Budget Amendment Request Form

Date: _____

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)

HDOT/STP Authorization:	**BUS Office Use Only:**
Section Program Manager _____	**Initials:**_____
Grant Program Manager _____	**Date:**_____
Program Administrator _____	☐ **Approved** ☐ **Modified** ☐ **Denied (Select One)**

AMOUNT	TRANSFER FROM	TRANSFER TO	JUSTIFICATION/REASON	FROM ALI	TO ALI

Budget Amendment: This form is required when there is a new funding source and/or a change in the ALI for grant 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%).