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| <input type="checkbox"/> <b>Line-Item Change</b><br><i>Check this box if you are modifying narrative details within a line item (or line items) but not changing the budget.</i> | <input type="checkbox"/> <b>Budget Modification</b><br><i>Check this box if you are modifying line-item dollar amounts by moving funds from one line-item to another.</i> | <input type="checkbox"/> <b>Project Income Allocation</b><br><i>Check this box if you are allocating earned project income.</i> |
|--|---|---|

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

<b>Grantee:</b> Board of State	<b>Program:</b> Adult Reentry Grant
<b>Address:</b> 1234 ABC Street Sacramento, CA 91111	<b>Project Title:</b> RA
<b>Contract #:</b> BSCC 123-20	<b>Modification Request #</b>
<b>Term:</b> 9/1/2020 TO 2/28/2023	<b>Effective on Invoice #</b>

Line Items	Current Budget			Available Budget			Changes (+/-)			Modified Budget		
	Grant Funds	Project Income	TOTAL	Grant Funds	Project Income	TOTAL	Grant Funds	Project Income	TOTAL	Grant Funds	Project Income	TOTAL
Salaries & Benefits	\$ 275,625	\$ -	\$ 275,625	\$ 275,625	\$ -	\$ 275,625	\$ -	\$ -	\$ -	\$ 275,625	\$ -	\$ 275,625
Services & Supplies	\$ 48,700	\$ -	\$ 48,700	\$ 48,700	\$ -	\$ 48,700	\$ -	\$ -	\$ -	\$ 48,700	\$ -	\$ 48,700
Professional Services	\$ 70,200	\$ -	\$ 70,200	\$ 70,200	\$ -	\$ 70,200	\$ -	\$ -	\$ -	\$ 70,200	\$ -	\$ 70,200
NGO Subcontracts	\$ 10,000	\$ -	\$ 10,000	\$ 10,000	\$ -	\$ 10,000	\$ -	\$ -	\$ -	\$ 10,000	\$ -	\$ 10,000
Equipment / Fixed Assets	\$ 20,000	\$ -	\$ 20,000	\$ 20,000	\$ -	\$ 20,000	\$ -	\$ -	\$ -	\$ 20,000	\$ -	\$ 20,000
Data Collection & Progress Reporting	\$ 30,000	\$ -	\$ 30,000	\$ 30,000	\$ -	\$ 30,000	\$ -	\$ -	\$ -	\$ 30,000	\$ -	\$ 30,000
Other (Travel, Training, etc.)	\$ 60,000	\$ -	\$ 60,000	\$ 60,000	\$ -	\$ 60,000	\$ -	\$ -	\$ -	\$ 60,000	\$ -	\$ 60,000
Indirect Costs	\$ 5,000	\$ -	\$ 5,000	\$ 5,000	\$ -	\$ 5,000	\$ -	\$ -	\$ -	\$ 5,000	\$ -	\$ 5,000
<b>TOTAL</b>	<b>\$ 519,525</b>	<b>\$ -</b>	<b>\$ 519,525</b>	<b>\$ 519,525</b>	<b>\$ -</b>	<b>\$ 519,525</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 519,525</b>	<b>\$ -</b>	<b>\$ 519,525</b>

<b>Project Income</b>	Income reported to date	\$ -	Prior allocated income	\$ -	Allocating	\$ -	Unallocated income balance	\$ -
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**JUSTIFICATION FOR MODIFICATION:**

**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

CERTIFIED SUBMIT