



Lake Erie Commission

For office use only

- _____

Approval: Yes No Partial

Effective Date: _____

Project Extension/Revision & Budget Revision Form

This form must be used for all project extension or revision requests or budget revisions.

Absolutely no recreations of this form or any alternative forms will be accepted. Attach any reports, papers or publications that are needed. If this extension or revision requires budgetary changes, please also complete the budget portion of the form. It is important to justify changes to the line item amounts and how these budget changes will enhance your project. Please submit one copy to: Ohio Lake Erie Commission, Lake Erie Protection Fund, 105 West Shoreline Drive, Sandusky, Ohio 44870.

PLEASE NOTE: PRINT CLEARLY OR TYPE

Grant # assigned by Ohio Lake Erie Commission: _____

Project Title: _____

Applicant Organization: _____

Address: _____

Phone: (_____) _____

Amount of Budget Revision: _____ Federal Tax ID (Required): _____

Project Director: _____

Title: _____

Signature: _____ Date: _____

Authorizing Officer: _____

Title: _____

Signature: _____ Date: _____

Fiscal Agent: _____

Title: _____

Signature: _____ Date: _____

For office use only: Reason for partial or no approval:

NOTE: If the project extension/revision requires budgetary changes, you must also complete the budget revision page of this form. It is important to justify changes to the line item amounts and how these budget changes will enhance your project in the revision text section below.

Project Extension or Revision: Explain in detail the reasons for the proposed changes.

LAKE ERIE PROTECTION FUND

SMALL GRANT - BUDGET REVISION REQUEST

Grant Number

v2020

Budget Categories	Original Budget	Current Balance	Proposed Budget	Amount of Change	Percent of Change
A. Salaries & Wages					
B. Fringe Benefits					
C. Total Salaries & Benefits (A+B)					
D. Non-expendable Equipment					
E. Expendable Materials & Supplies					
F. Travel					
G. Services or Consultants					
H. Computer Costs					
I. Publications/Presentations					
J. All other direct costs					
K. Total Direct Costs (C thru J)					
L. Indirect Costs					
Total Costs (K + L)					

I certify that the grant expenditures listed and descriptions of the charges are true and accurate to the best of my knowledge. These expenditures represent approved grant costs that have been previously paid for and for which complete documentation is on file.

Project Director	Date
Authorizing Agent	
Fiscal Agent	