Budget Transfer Request Form

Date: , 20

It is requested that this budget transfer be approved for the grant(s) and the amount(s) indicated below.

(Grant Type - 5303, 5304, 5305, 5310)

(Name of Agency Accountant)

 (Name of Agency) (Name of Agency Director)

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| **HDOT/STP Authorization:****Division Program Manager** **Grant Program Manager** **Federal Grant Number**  | **STP Office Use Only:****Initials: Date:** **Approved / Modified / Denied (Circle One)** |

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| AMOUNT |  TRANSFER FROM |   TRANSFER TO | JUSTIFICATION/REASON |  FROM ALI  |  TO ALI |
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 Budget Transfer: This form is required when there is no new funding source and no change in the ALI for transferred funds.

Other Clarifications: (Attach modified ledger spreadsheet and note balance adjustments)

 REMINDER: The local match (20%) must be rebalanced with the federal (80%) to equal total grant amount (100%).