

REQUEST DATE: 11/01/2024

SUBGRANTEE: Lowndes County

SUBGRANT #: L22-8-026

PROJECT NAME: Juvenile Delinquency Prevention Grants P

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	50,000	_____	_____
TOTAL	\$ 50,000	_____	_____
Federal	\$ 50,000	_____	_____
Match	\$ 0	_____	_____

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

CURRENT GRANT PERIOD	REQUESTED GRANT PERIOD	FOR EXTENSION,
Start Date: <u>10/01/24</u>	Start Date: _____	# OF MONTHS: _____
End Date: <u>09/30/25</u>	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 revisions requested.