ITC GRANT SCOPE OF WORK/BUDGET CHANGE REQUEST FORM

Changes **less than 10**% of the grant award total will be reviewed for approval by the regional ITC Council Member and the ITC Grant Administrator.

Changes **10**% **and above** of the grant award total must be reviewed and approved by the entire ITC Council.

Date:		Prepared By:						
ITC Grant #:		Organization Name:						
In the area below, briefly describe the situation necessitating the requested change(s) and the anticipated outcome(s).								
Using the boxes below, indicate your requested budget allocation (increase/decrease) changes. Refer to your application budget for details.								
Budget Catego	ry Budget Sub-Cate	egory Budget Deta	il Description	Action (+/-)	Amount			
					\$			
					\$			
					\$			
					\$			
					\$			

This area is for Department of		
		\$
		\$
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ITC Council Regional Representative Approval:

\$

\$