



**Title III-D  
Evidence Based Health Promotion/Disease Prevention Programs**

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**FY 2017-2018**  
**III-D Grant Budget Revision Request**

**Submit Budget Requests to:**  
Eastern Carolina Council Area Agency on Aging  
Title III-D Program  
233 Middle St, 3<sup>rd</sup> Floor  
New Bern, NC 28560  
(252) 638-3185, ext. 3015  
[areese@eccog.org](mailto:areese@eccog.org)

**Agency:** \_\_\_\_\_

**County:** \_\_\_\_\_

**III-D Representative:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Contact phone number:** \_\_\_\_\_

**Request Date:** \_\_\_\_\_

Please complete the table below with your line item change requests:

| <b>Original Line Item</b>         | <b>Original \$<br/>Amount</b> | <b>Proposed \$<br/>Change</b> | <b>New Line<br/>Item Total</b> |
|-----------------------------------|-------------------------------|-------------------------------|--------------------------------|
| Staff Salary/Fringe               |                               |                               |                                |
| Contract Leader Fees              |                               |                               |                                |
| Materials                         |                               |                               |                                |
| Supplies                          |                               |                               |                                |
| Marketing/Participant Recruitment |                               |                               |                                |
| Leader Training Fees              |                               |                               |                                |
| Travel/Mileage                    |                               |                               |                                |
| <b>TOTAL BUDGET</b>               |                               |                               |                                |

**III-D Grant Budget Revision Explanation:**

*(Example: change in program offerings, trainings, need for supplies or other.)*

\* Please note: ECCAAA requires agencies to notify us of any changes to funding amounts during grant period, and prior written approval from ECC-AAA is required before utilizing funds outside of original contracted services.

\_\_\_\_\_  
*Provider Signature*

\_\_\_\_\_  
*Date*

**ECCAAA Office Use Only**

Date Request Received \_\_\_\_\_

**Budget Revision Approved**

**Budget Revision Declined**

**Budget Revision requires further information**

**Budget Revision Completed:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

\_\_\_\_\_  
*ECCAAA-Director Approval Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*ECCAAA-III-D Program Signature*

\_\_\_\_\_  
*Date*