## Exhibit 1

## LINE ITEM BUDGET-Revisions under 10% aggregate October 1, 2024 - September 30, 2025

CONTRACTOR	CONTRACT NUMBER
DeKalb County Government	40500-042-23234455
CONTRACTOR CONTACT NAME	PHONE NUMBER
Lisa Thomas, Grants & Administrative Manager	470-543-0754

## Remit Invoices to:

Georgia Department of Public Health Attn: Earlisha Bibbs

200 Piedmont Ave SE West Tower Suite 1502

Atlanta, GA 30334 Phone: 404-273-0016

Date Submitted to Contracts

Email: earlisha.bibbs@dph.ga.gov

Type of Expenses		ginal Adjustn	nents Revised
	Bud	dget	Budget
A. Personnel Services (Salaries and Fringe Benefits)	\$619,	972.00	\$ 619,972.00
B. Travel	\$52,5	535.00	\$ 52,535.00
C. Supplies	\$35,7	723.00	\$ 35,723.00
D. Contractual	\$137,	540.00	\$ 137,540.00
E. Indirect Cost	\$32,0	086.00	\$ 32,086.00
		\$	- \$ -
TO	ΓAL	\$877,856.00 \$	- \$ 877,856.00
Contractor Submission Date			
Contractor Signature			
Reason for Adjustment			
OFFICIAL USE ONLY:			
Program /Fiscal Signature			
Revision Effective date			