



Grant Funding Reallocation Form

Date: _____

Project Title: _____

Name of Primary Contact: _____

Email of Primary Contact: _____

Brief Allocation Description (Include original and reallocated amounts):

Primary Contact Signature: _____

Date of Signature: _____

Accounting Commissioner Signature: _____

Date of Signature: _____

*****REALLOCATIONS CANNOT PUT BUDGET OVER INTITIAL GRANT AMOUNT*****