## Exhibit F

Early Childhood Education and Care Department Health Care Authority Income Support Division

## BUDGET ADJUSTMENT REQUEST

| CONTRACTOR:                                |                            | Da                     | ite:               |
|--|----------------------------|------------------------|--------------------|
| Agreement No:                              |                            |                        |                    |
| ATTA                                       | CH JUSTIFICATION           | NARRATIVE FOR EACH LIN | IE ITEM            |
| CATEGORY                                   | LINE ITEM                  | AMOUNT OF INCREASE     | AMOUNT OF DECREASE |
|  |                            |                        |                    |
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|  |                            |                        |                    |
|  | TOTALS                     | \$                     | \$                 |
| *  |                            |                        |                    |
| I certify that the above is required for e | fficient program operation | i.                     |                    |
|  |                            |                        |                    |
| Authorized Signature:                      |                            |                        | Date:              |
|  | EOD                        | HCA HEE ONLY           |                    |
|  | FUR                        | HCA USE ONLY           |                    |
| APPROVED                                   | DISAPPROVED                |                        |                    |
| Authorized Signature:                      |                            |                        | Date:              |