

**NORTH CAROLINA COUNCIL ON DEVELOPMENTAL DISABILITIES (NCCDD)  
BUDGET REVISION NARRATIVE # \_\_\_\_\_**

**PROJECT TITLE:** \_\_\_\_\_  
**AGENCY NAME:** \_\_\_\_\_

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

*Note:*  
A brief narrative description on each of the budget categories shown above are located in the Grant Application General Instructions Section III under Budget Info Form D-Rev2