

## GRANT SUBAWARD MODIFICATION

MAIL TO: California Governor's Office Of Emergency Services

3650 Schriever Ave

Mather, CA 95655:

1. Subaward #: \_\_\_\_\_

2. Modification # \_\_\_\_\_

3. Subrecipient/Implementing Agency: \_\_\_\_\_

4. Project Title: \_\_\_\_\_

5. Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ 6. Performance Period: \_\_\_\_\_ to \_\_\_\_\_

7. Payment Mailing Address: \_\_\_\_\_ ☐ Check here if new.

## 8. Revision to Budget

[illegible]

9. Justification for Modification: (If necessary, continue the justification on page 3.)

☐ Check to Total

## 10. Subrecipient Approvals

Project Director (typed name)

Financial Officer (typed name)

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Project Director Signature

Date \_\_\_\_\_

Financial Officer Signature

Date \_\_\_\_\_

### Cal OES Approval Signatures

**Cal OES USE ONLY**

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Program Specialist

Date \_\_\_\_\_

Unit Chief

Date \_\_\_\_\_

## Grants Processing

Date \_\_\_\_\_

# GRANT SUBAWARD MODIFICATION

## Cal OES 2-223 INSTRUCTIONS

**GENERAL INSTRUCTIONS** – This form must be used for the following types of modification requests:

- Budget Revisions
- Increases/Decreases to Grant Funds\*
- Reporting Project Income
- Change in Program Objectives
- Agency Name Change\*
- Grant Extensions\*
- Sole Source Requests
- Change of Project Director or Financial Officer
- Change in Mailing Address
- Change in physical address

\*requires submission of a Grant Award Amendment form

**1. SUBAWARD NUMBER:**

Enter the Subaward number as it appears at the top of the approved Grant Subaward Face Sheet.

**2. MODIFICATION NUMBER:**

Enter the number of this request. Each modification must be consecutively numbered starting with #1.

**3. SUBRECIPIENT/IMPLEMENTING AGENCY:**

Enter the Subrecipient and implementing agency names as they appear on lines 1 & 2 of the approved Grant Subaward Face Sheet.

**4. PROJECT TITLE:**

Enter the project title of the program.

**5. CONTACT PERSON:**

Enter the name, phone, fax, and email address of the person to contact regarding questions on this form.

**6. PERFORMANCE PERIOD**

Enter the approved performance period giving the start and end dates for the grant award as shown on #6 of the Grant Subaward Face Sheet or subsequent approved Grant Subaward Amendment.

**7. PAYMENT MAILING ADDRESS:**

Enter the payment mailing address where the Subrecipient payments are to be mailed as specified on the approved Grant Subaward Face Sheet or subsequent approved modification. Check the **NEW** box if there is a change in the payment mailing address.

**8. REVISION TO BUDGET:**

If this modification affects the budget, select the Fiscal Year (FY) and fund acronym from the drop down lists under Current Allocation (if unsure what the fund acronym is, see the chart below) for the Federal grant OR State grant to which the modification applies in the column heading. Enter the current allocation amounts for each category and the corresponding match amount if any. Enter the proposed change amounts. (If your calculations are correct your totals will be 0). The revised allocation amounts should automatically populate. Check the "Total" box, for the form to finish calculating the "TOTAL" column correctly.

**9. JUSTIFICATION FOR MODIFICATION:**

Explain the need for this modification. If requesting a revision to the budget, be specific of the funding source. Additional space is provided on page 3 to continue the justification if necessary.

**10. SUBRECIPIENT APPROVALS NAME AND SIGNATURES:**

Please type the names of, and provide original signatures for; the Project Director and the Financial Officer as shown on the "Signature Authorization Form (Cal OES 2-103).

### FEDERAL PROJECT ACRONYMS

BVPP	Bulletproof Vest Partnership Program	CJA0	Child Justice Act Program	DNAE	California DNA Evidence Assistance Program	DNAP	Post-Conviction DNA Testing Assistance Program
FSIA	Forensic Science Improvement Program	FVPS	Family Violence Prevention Services Program	IOVC	Improving Outcomes for Child and Youth Victims	PSNC	Project Safe Neighborhood Program
PSNE	Project Safe Neighborhood Program	PSNN	Project Safe Neighborhood Program	SASP	Sexual Assault Services Program	VADG	Victim Assistance Discretionary Grant Training Program
VAWA	Violence Against Women Act Program	VOCA	Victims of Crime Act Program				

### STATE PROJECT ACRONYMS

CASV	CA Sexual Violence Victim Services	CDVV	CA Domestic Violence Victims	CSAE	Child Abuse and Exploitation Program	CSAP	Child Sexual Abuse Treatment Program
CVHT	Child Victims of Human Trafficking	DVP0	Domestic Violence Program	EHAf	Emergency Housing and Assistance Funds	FJC0	Family Justice Centers Program
FV00	Family Violence Prevention Program	HTVA	Human Trafficking Victims Assistance	HY00	Homeless Youth Program	HY05	Homeless Youth Program
ICAC	Internet Crimes Against Children Program	PPPD	Local Prosecutor/Local Public Defender Program	RCP0	Rape Crisis Program	RCP5	Rape Crisis Program
VLRC	Victims Legal Resource Center Program	VWA0	Victim Witness Assistance Program	VWR0	Victim Witness Assistance Program (Restitution)	YET0	Youth Emergency Telephone Program

# **GRANT SUBAWARD MODIFICATION**

## **Cal OES 2-223 INSTRUCTIONS**

### 9. Justification for Modification (cont.)