

Exhibit F

DWS Vocational Training Program TANF
Human Services Department
Income Support Division

BUDGET ADJUSTMENT REQUEST

CONTRACTOR: **New Mexico Department of Workforce Solutions**

Date: _____

Agreement No: **GSA 21-630-9000-0006**

ATTACH JUSTIFICATION NARRATIVE FOR EACH LINE ITEM

| CATEGORY | LINE ITEM | AMOUNT OF INCREASE | AMOUNT OF DECREASE |
|---------------|-----------|--------------------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTALS | | | |

I certify that the above is required for efficient program operation.

Authorized Signature: _____

Date: _____

FOR HSD USE ONLY

APPROVED

DISAPPROVED

Authorized Signature: _____

Date: _____