

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: