

Please mark an "X" in the green cell to indicate which type of budget modification you want to select.

Line-Item Change

Select this option if you are modifying narrative details within a line item (or line items) but not changing the budget.

Budget Modification

Select this option if you are modifying line-item dollar amounts by moving funds from one line-item to another.

Project Income Allocation

Select this option if you are allocating earned project income.

Important Note: You must provide a detailed justification for all modification requests. All modifications require BSCC Field Representative approval.

Grantee: Grantee Name _____

Grant Program: Mobile Probation Service Centers Grant

Address 0 _____

Lead Public Agency: 0 _____

0 _____

Contract #: xxx-xx _____

Modification Request # _____

Term: 5/1/2023 Term: 9/30/2027

Effective on Invoice # _____

Line Items	Current Budget	Available Budget	Changes (+/-)	Modified Budget
Services & Supplies	\$ -	\$ -		\$ -
Professional Services	\$ -	\$ -	\$ -	\$ -
Equipment / Fixed Assets	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

JUSTIFICATION FOR MODIFICATION (leave field blank if no changes to that line item)

Services & Supplies:	
Professional Services:	
Equipment / Fixed Assets:	
Other (include travel costs):	

PERSON PREPARING REPORT

Name, Title

Phone

Email

Date

AUTHORIZED FINANCIAL OFFICER

I hereby certify that I am the authorized financial officer of the herein named agency. I further certify that I have not violated any of the provisions of Section 1090 of the Government Code in incurring the expenditures reported in this invoice, nor in any other way; that Sections 1090 through 1096 of the Government Code will not be violated in any way in the expenditure of funds pursuant to this invoice; that statement of funds above is true, correct, and in accordance with program provisions in all respects; and that all expenditures submitted after the expiration date of this contract are for the purpose of substantiating obligations legally incurred during the contract period. Furthermore, by submitting this invoice, I acknowledge that it must adhere to all of the requirements in the BSCC Grant Administration Guide, including any updates to the Guide during the term of the grant agreement.

Name, Title

Phone

Date

Please initial here to certify the submission of this budget modification.