



MAINE EMERGENCY MANAGEMENT AGENCY

Grant Contract Modification Form

Subrecipient Name: _____ Subrecipient Budget Amount: _____
Federal Awarding Agency: _____ Subrecipient Award Amount: _____
Grant Performance Year: _____ Grant Contract Begin Date: _____
Grant Identification #: _____ Grant Contract End Date: _____
Unique Entity Identifier (UEI) #: _____ Contract #: _____
CFDA #: _____ Vendor Customer No.: _____

Instructions: The Grant Contract Modification Form is intended to be used when there is a change in the scope of work or budget. Check the appropriate box and fill in the description section by briefly summarizing the proposed modification. Include, if applicable, the original and proposed project, activity and core capability being addressed as well as the rationale for the modification. Submit the completed Grant Modification Form to the program manager using the grants e-mail address.

- _____ Modification related to Scope of Work
- _____ De-Obligation of unspent Grant Award
- _____ Other _____

Description

Program Manager Comment

Sub-Recipient: _____ Date: _____

MEMA Program Manager: _____ Date: _____

MEMA Director/Deputy Director: _____ Date: _____