



Street Address:
City, State, Zip:
Phone :
E mail address:

Date of Request:
Budget year of Modification Request:

*Not to exceed 15% of Total Direct Costs or your federally negotiated rate.
 **WIC must not exceed 49% of total budget.

New total must match current total.

Date: _____

* This is the effect date of the requested adjustments. Budget revision are not retroactive.

Form Instructions

1. Complete contact information at the top of the form.
2. Insert Modification Request Date
3. Insert the current budget by line item approved by MDH.
4. Insert modifications being made by line item. Use the - when subtracting from the line and a + when adding to
5. Explain why the modifications are needed.
6. Sign and date form.
7. E-mail form to Grant Manager.