# 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