

REQUEST DATE: 7/23/2019

SUBGRANTEE: Lowndes County Board of Commissioners  
PROJECT NAME: Juvenile Justice Incentive Grant

SUBGRANT #: Y20-8-021

**NATURE OF ADJUSTMENT:**

Mark all that apply.

Adjustments of each type shown should be entered in the section indicated.

___	REVISED BUDGET . . . . .	Go To . . . . .	SECTION I
___	PROJECT PERIOD AND/OR EXTENSION.	Go To . . . . .	SECTION II
___	PROJECT OFFICIALS/ADDRESSES. . .	Go To . . . . .	SECTION III
___	PROJECT PERSONNEL. . . . .	Go To . . . . .	SECTION III
___	GOALS AND OBJECTIVES . . . . .	Go To . . . . .	SECTION III
___	OTHER. . . . .	Go To . . . . .	SECTION III

MUST BE JUSTIFIED AND EXPLAINED THOROUGHLY IN SECTION IV.

**SECTION I. REQUEST FOR BUDGET CHANGE - JUSTIFY IN SECTION IV.**

	CURRENT APPROVED	REVISIONS +/-	REVISED BUDGET
PERSONNEL	\$ 0	_____	_____
EQUIPMENT	0	_____	_____
SUPPLIES	0	_____	_____
TRAVEL	0	_____	_____
PRINTING	0	_____	_____
OTHER	410,135	_____	_____
<b>TOTAL</b>	<b>\$ 410,135</b>	_____	_____
<b>Federal</b>	<b>\$ 410,135</b>	_____	_____
<b>Match</b>	<b>\$ 0</b>	_____	_____

**SECTION II. REQUEST FOR CHANGE IN PROJECT PERIOD - JUSTIFY IN SECTION IV.**

CURRENT GRANT PERIOD	REQUESTED GRANT PERIOD	FOR EXTENSION,
Start Date: 07/01/19	Start Date: _____	# OF MONTHS: _____
End Date: 06/30/20	End Date: _____	

NOTE: The maximum extension request cannot exceed 12 months.

**SECTION III. REQUESTS FOR REVISIONS TO PROJECT OFFICIALS/ADDRESSES, PROJECT PERSONNEL, GOALS AND OBJECTIVES, AND/OR OTHER NON-BUDGET, NON-PERIOD CHANGES (JUSTIFY IN SECTION IV.)**

No adjustments requested.