

1. Grantee: \_\_\_\_\_  
 Project: \_\_\_\_\_  
 Fiscal Agency: \_\_\_\_\_  
 Grant Number: \_\_\_\_\_ FY: \_\_\_\_\_ WP: \_\_\_\_\_

2. Type of Modification:
- Budget adjustment exceeding 10% clause allowance.
  - Request for additional funding.
  - Request for reduced funding.

3. Budget Category	Current Budget	Proposed Adjustment	Revised Budget
a. Salaries & Benefits			
b. Library Materials			
c. Equipment			
d. Operating Expenses			
e. Indirect Costs			
f. Totals			

4. Justification for modification: (For additional space, use next page)

5. Project Director: \_\_\_\_\_ (Signature) Date: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Financial Officer: \_\_\_\_\_ (Signature) Date: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

CSL USE ONLY: State Librarian: \_\_\_\_\_ (Signature) Date: \_\_\_\_\_ Approved / Disapproved (Circle One)  
 Fiscal Review: \_\_\_\_\_ LDS Grant Monitor: \_\_\_\_\_ (Signature) Date: \_\_\_\_\_ Approved / Disapproved (Circle One)

Upon approval by the State Librarian, the above requested grant award modification constitutes an official amendment to the Consolidated Application and Grant Award Certification document number \_\_\_\_\_. All amendments must remain a part of all existing copies of the document.

NOTE – Final budget modifications must be submitted for approval prior to end of grant period

**4. Justification for modification (extra space):**