

LINE ITEM SHIFT REQUEST

Form 2.1.4. (Rev. 10.2019)

State of California

California Department of Food and Agriculture

Office of Grants Administration

Date	Grant Agreement #	Grant Award Amount	Line Item Shift #

Grant Recipient Information

Organization Name:

Contact Name: _____ **Email:** _____

Justification

Line Item Shift Budget Adjustment Table

Project Budget Categories	Current Project Budget (A)	Line Item Shift Revision (B)	Revised Project Budget (A + B)
1. PERSONNEL			
a) Salaries and Wages			
b) Fringe Benefits			
2. OPERATING EXPENSES			
a) Travel			
b) Equipment			
c) Supplies			
3. CONTRACTORS/CONSULTANTS			
4. OTHER DIRECT COSTS			
5. INDIRECT COSTS (can't increase)			
Totals:		(Must net zero)	(Must equal award amount)

Authorized Official

Printed Name _____ Telephone Number _____

Signature _____ Date _____

FOR STATE USE ONLY

Approved LISR #1 _____% LISR #2 _____% LISR #3 _____% LISR #4 _____%
 Not Approved

CDFA Authorized Signature: _____ Date: _____