BUDGET ADJUSTMENT SHEET

CJC Grant Program:	Select from the drop-down list
Grant Cycle:	2025-2027
Grant Recipient Name:	Columbia ADC
Grant Agreement #:	TCP-27-09

Directions:
The items listed within each category below have been approved by CJC.
To submit an adjustment request (programmatic change and/or budget modifications), you must complete the associated adjustment request task in CJC's grant management system, SM Apply (https://cjc-grants.smapply.io), and this tab of the expense tracker if your adjustment includes budget modifications
For each line item for which you are requesting an adjustment, complete the corresponding lines to the right.
If you are requesting to create a new line item, you may do so next to a blank line item.
This sheet will be preserved, but a new blank sheet will be copied for each new quarter after a budget request is submitted

Personnel

	Position Title	Employing Organization / Contracted Organization	% Time (FTE)	Months Employed	Total Remaining	Type of Action	Amount by which you are requesting to add or reduce	To which line item(s) are you requesting to add or reduce funds to support this movement request? (You must also indicate an adjustment next to the line item you are moving funds to or from / for a new line item, add that next to a blank line item)	Employing Organization / Contracted Organization	New % Time (FTE)	New # of Months Employed	Reason you no longer need the previously approved amount of funds in this line item or the reason you need additional funds in this line item	If this is a new line item, provide a the line item description. If this is not a new line item, please indicate so with "N/A"	If this is a new line item, provide a brief (1-3 sentences) description and justification as to how it meets or fulfills the purpose/intent of the program. If this is not a new line item, please indicate so with "N/A"
1	Probation Officer	Columbia County Community Corrections	0%	14	$ 7,857.16									
2	0	0	0%	0	$ -									
3	0	0	0%	0	$ -									
4	0	0	0%	0	$ -									
5	0	0	0%	0	$ -									
6	0	0	0%	0	$ -									
7	0	0	0%	0	$ -									
8	0	0	0%	0	$ -									
9	0	0	0%	0	$ -									
10	0	0	0%	0	$ -									
11	0	0	0%	0	$ -									
12	0	0	0%	0	$ -									
13	0	0	0%	0	$ -									
14	0	0	0%	0	$ -									
15	0	0	0%	0	$ -									
16	0	0	0%	0	$ -									
17	0	0	0%	0	$ -									
18	0	0	0%	0	$ -									
19	0	0	0%	0	$ -									
20	0	0	0%	0	$ -									

Housing & Facilities

	Item Description	Employing Organization / Contracted Organization		Total Remaining	Type of Action	Amount by which you are requesting to add or reduce	To which line item(s) are you requesting to add or reduce funds to support this movement request? (You must also indicate an adjustment next to the line item you are moving funds to or from / for a new line item, add that next to a blank line item)	Employing Organization / Contracted Organization		# Units	Reason you no longer need the previously approved amount of funds in this line item or the reason you need additional funds in this line item	If this is a new line item, provide a the line item description. If this is not a new line item, please indicate so with "N/A"	If this is a new line item, provide a brief (1-3 sentences) description and justification as to how it meets or fulfills the purpose/intent of the program. If this is not a new line item, please indicate so with "N/A"
1	Housing Assistance	Various		$ (1,479.49)	Adding funds	$ 4,000.00	removing 4,000 from Conferences and training	Columbia ADC		1	We need additional funds in this line item as multiple ADC participants had long stay's in either transitional housing or needed general rental assiatnce.	na	n/a
2	Storage Rental Fees	Various		$ 1,172.00									
3	Utility Expenses	Various		$ 818.92									
4	0	0		$ -									
5	0	0		$ -									
6	0	0		$ -									
7	0	0		$ -									
8	0	0		$ -									
9	0	0		$ -									
10	0	0		$ -									
11	0	0		$ -									
12	0	0		$ -									
13	0	0		$ -									
14	0	0		$ -									
15	0	0		$ -									
16	0	0		$ -									
17	0	0		$ -									
18	0	0		$ -									
19	0	0		$ -									
20	0	0		$ -									

Equipment

	Item Description	Employing Organization / Contracted Organization		# Units	Total Remaining	Type of Action	Amount by which you are requesting to add or reduce	To which line item(s) are you requesting to add or reduce funds to support this movement request? (You must also indicate an adjustment next to the line item you are moving funds to or from / for a new line item, add that next to a blank line item)	Employing Organization / Contracted Organization		# Units	Reason you no longer need the previously approved amount of funds in this line item or the reason you need additional funds in this line item	If this is a new line item, provide a the line item description. If this is not a new line item, please indicate so with "N/A"	If this is a new line item, provide a brief (1-3 sentences) description and justification as to how it meets or fulfills the purpose/intent of the program. If this is not a new line item, please indicate so with "N/A"
1	0	0		0	$ -									
2	0	0		0	$ -									
3	0	0		0	$ -									
4	0	0		0	$ -									
5	0	0		0	$ -									
6	0	0		0	$ -									
7	0	0		0	$ -									
8	0	0		0	$ -									
9	0	0		0	$ -									
10	0	0		0	$ -									
11	0	0		0	$ -									
12	0	0		0	$ -									
13	0	0		0	$ -									
14	0	0		0	$ -									
15	0	0		0	$ -									
16	0	0		0	$ -									
17	0	0		0	$ -									
18	0	0		0	$ -									
19	0	0		0	$ -									
20	0	0		0	$ -									

Supplies

	Item Description	Employing Organization / Contracted Organization		Total Remaining	Type of Action	Amount by which you are requesting to add or reduce	To which line item(s) are you requesting to add or reduce funds to support this movement request? (You must also indicate an adjustment next to the line item you are moving funds to or from / for a new line item, add that next to a blank line item)	Employing Organization / Contracted Organization		Reason you no longer need the previously approved amount of funds in this line item or the reason you need additional funds in this line item	If this is a new line item, provide a the line item description. If this is not a new line item, please indicate so with "N/A"	If this is a new line item, provide a brief (1-3 sentences) description and justification as to how it meets or fulfills the purpose/intent of the program. If this is not a new line item, please indicate so with "N/A"
1	Hygiene Supplies	Various		$ 385.50								
2	ID & License Fees	Oregon DMV		$ 1,749.00								
3	Gas Cards	Various		$ 1,450.00								
4	Recovery Events	Various		$ 750.00								
5	0	0		$ -								
6	0	0		$ -								
7	0	0		$ -								
8	0	0		$ -								
9	0	0		$ -								
10	0	0		$ -								
11	0	0		$ -								
12	0	0		$ -								

13	0	0		$ -									
14	0	0		$ -									
15	0	0		$ -									
16	0	0		$ -									
17	0	0		$ -									
18	0	0		$ -									
19	0	0		$ -									
20	0	0		$ -									

Direct Services

	Item Description	Employing Organization / Contracted Organization		Total Remaining	Type of Action	Amount by which you are requesting to add or reduce	To which line item(s) are you requesting to add or reduce funds to support this movement request? (You must also indicate an adjustment next to the line item you are moving funds to or from / for a new line item, add that next to a blank line item)	Employing Organization / Contracted Organization		Reason you no longer need the previously approved amount of funds in this line item or the reason you need additional funds in this line item	If this is a new line item, provide a the line item description. If this is not a new line item, please indicate so with "N/A"	If this is a new line item, provide a brief (1-3 sentences) description and justification as to how it meets or fulfills the purpose/intent of the program. If this is not a new line item, please indicate so with "N/A"
1	UAs (including weekend & holiday)	TBD		$ 5,826.00								
2	ASAM Assessments, Columbia Community Mental Health	Columbia Community MH		$ 4,132.50								
3	Domestic Violence Treatment	Group Treatment		$ 300.00								
4	0	0		$ -								
5	0	0		$ -								
6	0	0		$ -								
7	0	0		$ -								
8	0	0		$ -								
9	0	0		$ -								
10	0	0		$ -								
11	0	0		$ -								
12	0	0		$ -								
13	0	0		$ -								
14	0	0		$ -								
15	0	0		$ -								
16	0	0		$ -								
17	0	0		$ -								
18	0	0		$ -								
19	0	0		$ -								
20	0	0		$ -								

Training/Associated Travel

	Item Description	Employing Organization / Contracted Organization		Total Remaining	Type of Action	Amount by which you are requesting to add or reduce	To which line item(s) are you requesting to add or reduce funds to support this movement request? (You must also indicate an adjustment next to the line item you are moving funds to or from / for a new line item, add that next to a blank line item)	Employing Organization / Contracted Organization	# Individuals Attending	Reason you no longer need the previously approved amount of funds in this line item or the reason you need additional funds in this line item	If this is a new line item, provide a the line item description. If this is not a new line item, please indicate so with "N/A"	If this is a new line item, provide a brief (1-3 sentences) description and justification as to how it meets or fulfills the purpose/intent of the program. If this is not a new line item, please indicate so with "N/A"
1	AllRise Conference 2026	NADCP		$ 23,615.73	Reducing funds	$ 4,000.00	Moving this to housing assistance line items to cover large cost of rental assistance for ADC participants	Columbia ADC		cost of NADCP will be less than anticipated, we can use this decrease in funds to support participants with rental assistance	n/a	n/a
2	0	0		$ -								
3	0	0		$ -								
4	0	0		$ -								
5	0	0		$ -								
6	0	0		$ -								
7	0	0		$ -								
8	0	0		$ -								
9	0	0		$ -								
10	0	0		$ -								
11	0	0		$ -								
12	0	0		$ -								
13	0	0		$ -								
14	0	0		$ -								
15	0	0		$ -								
16	0	0		$ -								
17	0	0		$ -								
18	0	0		$ -								
19	0	0		$ -								
20	0	0		$ -								

Administrative Costs

	Item Description	Employing Organization / Contracted Organization		Total Remaining	Type of Action	Amount by which you are requesting to add or reduce	To which line item(s) are you requesting to add or reduce funds to support this movement request? (You must also indicate an adjustment next to the line item you are moving funds to or from / for a new line item, add that next to a blank line item)	Employing Organization / Contracted Organization		Reason you no longer need the previously approved amount of funds in this line item or the reason you need additional funds in this line item	If this is a new line item, provide a the line item description. If this is not a new line item, please indicate so with "N/A"	If this is a new line item, provide a brief (1-3 sentences) description and justification as to how it meets or fulfills the purpose/intent of the program. If this is not a new line item, please indicate so with "N/A"
1	Grant Administrative Costs	0		$ 4,497.84								
2	0	0		$ -								
3	0	0		$ -								
4	0	0		$ -								
5	0	0		$ -								
6	0	0		$ -								
7	0	0		$ -								
8	0	0		$ -								
9	0	0		$ -								
10	0	0		$ -								
11	0	0		$ -								
12	0	0		$ -								
13	0	0		$ -								
14	0	0		$ -								
15	0	0		$ -								
16	0	0		$ -								
17	0	0		$ -								
18	0	0		$ -								
19	0	0		$ -								
20	0	0		$ -								