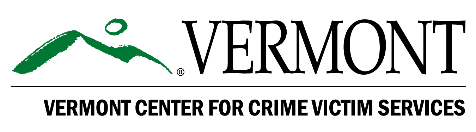
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**VCCVS Sub-Grantee**

**Grant/ Budget Modification Form**

All grantees are required to complete this form when they are aware of any significant changes to the approved budget and /or project. This includes changes to income or expenses that deviate by 10% or more per line item.

The Vermont Center for Crime Victim Services will review the project/budget changes and determine if the modification warrants approval.

How to submit a Grant/Modification:

Email the Grant/Budget Modification form in a PDF or word format to [financial.reports@ccvs.vermont.gov](mailto:financial.reports@ccvs.vermont.gov)

**Who do I contact with Questions?**

Direct all questions to Vermont Center for Crime Victim Services

Grants Manager Gene Nelson 802-241-1250 x 109

Financial Manager Carol Brochu 802-241-1250 x 107

**What types of modifications are permitted?**

The Vermont Center for Crime Victim Services encourages grantees to modify their grant budgets whenever necessary to ensure the efficient and effective use of funds.

Modifications of 10% or more of your grant award amount require **prior approval** before expenditures are incurred.

Example #1. You were awarded $10,000.00. You want to move $1,000.00 from Personnel to Office Expenses- A modification request must be approved before funds are expended in the new line item.

The Budget modification form allows you to enter adjustments by budget category. The “Justification” column should include a breakdown of the modified category by line items being affected by the modification. Be sure to provide a detailed explanation of the modification.

Modifications should be requested when significant changes to the approved budget and /or project are made aware to you. This includes changes to income or expenses that deviate by 10% or more per line item. Modifications should be requested no later than the end of the 3rd quarter report period or by April 15th.

**Organization Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant Period (Dates):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Award Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Award Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Revised Project Activities/Reasons for Modification:**

**Breakdown of Grant/Budget Adjustment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Budget Category | Current Approved Budget | Request for Modification  (+/-) | Proposed Modified Budget | Explanation/Reason for Budget Adjustment: |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Indirect cost rate used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (e.g. salaries or direct costs)

|  |  |
| --- | --- |
| For Internal Use Only |  |
| Received By: | Date: |
| Approved By: | Date: |