

Exhibit E**SNAP Employment and Training (E&T)**

**Health Care Authority
Income Support Division**

BUDGET ADJUSTMENT REQUESTCONTRACTOR: **EQUUS**

Date: _____

Agreement No: **GSA 26-630-9000-00****ATTACH JUSTIFICATION NARRATIVE FOR EACH LINE ITEM**

CATEGORY	LINE ITEM	AMOUNT OF INCREASE	AMOUNT OF DECREASE
TOTALS		\$	\$

I certify that the above is required for efficient program operation.

Authorized Signature: _____

Date: _____

FOR HSD USE ONLY**APPROVED****DISAPPROVED**

Authorized Signature: _____

Date: _____