

FG&P Project Change Requests

Submit signed copy and necessary attachments to your Nebraska Crime Commission Grant Manager

Agency Name	
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Grant Number(s)	
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Project Personnel Change	<input type="checkbox"/> Project Point of Contact <input type="checkbox"/> Financial Point of Contact <input type="checkbox"/> Authorized Official
Name	
Title	
Phone Number	
Email Address	
Mailing Address	
Reason for Change	
Effective Date	
PMT System Contact <small>(for VOCA and/or JAG)</small>	<input type="checkbox"/> NO <input type="checkbox"/> YES - New contact should be designated as the agency's principal contact in the PMT system.

Project Personnel Change	<input type="checkbox"/> Project Point of Contact <input type="checkbox"/> Financial Point of Contact <input type="checkbox"/> Authorized Official
Name	
Title	
Phone Number	
Email Address	
Mailing Address	
Reason for Change	
Effective Date	
PMT System Contact <small>(for VOCA and/or JAG)</small>	<input type="checkbox"/> NO <input type="checkbox"/> YES - New contact should be designated as the agency's principal contact in the PMT system.

Change in Project Period	Enter Project Period Dates for current and proposed period dates. Include justification for the request.
Current Project Period	Start Date: _____ End Date: _____
New Project Period	Start Date: _____ End Date: _____
Justification	

Change in Project Scope	Update Current and Proposed Changes with Justification. Detailed changes to be completed in AmpliFund Objectives.
Current Objective	
New Objective	
Justification	

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Agency Information Change	Certain changes require additional supporting documentation (see list below).
Name*	
DBA Name**	
Phone Number	
<input type="checkbox"/> Mailing Address** OR <input type="checkbox"/> Physical Address** (Include Zip + 4 digit ext)	
Agency Website	
<p>*Agency Name Change REQUIRES the following:</p> <ol style="list-style-type: none"> 1. Proof of Updated SAM Registration; AND 2. Updated Articles of Incorporation OR, IRS Non-Profit Letter OR, Secretary of State Name Change Record; AND 3. Updated ACH Form <p>**DBA Name and Address Changes REQUIRE an updated ACH Form.</p> <p>Download ACH Form: https://das.nebraska.gov/accounting/forms/ACH__W9_Fillable.pdf</p>	

Project Point of Contact (Type or Print Name)

Budget Revision Request	Maximum of TWO Budget Revision Requests by agency's request per 12-month performance period.
<input type="checkbox"/> 1st Agency Request <input type="checkbox"/> 2nd Agency Request <input type="checkbox"/> NCC Initiated Request	
<p>**Budget Revision Requests REQUIRE the following:</p> <ol style="list-style-type: none"> 1. Justification Overview (use space below): <ul style="list-style-type: none"> <input type="checkbox"/> Provide reason why this Budget Revision would be beneficial to the project. <input type="checkbox"/> Explain why project funds were over or under spent. <input type="checkbox"/> Address supplanting. 2. Attach Budget Revision Request Worksheet to substantiate each adjusted line item. 	
Justification Overview	

Project Point of Contact Signature	Date

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Section for Federal Grants & Programs Division Only

<input type="checkbox"/> N/A Tier Review SASP & STOP GRANTS ONLY	<input type="checkbox"/> Approved <input type="checkbox"/> Denied* *Denial justification:	SASP/STOP Administrator Signature:	Date:
<input type="checkbox"/> N/A Tier Review	<input type="checkbox"/> Approved <input type="checkbox"/> Denied* *Denial justification:	Grant Manager Signature:	Date:
<input type="checkbox"/> N/A Tier Review	<input type="checkbox"/> Approved <input type="checkbox"/> Denied* *Denial justification:	Grant Section Manager Signature:	Date:
<input type="checkbox"/> N/A Tier Review	<input type="checkbox"/> Approved <input type="checkbox"/> Denied* *Denial justification:	Federal Grants & Programs Director Signature:	Date: