Date: 11/12/2024

Montana Disaster and Emergency Services
1956 Mt Majo Street
Fort Harrison, MT 59636

SUB-RECIPIENT CHANGE OF SCOPE AND BUDGET MODIFICATION

AMENDMENT REQUEST

\*Please note, this request must be submitted 30 days prior to the requested change date.

Sub-Recipient Name:

Grant Award Type (ex. FY 2024 EMPG):

Grant Award Number:

Current Period of Performance:

Requested Change Date:

Total Requested FEDERAL Reallocation Amount: $

Please include specific reasons for the change of scope amendment request and the benefit this change of scope will provide:

Specific Location and FEDERAL Amount of Reallocation:

(Please use established categories and subcategories as found in AmpliFund.)

$      from       to

$      from       to

$      from       to

$      from       to

Include an additional page(s) or documentation as necessary

Signature of Agency Representative: Date: