**Vermont Department of Public Safety – Homeland Security Unit**

**Amendment Request Form**

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| ***When to use this form:*** |
| 1. Subrecipients may request an amendment make a programmatic, administrative, or substantial financial change to an executed agreement. Examples include changes in scope of work, budget modification, and change in Subgrant term (period of performance). 2. This form can be used to request an amendment to an executed grant agreement for the following grant programs:   State Homeland Security Grant Program (SHSP)  Operation Stonegarden Grant Program (OPSG) |
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| ***Instructions:*** |
| 1. Complete all of the information below that pertains to your project change request 2. The amendment request form must be signed with a physical or digital signature. A typed name will not be accepted. 3. Submit the completed form to [DPS.HSUGrants@vermont.gov](mailto:DPS.HSUGrants@vermont.gov) 4. Please attach a revised budget (if applicable) and any additional supporting documentation 5. Note: Follow up may be required, including but not limited to:    1. Up to (3) quotes may be required for any new equipment    2. Environmental and Historic Preservation survey may need to be included    3. Additional justification, budget breakdowns, or clarification may be requested    4. Review/ approval from Working Groups may be needed   **DO NOT PROCEED WITH ANY CHANGES UNTIL YOU HAVE AN EXECUTED AGREEMENT IN YOUR POSSESSION**.  If an amendment to this agreement is approved, no purchases or work may be completed under the adjusted scope of the agreement until the amendment has been executed (signed by both the authorized representative of the State and Subrecipient). |
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| **Date of Request:** |  |
| **Subrecipient (organization):** |  |
| **Agreement #:** |  |

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| ***My organization is requesting the following:*** | |
| **Project (Scope) Revision**  **Budget Modification**  **Period of Performance Change** | **Other (*please explain):*** |

**Period of Performance Change:**  **Yes**  **Not Applicable**

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| **Approved Period of Performance** | | **Requested Period of Performance** | |
| Enter start date | Enter the end date | Enter start date | Enter the end date |

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| **Scope and/or budget change** | | | |
| **Approved Scope** | | **Amendment Request:** | |
| **Approved (executed ) scope:**  *Refer to your most recent agreement or amendment(s)* | **Amount ($)** | **New request description**  *(if equipment, include quantity and* [*AEL*](https://www.fema.gov/authorized-equipment-list?combine=&field_ael_category_tid%5B%5D=9299&field_ael_category_tid%5B%5D=9300)*#):* | **New total Amount ($)** |
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|  | **Total:** |  | **Total:** |

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| ***Answer the following:*** | |
| **Reason for the amendment request:** |  |
| **Justification for change:** |  |
| **Nexus to terrorism:**  NOTE:  Multiple Purpose or Dual-Use of Funds: Many activities that support the achievement of core capabilities related to terrorism preparedness may simultaneously support enhanced preparedness for other hazards unrelated to acts of terrorism. However, all SHSP-funded projects must assist recipients and subrecipients in achieving core capabilities related to preventing, preparing for, protecting against, or responding to acts of terrorism. |  |
| **How does this proposed change address vulnerabilities identified in the original application or new vulnerabilities:** |  |
| **Additional information you would like us to know:**  *(as applicable: explain who this project benefits, timeline constraints, etc.)* |  |
| **Does this modification affect the timeline for completion (*please explain*):** |  |

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|  | **Identify your proposed milestones in chronological order. Examples may include: order equipment, inspect equipment, deploy equipment, conduct training, request reimbursement, install, update SOPs, etc.** | **Enter anticipated start date. mm/yy** | **Enter anticipated completion date. mm/yy** |
| **Milestone #1:** |  |  |  |
| **Milestone #2:** |  |  |  |
| **Milestone #3:** |  |  |  |
| **Milestone #4:** |  |  |  |
| **Milestone #5:** |  |  |  |
| **Milestone #6:** |  |  |  |
| **Milestone #7:** |  |  |  |
| **Milestone #8:** |  |  |  |
| **Milestone #9:** |  |  |  |
| **Milestone #10:** |  |  |  |

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| ***Signatures:*** | | |
| **Amendment Requestor Typed Name:** |  | |
| **Amendment Requestor Signature:** |  | Date: |

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| ***To be completed by DPS Staff:*** | | |
| **Decision:** | **Approved**  **Denied**  **Reason:** | |
| **DPS Homeland Security Unit:** |  | Date: |
| **DPS Finance Unit:** |  | Date: |