

REQUEST DATE: 03/27/25

SUBGRANTEE: DeKalb County Government

SUBGRANT #: J25-8-063

PROJECT NAME: Dekalb County Misdemeanor MHC

NATURE OF ADJUSTMENT:

Mark all that apply.

Adjustments of each type shown should be entered in the section indicated.

REVIS

PROJECT PERIOD AND/OR EXTENSION

PROJECT OFFICIALS/ADDRESSES

PROJECT PERSONNEL

GOALS AND OBJECTIVES

OTHER

Go To

Go To

Go To

Go To

Go To

Go To

SECTION I

SECTION II

SECTION III

SECTION III

SECTION III

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	4,750		
TRAVEL	5,466		
PRINTING	0		
OTHER	110,038		
TOTAL	\$ 120,254		
Federal	\$ 102,815		
Match	\$ 17,439		

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

CURRENT GRANT PERIOD

REQUESTED GRANT PERIOD

FOR EXTENSION,

Start Date: 07/01/24

Start Date:

OF MONTHS:

End Date: 06/30/25

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.

Request to accept the additional \$4,000 added to the Supplies category as reported in the Notice of Adjustment Request Approval #3 generated by the CJCC grants specialist dated 03/27/25. The funds were provided to this court specifically for technological equipment only to be used for accountability court purposes. This will increase the original awarded amount in the Supply category to \$4,750.

Please see attached SAR \$3 Notice of Adjustment Request Approval.

SUBMITTED BY:

	Chief Operating Officer	
Signature of Financial Officer or Project Director	Title	Date

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