

**COLORADO DIVISION OF CRIMINAL JUSTICE  
BUDGET REVISION (DCJ FORM 4-A)**

See page three to view full instructions for completing this form.

GRANTEE:	GRANT NUMBER:
PROJECT TITLE:	PROJECT DURATION FROM: <span style="float: right;">TO:</span>
PREPARED BY:	PHONE: <span style="float: right;">DATE:</span>

**A GRANT MODIFICATION IS NOT AUTHORIZED UNTIL APPROVED IS RECEIVED IN WRITING FROM DCJ.** To request a change, submit one signed form, including any required attachments, to DCJ. Once approved by DCJ, a copy will be returned for your records.

**A. EXPLANATION OF BUDGET REVISION REQUEST & BUDGET NARRATIVE** explaining and justifying the need for a budget revision (attach additional pages as needed). Include detailed information describing the change to each budget line item (e.g. if moving money from personnel to supplies and operating, you must describe each detailed line item that is changed in both of those categories).



INSTRUCTIONS FOR COMPLETING  
BUDGET REVISION (DCJ FORM 4-A)

**HEADING:**

**Grantee:** This is the agency to which the grant award was made.

**Grant Number:** This is the grant number assigned to the project by DCJ. It can be found on the Grant Award Documents.

**Project Title:** This is the name of the project which is identified on the Grant Award Documents.

**Project Duration:** This is the period of the grant award. It can be found on the Grant Award Documents, and is changed only if the project requests and receives a grant extension.

**Prepared by:** This is the person completing this form. Include this person's 10-digit phone number.

**Date:** This is the date this form is completed.

- A. EXPLANATION OF BUDGET REVISION REQUEST & BUDGET NARRATIVE** explain and justify the need for a budget revision (attach additional pages as needed). Include an explanation on how costs were determined (i.e. what is being purchased, what is the individual costs, etc.).
- B. BUDGET CHANGE** (*THE TOTAL AMOUNT OF THE FEDERAL/STATE AWARD CANNOT INCREASE OR DECREASE. TOTAL MATCH AMOUNT CHANGES MUST BE APPROVED.*)

**Current Approved Budget:** If this is your first budget revision request, indicate the approved budget which can be found in the Grant Agreement.

If you have previously requested and received approval for a budget revision, please indicate your most recently approved budget.

Show the federal/state award, matching dollars, if any, and total by budget category. These amounts should be the same as shown on the most recent Grant Agreement or most recent approved budget revision.

**Requested Budget Change:** Please indicate your requested change in budget amounts for each category. You would generally be moving dollar amounts between categories. The total amount of the Federal/State award cannot increase or decrease from the current approved budget.

**Amount of Total Change:** In this column, show which budget categories have changed by indicating the dollar amount of the increase or decrease. Show decrease amounts in parentheses "( )".

Since the purpose of this form is to move dollars between categories, the total change should be 0.

**Signatures:** Both the designated Financial Officer and the Project Director must sign this report. One signed form must be submitted to DCJ. If either the Fiscal Officer or the Project Director has changed since the last quarterly report, also complete and submit a Change in Project Official (DCJ Form 4-B) form.

**BUDGET REVISIONS ARE NOT EFFECTIVE UNTIL APPROVED EITHER BY GENERAL APPROVAL OR BY A GRANT AGREEMENT MODIFICATION**