



Criminal Justice Grants Award Scope Change Request

Email completed form to your [assigned Grant Manager](#).

Program: * denotes a program that may require federal approval for changes

Recipient:

Award #: _____ **Award Period:** _____ to _____

Title:

If additional space is needed for the narrative response questions, please attach a separate document and number each question.

1. Please complete the following table based on the status your current approved award.

Funding Status			
	Grant-Funding	Match-Funding	Total
Awarded			
Expended			
Balance			

2. Describe the delays or issues to implementation you have experienced that are influencing your need for a scope change.

3. Do the proposed changes address the same problem identified in the approved award? Yes No

If no, please provide a revised problem identification narrative answering following questions:

- What problem is being addressed?
- Why is this a priority?
- Are there existing resources or actions currently being used to address the problem?

Criminal Justice Grants
AWARD SCOPE CHANGE REQUEST (continued)

4. Are ALL activities in the current approved Scope of Work being removed with this request? Yes No
If no, what previously approved activities are remaining on the award?

NOTE: If you have previously been reimbursed for activities in the approved scope of work, they cannot be removed from the grant.

5. What new activities are included in this scope change request?

Criminal Justice Grants
AWARD SCOPE CHANGE REQUEST (continued)

6. Describe the line item budget changes (additions and/or reductions) that are required to process this scope change. The response must include detailed calculations.

I certify to the Florida Department of Law Enforcement that I have the requisite authority and information to request these project changes on behalf of the recipient.

Signature

Date

Name

Title

*******FDLE USE ONLY*******

Date Received:

- | | | | |
|---|---|---|-----|
| 1. Does the proposed scope change align with the current 51% letters? (JAGC only) | Y | N | N/A |
| 2. Is this scope change for a residual award? | Y | N | N/A |
| 3. Does this scope change require a federal GAM? (PSN/NCHIP/NARIP) | Y | N | N/A |

Reviewed By:

Approved

SMAS Approval:

Change Requested

Date:

Denied

Comments: