

Notification of Discretionary Budget Modification

Name of Sub-Grantee Organization: _____

Grant Number: _____

Grant Period _____

Category of Service: _____

BUDGET CATEGORY	CURRENT BUDGET	DISCRETIONARY MODIFICATION	REVISED BUDGET
1. SALARIES AND WAGES			-
2. FRINGE BENEFITS			-
3. CONSULTANT/EXPERTS	-	-	-
4. OCCUPANCY	-		-
5. TRAVEL AND TRANSPORTATION	-		-
6. SUPPLIES AND EQUIPMENT	-	-	-
7. CAPITAL EQUIPMENT AND OUTLAYS	-	-	-
8. CLIENT COST	-		-
9. COMMUNICATION	-		-
10. OTHER DIRECT COST	-		-
11. INDIRECT OVERHEAD			-
12. TOTAL	-	-	-

Grantees and sub-grantees have discretion, under certain circumstances, to modify their budgets. Please refer to the HIV/AIDS Administration "Budget Modification Policy" for additional information. This modification must be submitted to HAA Grants Management Specialist at least ten business days prior to submission of an invoice that will be impacted by the line item changes.

Submitted by

Organization: _____

Name and Title: _____

Signature: _____

Date: _____