



# MAINE EMERGENCY MANAGEMENT AGENCY Grant Contract Modification Form

Subrecipient Name: \_\_\_\_\_  
Federal Awarding Agency: \_\_\_\_\_  
Grant Performance Year: \_\_\_\_\_  
Grant Identification #: \_\_\_\_\_  
Unique Entity Identifier (UEI) #: \_\_\_\_\_  
CFDA #: \_\_\_\_\_  
Contract #: \_\_\_\_\_  
Vendor Customer No.: \_\_\_\_\_

Office Use Only	
Original Subrecipient Budget Amount:	_____
Revised Subrecipient Budget Amount:	_____
Original Subrecipient Award Amount:	_____
Revised Subrecipient Award Amount:	_____
Grant Contract Begin Date:	_____
Original Grant Contract End Date:	_____
Revised Grant Contract End Date:	_____

**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 \_\_\_\_\_

Request Narrative:

Program Manager Comment

Sub-Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

MEMA Program Manager: \_\_\_\_\_ Date: \_\_\_\_\_

MEMA Director/Deputy Director: \_\_\_\_\_ Date: \_\_\_\_\_