



Budget Modification Form Instructions

Reference Number	Instructions
I	These are the approved expense categories according to the Grant Agreement or most recently approved budget revision. Definitions of these categories can be found on the GLFT website, www.GLFT.org/grants/GLFT_budget_def.html .
II	Approved Budget Amounts: These are the approved budget amounts for each expense category according to the Grant Agreement or most recently approved budget revision.
III	Expended GLFT Funds: List the expenditures for each expense category for the project to date.
IV	Amount Change: List the proposed changes to the budget amounts in Column II. Use parentheses to show negative amounts.
V	Proposed Budget Amount: Subtract Column IV from Column II to show the proposed, new budget amounts for each expense category.
VI	Balance: Subtract Column V from Column III to show the proposed, new balance remaining for each expense category.
VII	Explanation: Please attach a brief (up to one page), written explanation for the proposed modification and indicate whether a time extension will be needed to accommodate the budget changes. If the proposed budget modifications substantially change the scope of the project, please also include a revised chart of work that is consistent with the project purpose.

Send the signed form to:

Your GLFT project manager
Great Lakes Fishery Trust
600 W. St. Joseph, Suite 10
Lansing, MI 48933



BUDGET MODIFICATION REQUEST

GLFT Project Number: # _____

GLFT Grant Manager: _____

Organization Name: _____

FOR THE PERIOD: _____ to _____

I Expense Categories	II Approved Budget Amounts	III Expended GLFT Funds	IV Amount Change	V Proposed Budget Amount (difference between II & IV)	VI Balance (difference between V & III)
Salaries	\$	\$	\$	\$	\$
Fringe Benefits	\$	\$	\$	\$	\$
Supplies & Materials	\$	\$	\$	\$	\$
Other Direct Expenses	\$	\$	\$	\$	\$
Overhead & Indirect	\$	\$	\$	\$	\$
Engineering/Design Costs	\$	\$	\$	\$	\$
Facility Construction Costs	\$	\$	\$	\$	\$
Land Acquisition	\$	\$	\$	\$	\$
Contract Services	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$

VII. Please attach the written explanation and revised activity plan, if necessary.

Project Director Name and Title (please type)

Project Director (signature)

Date

GLFT Manager (please type)

GLFT Manager (signature)

Date