



BUDGET ADJUSTMENT REQUEST

I. APPLICANT INFORMATION

Name of Organization _____ Contact Name/Title _____
 Email Address _____ Telephone # _____

II. ADJUSTED GRANT BUDGET BY EVENT

EVENT TITLE: _____

REVENUES	Approved Event Budget (From your grant application)	Adjusted Event Budget	Change in Budget <i>(Explain on page 2)</i>
EARNED			
Admissions charges	_____	_____	_____
Registration fees	_____	_____	_____
Event fundraising	_____	_____	_____
Concessions, parking, publications, advertisers	_____	_____	_____
Other earned income (Specify):	_____	_____	_____
UNEARNED			
Killeen Arts Commission Grant	_____	_____	_____
Texas Commission on the Arts Grant	_____	_____	_____
Contributions and donations	_____	_____	_____
Membership fees	_____	_____	_____
Other unearned income (Specify):	_____	_____	_____
TOTAL REVENUES	_____	_____	_____

Explanation of Other Earned & Unearned Revenues:

EXPENSES	Approved Event Budget (From your grant application)	Adjusted Event Budget	Change in Budget <i>(Explain on page 2)</i>
REIMBURSABLE EXPENSES			
All paid personnel (Staff)	_____	_____	_____
Outside professional services	_____	_____	_____
Space rental	_____	_____	_____
Equipment rental	_____	_____	_____
Supplies and materials	_____	_____	_____
Costumes	_____	_____	_____
Exhibition rental fee/royalty	_____	_____	_____
Insurance	_____	_____	_____
Promotion, media, printing, and postage	_____	_____	_____
Other (Specify):	_____	_____	_____
TOTAL REIMBURSABLE EXPENSES	_____	_____	_____

Explanation of Other Expenses:

EXPLANATIONS OF CHANGES IN BUDGET

Describe any changes between Event Budget as approved from your Grant Application and Adjusted Event Budget.

Signature of Applicant

Printed or Typed Name

Printed or Typed Title

Date