



MAINE EMERGENCY MANAGEMENT AGENCY MOU MODIFICATION FORM

Sub-Recipient Name: _____
Federal Grant: _____ MOU Budget: _____
Grant Performance Year: _____ MOU Expected Reimbursement: _____
Grant Identification #: _____ Performance Start Date: _____
Duns #: _____ Performance Expiration Date: _____
CFDA #: _____ Vendor Customer #: _____

Instructions: The MOU Modification Form is intended to be used when there is a change in the scope or 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 MMF to the program manager using the grants e-mail address.

- Request for Advance Payment
- Personnel Change
- Modification related to Scope of Work
- De-Obligation of unspent Grant Award
- Other

Description

Program Manager Comment

Sub-Recipient: _____ Date: _____
Name, Title

Program Manager: _____ Date: _____
Name, Title