



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			
Contractual Services			
Materials & Supplies			
Salaries & Benefits			
Other			
Indirect Costs			
TOTALS			

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: _____