SPF Project Adjustment Request

Sub-recipient: _____ requests a change in Project No. _____, entitled _____, as follows:

I. Budget: ◯ No Change ◯ Change as Indicated Below

Category	Original Amount	Change +/-	Revised Budget
Personnel	$_____	$_____	$_____
Fringe	$_____	$_____	$_____
Travel	$_____	$_____	$_____
Equipment	$_____	$_____	$_____
Supplies	$_____	$_____	$_____
Contractual	$_____	$_____	$_____
Other	$_____	$_____	$_____
Indirect Costs	$_____	$_____	$_____

Funds cannot be transferred and/or spent in budget category not previously approved!

II. Other: Nature of other adjustments (activities, objectives, personnel, etc.)

◯ No Change ◯ Change as Indicated Below

This Project Adjustment Request is part of, and subject to all conditions contained in the original Project Award as approved by ODP.

Signed: _____	☐ Approved by ODP on _____
Title: _____	☐ Disapproved by ODP on _____
Date: _____	Signed: _____
THIS SIDE TO BE COMPLETED BY SUB-RECIPIENT.	Date: _____

Mail or Email to:
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