

STATE OF NEVADA
 Department of Public Safety
 Office of Criminal Justice Assistance

PROJECT CHANGE REQUEST

Subgrantee: _____	Project # _____
Address: _____	
Project Title: _____	Request # _____

The following change, amendment, or adjustment to the above subgrant is requested (Check one or more)

Project Period Extension _____	Program Modification _____
Budget Revision _____	Personnel Change _____
(Complete Summary Below)	

BUDGET REVISION SUMMARY

CATEGORY	CURRENT BUDGET	REQUEST BUDGET	NET CHANGE
Personnel	\$0.00	\$0.00	\$0.00
Consultant/Contract	\$0.00	\$0.00	\$0.00
Travel/Training	\$0.00	\$0.00	\$0.00
Supplies/Operating	\$0.00	\$0.00	\$0.00
Confidential Funds	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
TOTAL	\$0.00	\$0.00	\$0.00

OTHER CHANGES

Current Grant Period From: _____ To: _____	Requested Grant Period From: _____ To: _____
Project Director: From: _____ To: _____	

NOTE:

A written explanation/justification for requested changes MUST BE PROVIDED before changes will be authorized by OCJA Program Manager.

X _____
 Project Director/Date

X _____
 OCJA Program Manager/Date