PROGRAM ADJUSTMENT REQUEST FORM MINI-GRANT

**For requests over the 10% / $200 (whichever is smaller) limit described on the budget page**

**Can be duplicated if mutiple requests are needed**

Top of Form

Registered Coalition Name (as it appears on the registry):

Grant Contact Person:   Email:

Prevention Resource Center:

Prevention Resource Center Prevention Specialist:

Title of Program/Activity Conducted:Bottom of Form

**All program adjustment requests must be submitted by June 1, 2025.** Requests should be completed by the grantee and with the assistance of the Prevention Resource Center. Prevention Resource Centers will send the completed form to the Department of Mental Health.

1. Describe the rationale for adjusting the grant’s budget.

2. List each budget line item and the dollar amounts that will change as a result of this adjustment.

3. Attach a revised action plan and timeline for implementing the changes, if applicable.