GRAMBLING STATE UNIVERSITY

BUDGET ADJUSTMENT - TRANSFER OF FUNDS Form 6

__HBCU __FUTURE ACT __SAFRA __ MASTERS __CARRYOVER

Please check the option that applies to your grant.

Please adjust lower line budget amounts as indicated below:

TRANSFER

FROM	*TO*
Department: Title III, Strengthening HBCUs, Part _	**Department: Title III, Strengthening HBCUs, Part _**
Accounting Code:	**Accounting Code:**
Activity:	**Activity:**

Object Code	Description	Budget	Decrease (-)	Balance	Object Code	Description	Budget	Increase (+)	Balance
				$0.00					$0.00
				$0.00					$0.00
				$0.00					$0.00
				$0.00					$0.00
				$0.00					$0.00
				$0.00					$0.00
				$0.00					$0.00
				$0.00					$0.00
				$0.00					$0.00
				$0.00					$0.00
				$0.00					$0.00
				$0.00					$0.00

Justification:

Please complete and attach the Budget Adjustment Justification Form.

Requested by: _____

APPROVALS

1.) _____
Activity Director **Date**

2.) _____
Executive Director, Title III Programs **Date**

3.) _____
Grants Administration **Date**

COMPLETED: _____
Date

BUDGET ADJUSTMENT JUSTIFICATION FORM

Grant Year: Choose an item

Activity Department Title: Choose an item

Activity Requestor: **Date:**

Email Address: **Phone:**

Please check the option that applies to your grant.

☐ HBCU, Part B ☐ FUTURE ACT ☐ SAFRA, Part F ☐ MASTERS ☐ CARRYOVER

Directions: The Budget Adjustment Justification form must be attached to all Budget Adjustment-Transfer of Funds forms and submitted to the Title III Office. ***The redistribution of funds must satisfy the "JAR TEST" – that is, it must be Justifiable, Allowable, and Reasonable.*** Further, all expenses must be allocable and necessary. Please provide a DETAILED justification for all budgetary changes.

1. Explain the line items where funds are being decreased (-) from and increased (+) to. Tell how/why these funds are available.

2. Provide a detailed description of how the funds will be expended (list of items, costs, contractual services, etc.) and how they will help accomplish the stated objectives.

3. If you are redirecting funds from an objective not deleted, explain how the objective will be accomplished without the allocated funds.

4. Are you requesting items not listed in your APPROVED proposal? If yes, please explain and justify your request.

PRINT

For Title III Office Use Only:

❒ **Approved**

❒ **Denied**

ACTIVITY DIRECTOR **DATE**

TITLE III EXECUTIVE DIRECTOR **DATE**