



Original HD #: _____
Budget Account: _____
Category: _____
GL: _____
Job Number: _____

Subaward Amendment # _____

Program Name:		Subrecipient's Name:																																													
Bureau of																																															
Address:		Address:																																													
Performance Period:		Amendment Effective Date:																																													
through																																															
Budget Period																																															
through																																															
This amendment reflects a change to:																																															
<input type="checkbox"/> Scope of Work <input type="checkbox"/> Period of Performance <input type="checkbox"/> Budget <input type="checkbox"/> Key Personnel																																															
Reason for Amendment:																																															
Required Changes:																																															
Current Language:																																															
Amended Language:																																															
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Incorporated Documents																																															
Exhibit A: Amended Scope of Work (if applicable)																																															
Exhibit B: Amended Budget Detail (if applicable)																																															
Exhibit C: Original Notice of Subaward and all previous amendments																																															
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By signing this Amendment, the Authorized Subrecipient Official or their designee, [insert title of state agency's authorizing official] and [insert name of state agency] certify that the above is true and accurate to the best of their knowledge and acknowledge the new standard of practice for the above referenced Subaward. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the **original** subward and all attachments.

Signatures			
Authorized Subgrantee Official Title	Signature: _____	Date: _____	
Agency's Authorizing Official Title	Signature: _____	Date: _____	
Administrator or Designee	Signature: _____	Date: _____	

Note: This document should not contain any red text when completed



Subaward Amendment Instructions (010-GP 10)

- Step 1: Fill out the Pass Through Entity information and include the program name, PTE's name and address in the fields provided.
- Step 2: Fill out the Subrecipient's information and include the name, point of contact name, and address
- Step 3: Fill out the grant's performance period, budget period and when the amendment will take effect, if approved.
- Step 4: Enter the changes the amendment is requesting. Include what the amendment affects, the necessary changes and reason for the amendment request.
- Step 5: Enter the proposed fiscal changes to the award. Include the amount previously obligated, the amounts obligated by the action, and the total amount obligated.
- Step 6: Enter the names of the incorporated documents, the changes to the award computation and the changes to the match, if a match is required.
- Step 7: Signing Section: Enter the names and titles of the agency's authorized signers.
There should be no items in red when completed.
- Step 8: Send the Subaward Amendment request to the Pass-through Entity with all of the supporting documentation.

Note: A state agency may alter this form to suit your agency's needs as long as all fields are present.