**GRANT ADJUSTMENT REQUEST**

**CIVIL LEGAL COUNSEL PROJECTS PROGRAM**

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| **GRANTEE:** |  |
| **PROJECT TITLE:** |  |
| **CONTACT INFORMATION:**  Include name, title, phone number, & email address. |  |
| **NATURE OF ADJUSTMENT:** | □ Budget Reallocation. Complete Section A and C, and submit a Revised Project Budget form.  □ Change in Project Staffing. Complete Section B and C, and submit staff resumes.  □ Extension. Complete Section C.  □ Performance Measures. Complete Section C, and submit a Revised Performance Measures form.  □ Other. Complete Section C, and submit any necessary documents. |

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| **SECTION A: BUDGET REALLOCATION SUMMARY** | | | |
| **Budget Category** | **Original Budget** | **Requested Budget** | **Change Requested (+/-)** |
| **Personnel Costs** | | | |
| Attorney Salaries |  |  |  |
| Paralegals Salaries |  |  |  |
| Other Personnel Salaries |  |  |  |
| Employee Benefits |  |  |  |
| **Non-Personnel Costs** | | | |
| Consultants/Professional Services |  |  |  |
| Travel |  |  |  |
| Equipment |  |  |  |
| Supplies |  |  |  |
| Printing & Copying |  |  |  |
| Telephone & Fax |  |  |  |
| Postage & Delivery |  |  |  |
| Rent & Utilities |  |  |  |
| Maintenance |  |  |  |
| Technology Costs |  |  |  |
| Dues and Fees |  |  |  |
| Insurance |  |  |  |
| Self-Assessment |  |  |  |
| Training |  |  |  |
| In-Kind Expenses |  |  |  |
| Other Costs |  |  |  |
| **TOTAL:** |  |  |  |

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| **SECTION B: PROJECT STAFFING SUMMARY**  Insert additional rows if there are more than two staff changes. | | |
| **Staff Title** | **Name of Original Staff** | **Name of New/Replacement Staff** |
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| **SECTION C: EXPLANATION OF REQUESTED ADJUSTMENT** |
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| **AUTHORIZATION OF ADJUSTMENT** | | | |
| **Grantee Authorized Official** | | | |
| Signature: |  | Date of Submission: |  |
| **DC Bar Foundation Grant Administrator** | | | |
| Signature: |  | Date of Approval: |  |