

Exhibit C

NMMFA Homeless Shelter Program
Human Services Department
Income Support Division

BUDGET ADJUSTMENT REQUEST

CONTRACTOR: _____ Date: _____

Agreement No: _____

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: _____