

**STATE OF NEW JERSEY**  
**DIVISION OF ADMINISTRATION**  
**GRANT ADJUSTMENT REQUEST FORM**  
 (Submit in Triplicate)

BUDGET CATEGORIES	APPROVED PROJECT BUDGET		PROPOSED TRANSFERS		REQUESTED OPERATING BUDGET	
	SUBGRANT FUNDS	MATCH	SUBGRANT FUNDS	MATCH	SUBGRANT FUNDS	MATCH
A. Salaries						
B. Fringe Benefits						
C. Travel						
D. Equipment						
E. Supplies						
F. Consultants/Contracts/Sunwards					\$126,000.00	
G. Other						
<b>TOTALS</b>					\$126,000.00	

1. Subgrantee: \_\_\_\_\_ County of Passaic  
 2. Implementing Agency: \_\_\_\_\_ Prosecutor's Office  
 3. Project Address: \_\_\_\_\_ 401 Grand Street  
 \_\_\_\_\_ Paterson NJ 07501  
 4. Subgrant No./Title: \_\_\_\_\_ 25-ARRVCIM-16  
 5. Project Duration: \_\_\_\_\_  
 From: \_\_\_\_\_ 3/17/2025  
 To: \_\_\_\_\_ 3/16/2027  
 6. Date of Request: \_\_\_\_\_ 4/7/2026  
 7. REQUEST TO MODIFY SUBGRANT DURATION PERIOD

8. Subgrantee Certification:  
 Signature: \_\_\_\_\_  
 PROJECT DIRECTOR  
 Signature: \_\_\_\_\_  
 PCPO Fiscal Officer

**FOR DOA USE ONLY**

Approved \_\_\_\_\_  
 Chief or Designee: \_\_\_\_\_  
 Program Analyst: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Remarks: \_\_\_\_\_  
 Passaic County is extending the grant period in order to expand remaining funds.