

# STATE OF CONNECTICUT Office of Policy and Management

### **CJPPD Sub Grantee Grant Amendment Request Form**

#### **Instructions**

- This form is used to request an amendment to an existing grant award.
- The sub grantee may need to submit with this form their amended Budget and/or Project Narrative if applicable.
- The form requires signature from the sub-grantees designated project director.
- Once the request is approved a copy of the form will be signed by the OPM Grant Administrator and sent to the sub grantee as final confirmation of the amendment.
- Any questions please contact your OPM Grant Administrator.

Grant Information	on		
Grantee Name:			
Existing Grant Nu	ımber:		
Existing Grant Period:			
Sub Grantee's Pro	ject Director's Signature:		
Date:			
Contract Amendments			
Please check the f	following box that applies to your request and attach an updated budget and narrative.		
	Increase the Grant Award (Requires updated budget and narrative)		
	Decrease the Grant Award (Requires updated budget and narrative)		
	Extend the Grant Period (Requires updated budget and narrative)		
Program Office Approvals			
Please check the following box that applies to your request. Contact your OPM grant administrator to verify if additional attachments are required.			
	Budget Modification - Does not involve an increase in grant award amount.  Involves reallocation between budget categories		
	Change in Scope		
	Release of Special Conditions		



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- For OPM Internal Use Only
   This section is to be completed by an OPM Grant Administrator.
   Please check off the items that are approved or denied and provide an explanation.
  - This form is to be signed and returned to the sub grantee as an official decision of the amendment.

Sub Grantee Amendment Request Approved				
The following request was <b>Approved</b> :				
Increase in Grant Award	Budget Modification			
Decrease in Grant Award	Change in Scope			
Extend the Grant Period	Release of Special Conditions			
Notes:				

Sub Grantee Amendment Request Denied  The following request was Denied:			
Decrease in Grant Award	Change in Scope		
Extend the Grant Period	Release of Special Conditions		
Notes:			

For OPM Internal Use Only		
Signature of OPM Grant Administrator:		
Date:		