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| **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:**  |

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| **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:**  |