

**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 upload into ZoomGrants in the Documents section of your grant.

A: Project Information

Grant #:	21-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 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

Date received by VALE _____

Approved Denied

Reason if Denied:

Signature – Approval/Denial Authority

Approval/Denial Date