



Grant/Contract Budget Modification Form

Title of Contract/Grant: _____

Grant Award/ Agreement Number: _____

Grant Period (Dates): _____

Total Amount of Contract/Grant: _____

HVCC (Banner Fund) Grant Number: _____

Explanation/Reason for Budget Adjustment:

Breakdown of Cost Adjustment

Budget Category	Current Budget	Banner Account	Requested Adjustment (Inc/Dec) Amount	Explanation
Personnel	\$ -	61110	\$ -	
	\$ -	61101	\$ -	
	\$ -	61102	\$ -	
	\$ -	61107	\$ -	
Fringe Benefit	\$ -	62730	\$ -	
Travel	\$ -	71001	\$ -	
Supplies	\$ -	71605	\$ -	
Contractual	\$ -	71960	\$ -	
Overhead	\$ -	71961	\$ -	
Equipment	\$ -	75900	\$ -	
Other	\$ -		\$ -	
Total	\$ -		\$ -	

Indirect cost rate used: _____ % of _____ (e.g. salaries or direct costs)

Does the grant require approval of budget modification by Grant Sponsor?

Yes No

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Title of Contract/Grant: _____

Submitted by (Project Director or Person responsible for grant): _____

Date: _____

Additional Conditions/Requirements

All budget modifications will need to be approved by the President. It will be the responsibility of the Project (Grant) Director or person responsible for the grant to obtain Presidents approval, thru his/her Vice President and forward to the Grants Office for processing.

Cost that overruns budget will become the responsibility of the college and specifically the project directors department / division.

Cost transfers into and from an operating account will not be considered regardless of the documentation, if not received within 90 days of cost.

Copy of current/original budget must be attached with modification form.

If prior approval for modifications is required by Grantor/Sponsor agency, documentation of approval must be obtain by the Project (Grant) Director and attached with form.

I, the Project Director (or person responsible for the grant), accept the additional conditions and requirements associated with the requested above budget modification.

Submitted by (signature): _____ Date: _____

College Administrative Approvals

_____ Date _____ Date
Vice President President

*******FORWARD SIGNED FORM TO COMPTROLLER, ADM 250*******