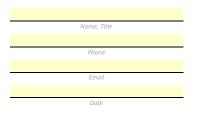
Please mark an "X" in the green cell to indicate which type of budget modification you want to select.							
;	Line-Item Change Budget Modification Project Income Allocation Select this option if you are modifying narrative details within a line item (or line Select ths option if you are modifying line- item dollar amounts by moving funds from Select this option if you are allocating earned project income.						
	narrative details within a line item (or line items) but not changing the budget.	one line-item to another.	g tunus nom	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:	Prop 64 Cohort 3			
Address			Lead Public Agency:	Lead Agency Name			
Contract #:	xxx-xx		Modification	n Request #			
Term:	5/1/2023 Term: 10/31/2028			on Invoice #			
		Available Budget		Modified Budget			
Line Items Salaries &	Current Budget \$ -	Available Budget \$ -	Changes (+/-) \$ -	Modified Budget \$ -			
Benefits Services &							
Supplies Professional	¥	\$-	\$ -	\$ -			
Services	\$ -	\$ -	\$ -	\$ -			
NGO Subcontracts	\$ -	\$-	\$ -	\$ -			
Indirect Costs	\$ -	\$ -	\$ -	\$-			
Equipment / Fixed Assets	\$ -	\$-	\$ -	\$-			
Data Collection	\$-	\$ -	\$-	\$ -			
Program Evaluation	\$-	\$-	\$ -	\$ -			
Sustainability Planning	\$ -	\$-	\$ -	\$ -			
Other	\$ -	\$ -	\$ -	\$ -			
Financial Audit	\$ -	\$ -	\$-	\$ -			
TOTAL	\$ -	\$ -	\$ -	\$ -			
	Ψ	÷.	φ -	Ψ -			
Project Income	Income reported to date \$ -	Prior allocated income \$ -	Allocating <mark>\$ -</mark>	Unallocated income balance \$			
	Income reported to date \$		Allocating <mark>\$ -</mark>	Unallocated income balance \$			
Project Income	Income reported to date \$	Prior allocated income \$ -	Allocating <mark>\$ -</mark>	Unallocated income balance \$			
Project Income Salarie Service	Income reported to date JUSTIFIC as & Benefits: as & Supplies:	Prior allocated income \$ -	Allocating <mark>\$ -</mark>	Unallocated income balance \$			
Project Income Salarie Service	Income reported to date SJUSTIFIC as & Benefits:	Prior allocated income \$ -	Allocating <mark>\$ -</mark>	Unallocated income balance \$			
Project Income Salarie Service Professic	Income reported to date JUSTIFIC as & Benefits: as & Supplies:	Prior allocated income \$ -	Allocating <mark>\$ -</mark>	Unallocated income balance \$			

MODIFICATION REQUEST - (FORM BSCC 223.1 (Revised 1/23)

STATE OF CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS

Equipment / Fixed Assets:	
Data	
Collection/Enhancement:	
Program Evaluation:	
Sustainability Planning:	
Other (include travel costs):	
Financial Audit:	

PERSON PREPARING REPORT



BSCC USE ONLY

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.

Date Received:	Approved By:	Date:
	BSCC Field Representative	