



**Virginia Highway Safety Project Grant  
Line Item Budget Adjustment Request**

**Subgrantee:** \_\_\_\_\_  
**Project Title:** \_\_\_\_\_  
**Project Number:** \_\_\_\_\_

Purpose: Use this form to request an adjustment to line items in the project budget.  
 Instructions: Include all line items that are impacted by this request.

**Adjustment Request #** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Total Budget Approved for Grant:** \_\_\_\_\_

Budget Category	ORIGINAL DESCRIPTION	Approved Line Item Amount	Requested Increase/Decrease	Adjusted Line Item Amount	Adjusted 20% Match Increase/Decrease
Personnel					
Fringe Benefits					
Training/Travel					
Contract Costs					
Other Direct Costs					
Equipment					
	<b>SUBTOTAL DIRECT COSTS:</b>				
Indirect Costs					
	<b>NOT TO EXCEED 10% OF TOTAL PROJECT COST</b>				
	<b>TOTAL DIRECT &amp; INDIRECT COST (Rounded to Nearest Dollar)</b>				

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Date Updated on GCS: \_\_\_\_\_ Completed By: \_\_\_\_\_