

# FG&P Project Change Requests

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

<b>Grant Number</b>	
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<b>Agency Name</b>	
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<b>Project Personnel Change</b>	<input type="checkbox"/> Project Point of Contact <input type="checkbox"/> Financial Point of Contact <input type="checkbox"/> Authorized Official
<b>Name</b>	
<b>Title</b>	
<b>Phone Number</b>	
<b>Email Address</b>	
<b>Mailing Address</b> <small>(Include Zip + 4 digit ext)</small>	
<b>Reason for Change</b>	
<b>Effective Date</b>	
<b>GrantVantage License</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES - (User Agreement Form is REQUIRED for all GrantVantage Users and must be received prior to activation of new license)

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<b>GrantVantage License</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES - (User Agreement Form is REQUIRED for all GrantVantage Users and must be received prior to activation of new license)

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

<b>Change in Project Scope</b>	Update Current and Proposed Changes with Justification. Detailed changes to be completed in GrantVantage Objectives.
<b>Current Objective</b>	
<b>New Objective</b>	
<b>Justification</b>	

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<b>Agency Information Change</b>	Complete this section ONLY IF Agency Information has changed or needs to be updated. Changes to Agency Name Requires additional supporting documentation.
<b>Name**</b>	
<b>DBA Name</b>	
<b>Phone Number</b>	
<b>Mailing Address</b> (Include Zip + 4 digit ext)	
<b>Agency Website</b>	
<p><b>**Agency Name Change REQUIRES the following:</b></p> <ol style="list-style-type: none"> <li>1. Proof of Updated SAM Registration; AND</li> <li>2. Updated Articles of Incorporation OR IRS Non-Profit Letter OR Secretary of State Name Change Record; AND</li> <li>3. Updated ACH Form</li> </ol>	

<b>Project Point of Contact (Type Print Name)</b>

<b>Budget Revision Request</b>	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 style="text-align: center;"><b>**Budget Revision Requests REQUIRE the following:</b></p> <ol style="list-style-type: none"> <li>1. Justification Overview (use space below):             <ul style="list-style-type: none"> <li><input type="checkbox"/> Provide reason why this Budget Revision would be beneficial to the project.</li> <li><input type="checkbox"/> Explain why project funds were over or under spent.</li> <li><input type="checkbox"/> Address supplanting.</li> </ul> </li> <li>2. Attach Budget Revision Request Worksheet to substantiate each adjusted line item.</li> </ol>		
<b>Justification Overview</b>		

<b>Project Point of Contact Signature</b>	<b>Date</b>

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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 & Program Director Signature: _____ Date: _____