



GRANT MODIFICATION REQUEST State of Connecticut

Project Name:

Today's Date:

Grant Program:

Applicant:

Grant Number:

Contact Name:

Contact Email:

State Contract End date:

Contact Phone:

Request for modifications to the approved scope of work, budget, and/or period of performance may be eligible, but will not be granted automatically and must be supported by adequate justification in order to be processed. The justification must be a written explanation of the reason (or reasons) for the need to modify or change the existing scope of work, budget, or schedule. The language below serves as an outline to your modification request. You may be required to attach or include additional pages to your request. Completed requests are sent to DEMHS Hazard Mitigation Officer. If DEMHS determines that the request meets the minimum requirements, set by FEMA, this document will be forwarded to FEMA for their final approval.

1. TYPE OF REQUEST:

- Scope of Work Modification*
- Period of Performance Modification*
- Budget Amendment*

2. REASON FOR MODIFICATION:

*Identify and describe the **reasons and issues that make the modification necessary** to complete the project. Identify the current status of the approved scope of work to date. (Limit 600 Characters, Attach additional pages if needed)*

Please provide any supplemental information which describes what the changes will be and how they will affect the overall performance of the project. Additional attachments may be needing including budget reallocation form, new timeline, drawings, engineers plans or specifications, photos, etc. (Limit 600 Characters, Attach additional pages if needed)

3. BUDGET:

- a. Does this grant modification request change the budget in any way?

YES if yes, please provide a reallocation form.

NO

- b. Does the revised budget result in the need for additional funds to complete the project?

YES, if yes, a revised Benefit Cost Analysis will be required.

NO

- c. Describe any remaining funds, which have not yet been spent (both federal and non-federal share.) Please outline how these remaining funds will be used.

4. REMAINING OBJECTIVES:

- a. Tasks remaining to complete the project

Identify the tasks necessary to complete the project.

- b. New project schedule and completion date.

Detailed project schedule is attached (recommended)

If this request includes a period of performance modification, a new work schedule is required. Select and identify the new projected completion date for the Grant Award. Make sure the projected completion date is in compliance with appropriate Program statutes, regulation and Grant Award Agreement Articles.

- c. Responsible Contact

Printed Name

Signature

Date

List the position/person responsible for oversight of the completion of the project.

For State Use Only

Approved by:

Approved by:

Date:

Date: