

**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 to VALE@da17.state.co.us. Project change requests received after 11/1/25 will not be reviewed by the Board for consideration.

A: Project Information

Grant #:	25-VA-
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

Date received by VALE _____

Approved Denied

Reason if Denied:

Signature – Approval/Denial Authority

Approval/Denial Date