

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: Prop 64 Cohort 3
Address:	Lead Public Agency: Lead Agency Name

Contract #: XXX-XX	Modification Request #
Term: 5/1/2023 Term: 10/31/2028	Effective on Invoice #

Line Items	Current Budget	Available Budget	Changes (+/-)	Modified Budget
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -
Services & Supplies	\$ -	\$ -	\$ -	\$ -
Professional Services	\$ -	\$ -	\$ -	\$ -
NGO Subcontracts	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -
Equipment / Fixed Assets	\$ -	\$ -	\$ -	\$ -
Data Collection	\$ -	\$ -	\$ -	\$ -
Program Evaluation	\$ -	\$ -	\$ -	\$ -
Sustainability Planning	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -
Financial Audit	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

Project Income	Income reported to date	\$ -	Prior allocated income	\$ -	Allocating	\$ -	Unallocated income balance	\$ -
-----------------------	-------------------------	------	------------------------	------	------------	------	----------------------------	------

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

Salaries & Benefits:	
Services & Supplies:	
Professional Services:	
NGO Subcontracts:	
Indirect Costs/Administrative Costs:	

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

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.

BSCC USE ONLY

Date Received: _____

Approved By: _____
BSCC Field Representative

Date: _____