**IDC GRANT MODIFICATION REQUEST INSTRUCTIONS**

**Complete the form as described below. Refer to the original grant award agreement for more information.**

1. Enter the name of your grant program and address.
2. Enter the five digit grant number found on the grant award agreement and [GMS system](file:///C%3A%5CUsers%5Ckaadair%5CDownloads%5Cfsr.utah.gov).
3. Enter the number of the grant modification. If this is the first modification requested enter 1.
4. Enter the name of the grant project director.
5. Enter the phone number of the grant project director.
6. Enter the email address of the grant project director.
7. Enter the length of the grant.
8. Enter grant start date.
9. Enter grant end date.
10. 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 if applicable;
* Enter the new proposed grant total; and
* Enter the proposed effective date of the change.

11. Fill in the “Budget Change Summary” section. Refer to page 2 of your original grant award for the current totals by category. 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 Total – See page 2 of your grant award for current amounts.
* Grant Award Modified Total – This represents the total of state funds for the category if the request is approved.
* System Annual Spending Current – See page 2 of your grant award for current amounts.
* System Annual Spending Modified Total – This represents the total funding that your System will pay for going forward if the modification is approved.
1. 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. **Remember IDC grant funds must supplement existing funding and cannot replace local funds.**
2. Enter the name of the person making the request.
3. Enter the title of the person making the request.
4. Print the form to sign or save as pdf and sign electronically. Requests should be made by the grant project director or other person authorized to do so.
5. Include the date signed.

17. **Submit signed request along with a copy of the saved word document by email to** [**IDC@utah.gov**](file:///C%3A%5CUsers%5Ckaadair%5CDownloads%5CIDC%40utah.gov)**.**

**Note:**

* If approved, a grant modification will be sent for signatures by the authorized system representative, project director and IDC director.
* The modification 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

(801) 979-3358

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| --- | --- |
| **State of Utah****Indigent Defense Commission****GRANT MODIFICATION REQUEST FORM:****State Fiscal Year 2022** | **1)** **Grantee Name & Address:**  |
|  |
| **2) Grant Number:** | 22D- | **3) Modification Number:** |  |
| **4) Grant Project Director:** |  | **5) Phone:** |  |
| **6) Email:**  |  | **7) Length of Grant:**  | 12 Months |
| **8) Grant Start Date:**  | 7-1-2021 | **9) Grant End Date:** | 06-30-2022 |
|  |
| **10) Budget Increase Request** |
| **Original Grant Total:** | $490,560.00 |
| **Proposed Grant Increase:** | $0.00 |
| **Proposed New Grant Total:** | $490,560.00 |
| **Change Effective Date:** | 7-1-2021 |
| **11) Budget Change Summary** |
|  | **Grant Award** | **System Annual Spending** |
|  | **Current Total** | **Modified Total** | **Current Total** | **Modified Total** |
| **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:** | $0.00 | $0.00 | $0.00 | $0.00 |
| **Travel:** | $0.00 | $0.00 | $0.00  | $0.00  |
|  |
| **12) Modification Requested:** |
|  |
|  |
| **13) Name of Person Making the Request:** |  |
| **14) Title of Person Making the Request:** |  |
| **15) Signature of Person Making the Request :** |  |
| **16) Date Signed:** |  |