

**Grant Year:** Choose an item.

**Activity Department Title:** Choose an item.

**Activity Requestor:** Click or tap here to enter text. **Date:** or tap to enter a date.

 **Email Address:** Click or tap here to enter text. **Phone:** Click or tap here to enter text.

 ***Please check the option that applies to your grant.***

 ** ** ** **

**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.**

|  |
| --- |
|  |

**For Title III Office Use Only:**

* **Approved**
* **Denied**