# Appendix F Carryover Exception Request

Program Site Name:

County:

|  |  |
| --- | --- |
| Total Allocation  | Carryover Exception Requested\*  |
|   |   |
| Please provide a justification for unspent funding  |
|   |
| Please provide a plan for carryover funding  |
|      |
| Please provide a detailed budget on the use of the funds for the program/service  |
|   |
| Projected time period for use of funds  |
|   |

\*Maximum 15% of allocation