State Council of
Higher Education for Virginia

GEAR UP Virginia (GUV) 2021-2028
BUDGET MODIFICATION FORM

Contact Name:	
School Name:	**School Division:**
Phone:	**Email:**

Budget Modification: *Detail the line-item movement and specific dollar amounts.*

Budget Categories	Original Budget	Change (+/-)	Revised Budget
Salaries and Wages			
Benefits			
Travel			
Materials and Supplies			
Consultants and Contracts			
Total			

Program Modification: *Describe the program modification and the changes that will occur because of the modification, including 1) what will not occur, as well as 2) new programming that will occur. Additional pages may be attached.*

AUTHORIZED REPRESENTATIVE SIGNATURE	Authorized Representative: (Print or Type Name)	Title:
	Signature of Authorized Representative:	Date:
FOR SCHEV USE ONLY	**Amendment No.:** ☐ **1** ☐ **2** ☐ **3** ☐ **4**	
	☐ **Approved** ☐ **Approved with conditions** ☐ **Denied**	
	Signature of GEAR UP Program Representative:	Date: