

Local Health Department
Request for Approval

MEMORANDUM

To: _____ **Date:** _____
From: _____ **Phone:** _____
LHD: _____ **Contract Number:** _____
Program: _____ **Funding Period:** _____

Funding Administration approval is requested for non-budgeted expenditures and/or controlled line item(s) which exceeded prescribed tolerance (LHFSM Section 2050.03). **Please indicate approval or disapproval below and deliver or email this form, within 5 days, to the following:**

_____, _____
DGLHA Grant Officer Email Address

_____, _____
LHD Representative Email Address

Line Item Number/Description	Amount	Approved	Disapproved

Other action/Comments. Please specify:

Date

Local Health Department Signature

Date

Program Administration Signature