  |  |
| SUPPLIES AND MATERIALS  *List itemized supplies and materials to be purchased on attachment.* |  |  |  |  |  |
| CAPITAL OUTLAY | NA |  | NA |  | NA |
| OTHER EXPENSES  *List itemized expense(s) on attachment.* |  |  |  |  |  |
| SUB-TOTAL |  |  |  |  |  |
| INDIRECT COST |  |  |  |  |  |
| TOTAL COST OF PROJECT |  |  |  |  |  |
|  |  |  |  |  |  |

*For Office Use Only*

|  |  |  |
| --- | --- | --- |
| Approved |  |  |
| Not Approved | Reviewer Approval | Date |
| Budget |  |  |
| Date | Fiscal Approval | Date |
| Scope  Other |  |  |
|  | Director Approval | Date |