|  |
| --- |
| **DCJS Contract Amendment Request Form** |
| **1. Grantee Name:** |
| **2. Project ID Number:**  **3. Contract Number:** | |
| **3. Contract Amendment Requested (check the appropriate box(es): Reallocation  Extension  Other** |
| **4. For budget reallocations, please attach a detailed proposed budget *and* the OPDF Reallocation Worksheet** |
| **5. If requesting an extension, provide proposed end date:** |
| **6. If selecting other, please clarify amendment type:** |

|  |  |
| --- | --- |
| **Complete the following fields below as succinctly as possible, attach additional pages as necessary.** | |
| **7. Provide a specific explanation, detailing why a contract amendment is necessary:** | |
| **8. Does the lack of spending in any budget category affect the ability to implement the workplan objectives? Please explain, why or why not:** | |
| **9. How will the proposed funding transfer continue to ensure or enhance your entity’s ability to continue the program:** | |
| **10. Requested by:** | **12. Date:** |