## **GRANT ADJUSTMENT REQUEST FORM** ACCESS TO JUSTICE GRANTS PROGRAM CIVIL LEGAL COUNSEL PROJECTS PROGRAM

- Requests must be submitted within 15 days of the change or occurrence.
- Failure to submit the request within the 15-day period may result in suspension of the grant.
- Grant adjustment requests may be submitted up to 90 days prior to the end of the grant period (i.e., prior to September 30).
- Submit the completed and signed grant adjustment request form and all other required forms via DCBF's Grant Management System: <u>https://dcbarfoundation.smartsimple.com</u>.

GRANTEE:	
<b>GRANT IDENTIFICATION</b> <b>NUMBER:</b> <i>e.g. 24-ATJ-2023-1111</i>	
PROJECT TITLE:	
<b>CONTACT INFORMATION:</b> <i>Include name, title, phone number,</i> & email address.	
<b>NATURE OF ADJUSTMENT:</b> <i>Click to selecting the</i> <i>corresponding checkbox(es).</i>	<ul> <li>Budget Reallocation. Complete Section A and C and submit a Revised Project Budget form.</li> <li>Change in Project Staffing. Complete Section B and C, and submit staff resumes.</li> <li>Extension. Complete Section C.</li> <li>Performance Measures. Complete Section C and submit a Revised Performance Measures form.</li> <li>Other. Complete Section C and submit any necessary documents.</li> </ul>

SECTION A: BUDGET REALLOCATION SUMMARY			
Budget Category	<b>Original Budget</b>	<b>Requested Budget</b>	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:		

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		

SECTION C: EXPLANATION OF REQUESTED ADJUSTMENT		

AUTHORIZATION OF ADJUSTMENT			
Grantee Authorized Official			
Signature:		Date of Submission:	