

<b>Grantee Modification Checklist</b>		
<b>No Cost Extension</b>		
Request signed by signatory official	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On organization letterhead	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have sufficient funds to last during the extension?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Request clearly delineates deliverables to be accomplished during the additional time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Includes a revised timeline/work schedule	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is it necessary to realign the budget to coincide with the extended time? If so, complete next section. Is the budget realignment necessary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Budget Realignment</b>		
Request signed by signatory official	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On organization letterhead	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Narrative explanation of change		
Copies of the most current and revised SF424A included	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Budget line items on SF 424A calculate correctly	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the modification within the 20% line item authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Change in Statement of Work</b>		
Request signed by signatory official	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On organization letterhead	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Clearly written justification for change	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Revised deliverables	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Revised timeline/work schedule	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Change in Signatory</b>		
Request signed by signatory official	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On organization letterhead	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name, title and contact information of signatory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Effective date of change	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Equipment Purchase</b>		
Request signed by signatory official	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On organization letterhead	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Equipment is over \$5,000 or more	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Equipment is listed in grant award, if not explain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Justification that equipment is integral to the operation of grant program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confirmation that equipment will be used for current program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the request allowable and reasonable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confirm that procurement rules will be followed	<input type="checkbox"/> Yes	<input type="checkbox"/> No