

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

<b>PROGRAM TITLE</b>	<b>AGENCY NAME</b>	<b>DATE</b>
<b>TYPE OF REQUEST (check one)</b>		
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 (Specify): <input type="checkbox"/>	

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
STAFF SALARIES								
STAFF FRINGE BENEFITS								
STAFF TRAVEL								
SUPPLIES								
COST OF SPACE								
EQUIPMENT								
CONTRACTED SERVICES								
OTHER								
INDIRECT COST								
<b>TOTAL</b>								

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 initiative.

<b>AUTHORIZING OFFICIAL</b>			
	<b>NAME</b>	<b>TITLE</b>	<b>SIGNATURE</b>

**FOR NCCDD USE ONLY:**      Approved       Denied       Date

<b>SIGNATURE</b>	<b>TITLE</b>