



DCJS Contract Amendment Request Form

1. Grantee Name:

2. Project ID Number:

3. Contract Number:

4. Contract Amendment Requested (check the appropriate box(es):

Reallocation*

Extension

Other

*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 below:

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:

11. Date: