



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: _____