

**Exhibit E****SNAP Employment and Training (E&T)**

**Health Care Authority  
Income Support Division**

**BUDGET ADJUSTMENT REQUEST**CONTRACTOR: **EQUUS**

Date: \_\_\_\_\_

Agreement No: **PSC 26-630-9000-0025****ATTACH JUSTIFICATION NARRATIVE FOR EACH LINE ITEM**

CATEGORY	LINE ITEM	AMOUNT OF INCREASE	AMOUNT OF DECREASE
<b>TOTALS</b>		\$	\$

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

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR HSD USE ONLY****APPROVED****DISAPPROVED**

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_