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

**Grant Amendment (Change) Request Form**

**Submit the completed form to** **DPS.HSUGrants@vermont.gov**

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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):***  |

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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 (Complete this section only if making changes to your project scope/budget)** |
| **Previously Approved Scope:** | **Proposed Change of Scope:** |
| **Entire Approved (executed ) scope:***Refer to your most recent agreement or amendment(s) and include entire scope of work.* | **Amount ($)** | **Proposed Scope:***Please include the entire scope of work to be completed. The individual line items should add up to the total amount to be spent on this award.* *(if equipment, include quantity and* [*AEL*](https://www.fema.gov/authorized-equipment-list?combine=&field_ael_category_tid%5B%5D=9299&field_ael_category_tid%5B%5D=9300)*#):* | **New Total Amount ($)** |
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| **Total:**  |  | **Total:**  |  |

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| ***Answer the following:*** |
| **Reason for the amendment request:**  |  |
| **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*):** |  |

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

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| ***To be completed by DPS Staff:*** [ ]  **Approved** [ ]  **Denied** |
| **DPS Homeland Security Unit:** |  |
| **DPS Finance Unit:**  |  |
| **Reason for Denial/ Notes on Approval:**  |