



TIDC Grant Budget Adjustment Request

RE: FY2022 _____ **Budget Adjustment Request - Grant Number** MH-22-108

 Hidalgo County requests a budget adjustment for the Public Defender Mental Health Unit Program. The details of the request are indicated in the table below:

	Current Approved Budget <small>(From award statement)</small>	Requested Line-Item Change <small>(+ or – amount for each category)</small>	Requested Adjusted Budget
Direct Costs			
1) Personnel	\$278,427.00	\$2,862.50	\$281,289.50
2) Fringe Benefits	\$94,926.00	\$4,746.94	\$99,672.94
3) Travel and Training	\$3,500.00	-\$3,500.00	\$0.00
4) Equipment	\$3,600.00	-\$1,061.37	\$2,538.63
5) Supplies & Direct Operating	\$3,000.00	-\$959.07	\$2,040.93
6) Contract Services	\$3,000.00	-\$2,089.00	\$911.00
7) Indirect Costs	\$0.00	\$0.00	\$0.00
Total Proposed Costs	\$386,453.00	\$0.00	\$386,453.00
Less Cash from Other Sources	\$0.00		
Total Amount Funded by Commission	\$386,453.00	\$0.00	\$386,453.00

1. Rationale for Adjustment – Explain in detail the proposed changes to the budget and why they are needed. Be specific and use statistics, if possible. Use as much space as necessary to fully explain why the changes are necessary. Attach more detailed “before and after” budget category breakout as needed to fully explain changes.

2. Detail any proposed changes to the staffing model and why they are needed.

3. Explain any proposed change in program Scope or Program Activities

Authorized Official Signature

Date