

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 | JAG0 | Justice Assistance Grant Program | JAGX | Justice Assistance Grant Interest Program |
| 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 | CSAE | Child Abuse and Exploitation Program | CSAP | Child Sexual Abuse Treatment Program | CVHT | Child Victims of Human Trafficking |
| DVP0 | Domestic Violence Program | EPSD | Equality In Preventive Services Program | FV00 | Family Violence Prevention Program | HTVA | Human Trafficking Victims Assistance |
| HY00 | 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 | VWRO | Victim Witness Assistance Program (Restitution) |
| YET0 | Youth Emergency Telephone Program | | | | | | |

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9. Justification for Modification (cont.)

