Adult and Dislocated Worker Budget Modifications Form

To complete the modification request, enter the relevant program year, then fill out the table below. For each relevant line item, enter 1) the Funding Stream (Adult or Dislocated Worker) 2) The current dollar amount, 3) The change, in dollars, and 4) The new total for each relevant line item.

Program Year _____

Cost Category	Funding Stream	Current Total $	Change (+/-) $	New Total $
Personnel-Salaries/Wages				
Personnel-Fringe				
Non-Personnel-Occupancy Cost				
Non-Personnel-Travel				
Non-Personnel-Conference & Training				
Non-Personnel-Other (Describe in Justification)				
Participant Services-Training Contracts				
Participant Services-Work-based Training				
Participant Services-Incumbent Worker Training				
Participant Services-Pay for Performance (PfP)				
Participant Services-Support Services				
Participant Services-Contracted Services				
Administrative Personnel-Salaries/Wages				
Administrative Personnel-Fringe				
Administrative Non-Personnel- Occupancy Cost				
Administrative Non-Personnel- Travel				
Administrative Non-Personnel- Conf. &Training				
Administrative Non-Personnel- Other				
Administrative- Contracted Services				

Justification-Please provide a detailed explanation for why the modification is required to meet program goals.

Workforce Development Board Director Signature_____ Date_____

NJDOL Representative Signature _____ Date_____

NJDOL ONLY

Approved ☐ **Not Approved** ☐

Justification for Approval or Denial
