

Budget Revision with Transfer of Funds

| | | |
|---|------------------------|---|
| Fiscal Year | | Effective Date of change (AOC Use Only) |
| Grantee: | | |
| Name of Program: | | |
| Address: | | |
| Phone: | Fax: | |
| Name of individual submitting: | | Date: |
| Category | Original Budget | Revised Budget |
| Professional Services: | | |
| • Counseling | | |
| • Residential/Housing (Mental Health Courts Only) | | |
| • In-Patient Residential (28 day with contract) | | |
| Drug Testing/Supplies, etc. | | |
| Drug Testing Equipment | | |
| Drug Testing Confirmation | | |
| Electronic Monitoring | | |
| Salary & Benefits- (exclude City and County paid positions) | | |
| • Drug Court Coordinator | | |
| • Case Manager | | |
| • Drug Tester(s) | | |
| • Case Worker | | |
| • Other: | | |
| Operating Expenses, office supplies, postage, telephone, printing, copying, etc. (Maximum \$2,400 per year) | | |
| Bus Passes and/or Taxi Vouchers (Maximum \$10,000 per year) | | |
| Incentives, Gift Certificates, \$5-\$15 value, tokens, books, cookie, cake, pizza and haircuts (Maximum \$5,000 per year) | | |
| Basic Needs-clothing, haircut, hygiene products (Max \$10,000/yr) | | |
| Housing with case Manager (Maximum 40% of award) | | |
| Housing (Motel, Apartment, Etc.)(Maximum 40% of award) | | |
| Acquiring necessary capital goods or using appropriate technology | | |
| Studying the Management and operations of the program | | |
| Other (describe): | | |
| TOTAL | \$ - | \$ - |

The above grantee is hereby revising their allocation based on the amount of funding received. The grantee understands that the amendment can not exceed the original budget request. This request is only a request to revise the original budget submitted. The grantee may shift funds from one category to another as long as it is within the scope of the project. The Administrative Office of the Courts may request a written explanation.

By signing below you agree with the intent of the budget revision. Action should not be taken until this revision has been approved by the Specialty Court Statewide Coordinator. The original budget revision summary will be returned to the grantee.

APPROVED BY (Name):

Specialty Court Judge/Chief Judge Signature

Date

AOC Specialty Court Program Analyst Date

Budget revision summaries will be approved within 30 days of receipt. The grantee will receive a copy of the approved request. Programs should not act upon the budget revision until the request has been approved. If you have any questions, please contact Stephanie Gouveia, Specialty Courts Statewide Coordinator: sgouveia@nvcourts.nv.gov 702-486-9395