

ILLINOIS DEPARTMENT OF HUMAN SERVICES
BUDGET PLAN FOR HUMAN SERVICES PROGRAM

REVISION OF BUDGET

AGENCY: _____

PROGRAM: _____ FOR THE PERIOD: _____ THROUGH: _____

BUDGET SUMMARY LINE ITEM (Category)	Original Total for the Program	Revised Total for the Program	Revised Budget Difference (+, -)	SOURCES OF FUNDS		
				Applicant and Other	Requested from IDHS	
Personal Services						
Contractual Services						
Supplies						
Travel						
Equipment						
TOTAL, Direct Costs						

TOTAL Indirect Costs					
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SOURCES OF FUNDS - Applicant and Other Sources	Required Match	Other Support	Total
Salaries/Union County			
Utilities/3 sites			
Payroll Taxes			
Volunteers (in kind value)			
TOTAL, Applicant and Other Sources			

SUBMIT REVISION OF BUDGET FORM AND A NARRATIVE EXPLAINING THE REVISION FOR ANY BUDGET LINE CHANGE OVER \$500.00

Revision of Budget