

# BUDGET ADJUSTMENT REQUEST

**Implementing Agency:**

**Address:**

**City/State/Zip Code:**

**Phone/Fax/E-mail:**

**Date of Request:**

**Request Submitted To:** Lauren Oppenheimer, Fiscal Officer  
Franklin County Board of Commissioners  
Office of Homeland Security & Justice Programs  
373 S. High Street, 25th Floor  
Columbus, Ohio 43215  
Ph:614-462-7353/Fax:614-462-5549  
E-mail Address: leoppenh@franklincountyohio.gov

**Grant Number:**

**Program Name:**

**Grant Period:**

Dear Lauren:

Please consider the following budget adjustments for the above mentioned Grant Number and Program:

<i>Budget Category</i>	<i>Current Budget</i>	<i>Adjustment</i>	<i>Revised Budget</i>
PERSONNEL	\$0.00	\$0.00	\$0.00
CONSULTANTS	\$0.00	\$0.00	\$0.00
TRAVEL	\$0.00	\$0.00	\$0.00
EQUIPMENT	\$0.00	\$0.00	\$0.00
SUPPLIES	\$0.00	\$0.00	\$0.00
OTHER COSTS	\$0.00	\$0.00	\$0.00
INDIRECT COSTS: 5%	\$0.00	\$0.00	\$0.00
<b>TOTAL BUDGET</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

The following narrative(s) correspond to the above revision request by category:

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Authorized Signature Required