Abandoned Mine Land and Abandoned Mine Drainage Grant Program

BUDGET CATEGORY REVISION REQUEST FORM

Grantee: _____

Grantee Contact Name: _____ Email Address: _____

SAP Vendor #: _____ Telephone Number: _____

Project Name: _____

Project Number: _____ Grant Agreement No: _____

Justification for budget category revision:

CATEGORIES	**CURRENT BUDGET**	**AMOUNT TO BE REALLOCATED**	**REVISED BUDGET**
Construction			$ 0.00
Contractual Services			$ 0.00
Materials & Supplies			$ 0.00
Salaries & Benefits			$ 0.00
Other			$ 0.00
Indirect Costs			$ 0.00
TOTALS	$ 0.00	$ 0.00	$ 0.00

Have the changes been reflected on the Task and Deliverable Budget Worksheet? ☐ Yes ☐ No

Grantee's Authorized Representative Signature:

_____ Date: _____

Please note, a budget revision cannot be requested until the grant agreement is fully executed.

This section for Department use only.

Grant Manager Approval: _____ Date: _____

Grant Coordinator Review: _____ Date: _____

Grant Program Admin Review: _____ Date: _____

Grants Center:
Management Tech: _____ Date: _____