JUVENILE PROGRAMS AND INTERVENTIONS DIVISION

Project Change Request

Grant Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grantee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions: A project change is a program modification that changes the scope of programs and services currently funded. Complete Program Type Table below and answer the program and budget narrative questions. The narrative should include not only what budget change is being requested, but how the request is necessary to meet the goals and outcomes of the program, and how is the request is reasonable and cost effective. You may add more lines to the tables if needed.

*A budget change request reallocating funding within existing budget line items does not require this form. Contact Jessica Svoboda at* [*jessica.svoboda@nebraska.gov*](mailto:jessica.svoboda@nebraska.gov) *for budget change requests.*

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| **PROGRAM TYPE TABLE: Updated \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_** | | | | | |
| Program Title | Over-arching Type | Program Type | Sub-program Type | Current Amount | Requested Change |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |
| **All programs listed in the table above must equal the total award budget: TOTAL** | | | | | $ |
|  | | | | | |



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| **Project Change Narrative** |
| 1. Why is the change necessary: |
| 1. Provide a description of the program or service by answering the following: |
| * 1. What agency(s) will implement this program? |
| * 1. Explain the purpose of the program (including key activities or services, and skills and knowledge gained by the youth): |
| * 1. List the expected changes that the program will likely bring to your community: |
| * 1. Explain how the program will measure success and if the community needs have been met: |
| 1. Describe the target population being served by this program or service by answering the following: |
| * 1. Age, Gender, and Race/Ethnicity: |
| * 1. Juvenile Justice System Point as defined in the RFA: |
| * 1. List the risk and criminogenic need factors being targeted by this program: |
| * 1. List the protective factors and assets being strengthened that address the risk and criminogenic need factors identified above: |
| * 1. Explain how the youth population served meets the definition of a youth in the juvenile justice system or at risk of entering the juvenile justice system as outlined in the Funding Purpose of the Request for Application: |

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| --- | --- | --- | --- |
| **BUDGET NARRATIVE** | | | |
| Type of Expense  (personnel, travel, operating expenses, or contracts) | Rate | Amount Requested | Narrative |
| *Example: Personnel* |  |  |  |
| *Example: Youth Specialist* | *$15/hr x 1040* | *$15,600* | *Hiring a new part time youth specialist to accommodate increase in referrals* |
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Lead Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by:

Program Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_