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| Subcontractor | Contract Number | Contract Term |
| Prepared by (Print Name/Title) | Telephone Number | Contract Amount$ |
| This is to justify a request to amend our current: Work Plan (CSD 801) Budget (Attach Revised 425 Forms) Term Extension Other |
| Justification (Describe reason for requested revisions: If budget revisions – list all Budget Line Items used or not and indicate the amount each Line Item is Increased, Not Changed or Decreased by this request. If the amendment is a request for extension of time to complete the activities under the Subcontract Agreement, then provide a narrative of explanation. Use as many Form 425.B sheets as necessary).

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| 1.1 Salaries: | Increase Salaries by $2,300 to accommodate changes in other resources available to support provisions by community services. |
| 1.2 Fringe Benefits: | Increase Fringe Benefits by $500 to align with Salaries adjustments. |
| 2.1 Travel: | Decrease Travel by $100, to adjust for under-expenditure in this Line. |
| 2.2 Space Cost: | Increase Space Cost by $199, a minor adjustment necessitated by final charges based on cost allocation process. |
| 2.3 Consumables: | Increase by $69, same as 2.2. |
| 2.4 R/P/L Equipment: | Decrease by $90, same as 2.2. |
| 2.5 Consultant Services: | Increase by $4,396 to adjust for changes in resources available to pay for agency’s Single Audit. |
| 2.6 Contract Services: | Increase by $75, same as 2.2. |
| 2.7 Delegate Agencies: | Decrease by $7,602 to reflect under-expenditure of delegate agencies—one agency began to utilize other funding to carry out some of its objectives. Agency opted not to participate in the program in 2012. |
| 2.8 Other Costs: | Increase by $253, same as 2.2. |

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| Authorized Subcontractor Representative (Print Name/Title) | Telephone Number |
| Authorized Signature | Date |
| NCIDC USE ONLY |
| NCIDC ACTION □ Approved □ Not Approved (Reason Attached) |
| Authorized NCIDC Representative (Print Name/Title) | Telephone Number |
| Authorized Signature | Date |