17th JUDICIAL DISTRICT

## VICTIM & WITNESS ASSISTANCE AND LAW ENFORCEMENT

**PROJECT CHANGE REQUEST FORM**

**Instructions:** Please use this form to request a change in the project during the grant funding period. *Submit a separate form for each proposed project change*.

Please complete and email it to VALE@da17.state.co.us. Project change requests received after 11/1/2024 will not be reviewed by the Board for consideration.

**A: Project Information**

|  |  |
| --- | --- |
| **Grant #:** | **24-VA-**Click or tap here to enter text. |
| **Grantee (Agency/Organization):** | Click or tap here to enter text. |
| **Project Title:** | Click here to enter Project Title |

**B. Change Request (check all that apply)**

[ ]  De-obligation or reduction

[ ]  Budget reallocation

[ ]  Change in activities that affect scope of project

[ ]  Change in project personnel

**C. Explain each change being requested and the reason for each change.** *Include detailed information describing the change. If this is a request for budget reallocation, describe the change to each budget line item (e.g. if moving money from personnel to supplies and operating, you must describe each detailed line-item change in both of those categories)*

Click to enter text

E. **How will this change affect the overall outcome or impact of the project?** *Provide specific reference to all approved grant application goals/objectives.*

Click to enter text

F. **Change in VALE Grant Approved Budget:**

*VALE grant funds may not be used to supplant or substitute state and /or local government funds that would otherwise be available for crime victim assistance services. Approved VALE grant funds are intended to create, enhance or expand services.*

[ ]  I certify that the requested budget revision will not be used to replace state or local funds that have been appropriated or allocated for the same purpose.

|  |  |  |  |
| --- | --- | --- | --- |
| **GRANT FUNDED POSITION and/or****SERVICE APPROVED** | **Grant funds awarded (Current approved Budget)** | **Requested Budget** | **Net Change** |
| **Personnel:**  | $0.00 | $0.00 | $0.00 |
| **Supplies & Operating:**  | $0.00 | $0.00 | $0.00 |
| **In-State Training / Travel:** | $0.00 | $0.00 | $0.00 |
| **Professional Services / Consultation:**  | $0.00 | $0.00 | $0.00 |
| **Equipment:**  | $0.00 | $0.00 | $0.00 |
| **Other:** | $0.00 | $0.00 | $0.00 |
|  **Column Totals:** | $0.00 | $0.00 | $0.00 |

Contact person: Click here to enter Contact Person

Email: Click to enter contact person’s email Phone: Click to enter phone

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Authorized Official

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Project Director

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Financial Officer (required only if there is a budget revision request)

DO NOT WRITE BELOW THIS LINE – VALE BOARD USE ONLY

[ ]  Approved [ ]  Denied

Reason if Denied:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature – Approval/Denial Authority Approval/Denial Date**