

## **BEHAVIORAL HEALTH School Grant Application**

2024-2025

## **Reallocation of Funds**

You a	ire able to	adjust your	approved i	itemized	budget by	filling	out	this i	form	and	sending	to I	Kayla	Stastr	ny at
kastas	stny@nd.g	gov. Funds c	annot be sp	ent until	reallocatio	n has b	oeen	appro	oved.	If to	tal amou	nt c	of cont	ract n	reeds
to inc	rease you	must fill out	a new appli	cation.											

PRIMARY CONTACT	CONTRACT NUMBER
EMAIL	PHONE

Please provide 1.) original category 2.) original amount (please identify exact amount that was allocated) 3.) original description of where funds were to be utilized 4.) new category 5.) amount being reallocated 6.) Description of where funds will be utilized

ORIGINAL CATEGORY	ORIGINAL AMOUNT	ORIGINAL DESCRIPTION	NEW CATEGORY	AMOUNT BEING REALLOCATED	NEW DESCRIPTION