

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

PROJECT TITLE	AGENCY NAME	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 <input type="checkbox"/>	Denied <input type="checkbox"/>	Date <input style="width: 80%;" type="text"/>
	SIGNATURE	TITLE	