

CRIMINAL JUSTICE COORDINATING COUNCIL
 SUBGRANT ADJUSTMENT REQUEST
 FEDERAL GRANT #

ADJ REQUEST #: 1

REQUEST DATE: _____

SUBGRANTEE: DeKalb County Government
 PROJECT NAME: DeKalb DUI

SUBGRANT #: A18-8-008

NATURE OF ADJUSTMENT: _____ REVISED BUDGET Go To SECTION I
 _____ PROJECT PERIOD AND/OR EXTENSION. Go To SECTION II
 Mark all that apply. _____ PROJECT OFFICIALS/ADDRESSES. Go To SECTION III
 _____ PROJECT PERSONNEL. Go To SECTION III
 Adjustments of each type _____ GOALS AND OBJECTIVES Go To SECTION III
 shown should be entered _____ OTHER. Go To SECTION III
 in the section indicated.

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	\$ 115,421	-\$115,421	_____
EQUIPMENT	0	_____	_____
SUPPLIES	0	+\$40,000	_____
TRAVEL	0	+\$2,879	_____
PRINTING	0	_____	_____
OTHER	0	+\$61,000	_____
TOTAL	\$ 115,421	\$115,421	_____
Federal	\$ 103,879	\$103,879	_____
Match	\$ 11,542	\$11,542	_____

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

CURRENT GRANT PERIOD	REQUESTED GRANT PERIOD	FOR EXTENSION,
Start Date: <u>07/01/17</u>	Start Date: _____	# OF MONTHS: _____
End Date: <u>06/30/18</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.)

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SECTION IV. JUSTIFICATION OF ALL REQUESTED ADJUSTMENTS, REVISIONS, AND/OR CHANGES

All requested adjustments in Sections I, II & III (page 1) must be justified in detail in this Section. Include item costs, descriptions, equipment lists, detailed explanations, and any other information that would further clarify and support your request for adjustment. Attach additional pages as needed.

To disburse awarded amounts into appropriate tasks/categories.

SUBMITTED BY:

Signature of Financial Officer or Project Director	Title	Date

CJCC ROUTING AND APPROVALS:	Approval	Disapproval	Reviewer Signature
Reviewed By: _____	_____	_____	_____
Authorized By: _____	_____	_____	_____

FY'18 Budget Detail Worksheet

Court Name

DeKalb DUI

Budget Worksheet Category	Line Item Approvals	Line Item Totals
Personnel		0
Contract Services	Counselor Lab Tech/Drug Screener	31,000
Drug Testing Supplies	Consumables Reagents	40,000
Non-Drug Testing Supplies	Treatment Curriculum 0.00	0
Equipment		0
Training and Travel	CACJ State Conference 2,879.00	2,879
Transportation	Private Transportation 30,000.00	30,000
Total Budget Request:		103,879

Match:

11,542

CACJ Funding Committee Notes:

Need to collect participant fees to offset treatment and drug testing OR show as a funding source if already collecting.