**IDC GRANT MODIFICATION REQUEST - FORM INSTRUCTIONS**

**Complete the following information as described, in the form below:**

1. Enter the name of your grant program and address.
2. Enter the five digit grant number found on the [GMS system](file:///C:\Users\kaadair\Downloads\fsr.utah.gov).
3. Enter the name of the grant project director.
4. Enter phone number.
5. Enter email.
6. Enter the length of the grant.
7. Enter grant start date.
8. Enter grant end date.
9. Fill in “Budget Increase Request” section:

* Enter original grant total (refer to page 2 of your original grant award);
* Enter the proposed increase for the grant;
* Enter the new proposed grant total; and
* Enter the proposed effective date of the change.

10. Fill in the “Budget Change Summary” section. Refer to page 2 of your original grant award for the current information. When completing this section, **you are** **required to fill in all categories** (e.g. Personnel/FTE Expenses, Contract Services, Travel, etc.) not just those that you are changing. Complete the following four columns:

* Grant Award (Current) – See page 2 of your grant award for current amounts.
* Grant Award (Requested Modification) – This represents the change in the amount of state funds that is being requested in your grant budget.
* System Annual Spending (Current) – See page 2 of your grant award for current amounts.
* System Annual Spending (Requested Modification) – This represents the change in funding that your System will pay for going forward.

11. Indicate the name and title of the official authorized to sign. Authorized representatives may include: county/city mayors, managers, council chairs, or commissioners.

12. Provide a signature of the official authorized to sign.

13. Add the date signed by the official authorized to sign.

14. Complete the narrative section explaining in detail all changes that are requested. This includes changes in the amount or intended use of grant funding and/or system spending. If new funding is being requested, please provide a detailed description of what the funds will be used for and why the additional funding is needed.

15. Submit completed modification requests by email to [IDC@utah.gov](file:///C:\Users\kaadair\Downloads\IDC@utah.gov).

**Note:**

* Ensure the form is signed by the appropriate agency representative before submitting.
* The request is not approved until you receive a copy with an IDC approval signature.
* Be sure to provide documentation of any grant changes to your grant project director, so that their records and future grant reports will reflect the new budget.

**For questions or assistance obtaining electronic signatures contact:**

Greg Bates

IDC Grant Program Manager

[gregbates@utah.gov](mailto:gregbates@utah.gov)

(801) 979-3358

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **State of Utah**  **Indigent Defense Commission**  **GRANT MODIFICATION FORM:**  **Modification #1** | | | | **1)** **Grantee Name & Address:** | | | |
|  | | | |
| **2)** **Grant Number (From GMS):** | | | |
| 21D- | | | |
| **3) Grant Project Director:** |  | | | **4) Phone:** | |  | |
| **5) Email:** |  | | | **6) Length of Grant:** | | 12 Months | |
| **7) Grant Start Date:** | 07-01-2020 | | | **8) Grant End Date:** | | 06-30-2021 | |
|  | | | | | | | |
| **9) Budget Increase Request** | | | | | | | |
| Original Grant Total: | | | | **$0.00** | | | |
| Proposed Grant Increase: | | | | **See attached narrative.** | | | |
| Proposed **New** Grant Total: | | | | **$0.00** | | | |
| Change Effective Date: | | | | **01-01-2021** | | | |
| **10) Budget Change Summary** | | | | | | | |
|  | | **Grant Award** | | | **System Annual Spending** | | |
|  | | Current | Requested Modification | | Current | | Requested Modification |
| **Personnel / FTE Expenses:** | | **$0.00** | **$0.00** | | **$0.00** | | **$0.00** |
| **Fringe Benefits for Personnel / FTE Expenses:** | | **$0.00** | **$0.00** | | **$0.00** | | **$0.00** |
| **Contract Services:** | | **$0.00** | **$0.00** | | **$0.00** | | **$0.00** |
| **Equipment, Supplies, and Operating Expenses (ESO):** | | **$0.00** | **$0.00** | | **$0.00** | | **$0.00** |
| **Travel (Mileage):** | | **$ 0.00** | **$0.00** | | **$0.00** | | **$0.00** |
| **Other (Explain in Narrative):** | | **$ 0.00** | **$0.00** | | **$0.00** | | **$0.00** |
|  | | | | | | | |
| **11) Name and Title of Official Authorized to Sign:** | | | |  | | | |
| **12) Signature of Official Authorized to Sign:** | | | |  | | | |
| **13) Date Signed:** | | | |  | | | |
| **Joanna E. Landau, IDC Director Signature:** | | | |  | | | |
| **Date Approved:** | | | |  | | | |

**14) Narrative Explanation of Modification:**

**Item 1:**