SAPTA

Subgrant Change Request/Amendment Form

**Instructions**

1. Complete the top four fields (subgrantee name, subgrant number, amount, request #). Except for Request #, all of the information is found on your original subgrant.

2. Check one of the boxes (either "Will NOT impact SOW" or "Will impact SOW").

3. Complete the budget section only if you are requesting a change to the current approved subgrant budget.

4. Complete the justification for ANY type of change to the subgrant (either budget or scope of work). Detailed justifications as to why the change is necessary are required. Attach additional sheets as needed. You can also type "See attached" in the box on the form, then type your justification in Word if there is not enough room in the box. Please remember to attach any additional sheets or back-up documentation. Please note, attaching the revised budget or scope of work forms are not a justification as to why the revisions are necessary to the successful completion of the scope of work.

5. Sign the document in blue ink, and mail the original with any attachments to your assigned SAPTA program analyst. Original signatures are required, faxed or scanned copies will be rejected.

6. If you have any questions about completion of this form, please contact your assigned SAPTA program analyst.

**Frequently Asked Questions (FAQs)**

1. When do I submit this form?

Funded programs are required to submit this form anytime they make a change to the current subgrant (including both budget and scope of work). If a program incurs costs on a change that was not approved by SAPTA, the program will be responsible for those costs.

2. When do I attach a revised budget or scope of work?

You will attach a revised budget and/or scope of work any time you wish to change the current approved forms. It is advisable to contact your analyst prior to submitting this form to ensure that you have all the required attachments/forms needed as back-up documentation.

See page 2, section A, #4 of the subgrant award for the specific assurances pertaining to change requests.

Carson City Office:
4126 Technology Way, 2nd Floor, Carson City NV 89706

Las Vegas Office:
1840 E Sahara Ave, Ste 111, Las Vegas NV 89104

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Subgrantee name: _____

Subgrant Number: _____ Award Amount: _____

Request #: _____

Scope of work, check one:

○ Will NOT impact current SOW ○ Will impact current SOW

*If this item is checked, attach a copy of the revised SOW*

Budget (complete only if revising the budget)

| Categories | Current Budget | Change Request | New Budget | Percent Change |
|---|---|---|---|---|
| Personnel: | | | - | |
| Contract/ Consultant: | | | - | |
| Travel: | | | - | |
| Training: | | | - | |
| Operating: | | | - | |
| Other: | | | - | |
| **Totals:** | - | - | - | |

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Justification, explain why the requested changes are necessary for the successful completion of tl subgrant. Please attach additional pages as needed for the justification.

Justification:

By signing this document, the authorized signatories acknowledge the above as the new standard of practice for the above referenced subgrant. Further, the signatories understand this document does not alter, in any substantial way, the non-referenced contents of the original subgrant award and all of its attachments.

Signature Authorized Subgrantee Official and Title — Date

Signature SAPTA Program Analyst — Date

Signature SAPTA Program Analyst Supervisor — Date

Signature SAPTA Agency Director — Date

Signature MHDS Administrator — Date

SAPTA Staff Use Only

| | | |
|---|---|---|
| Costs allowable? | Y | N |
| Calculations correct? | Y | N |
| Are revised SOW and/or budget forms attached? | Y | N |
| NHIPPS Revised: | Y | N |

SAPTA Fiscal staff initial

| Fund Source | CFDA | Amount | % of Funds |
|---|---|---|---|
| | | | |