# Instructions for Submitting a Grant Modification

SHIP allows three types of modifications:

* **Budget Modifications** change funds amongst the budget categories within the approved budget of a grant.
* **Time Extensions** changes the grant period end date or specific milestones as outlined in Appendix C of the award document.
* **Scope/Activity** modifications add or modify the approved grant project activities and may include a budget modification.

### budget modification

A budget modification is to be submitted whenever you request to change your approved budget.

* Transfer from one budget category to another. Generally, required if the variance in any budget category exceeds 10%.
* Add or delete budget items.
* Change budget due to changes in factors used to calculate costs. (i.e. rate of pay).

### no cost time extension

A time extension may be requested to extend the grant period so project activities can be completed in the prescribed time period. A time extension may be needed if the project began late or if there were delays encountered during the project period. An updated milestone schedule must be submitted in conjunction with the type of modification request.

### Activity change

An activity change may be requested when the activities in the final approved application cannot be completed or the grantee is proposing conducting planned activities differently than originally planned. If the requested change does not change the approved grant budget please indicate so by entering **$0.00** in the BUDGET SUMMARY section. Use the EXPLANATION section to explain the requested changes to your program.

You may be asked to submit an updated work plan as part of the approval process for an activity change modification.

### submission

**All modifications must include information clearly describing the requested change as well as justification for the modification.**

You can submit the grant modification form via:

**EMAIL:** Email the grant modification for to your assigned SHIP grant manager or INVEST@Lni.wa.gov

**MAIL** Mail your form to PO Box 44612, Olympia WA 98504-4612

**FAX** Fax your for to SHIP at 360-902-4600. Please send it to the attention of your assigned grant manager.

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| Safety and Health Investment ProjectsModification Request |
| **Project Title:** |       |
| **Grant #:** |       | **Report Date:** |       |
| **Contact Person:** |       | **Contact #:** |       |
| **Modification Type:** [ ]  **Budget Modification** [ ]  **Time Extension\*** [ ]  **Significant Activity/Scope Change** |

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| **\* For TIME EXTENSION enter new requested end date:** *\*Attach updated milestone/activity schedule\** |

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| **For a BUDGET MODIFICATION REQUEST complete this budget summary below:** |
| Budget Categories*Provide information for each cost you want to modify.* | GRANT AMOUNTS |
| Request change from | New request |
| Original approved amt | New request amt |
|  | Personnel | $       | $       |
|  | Subcontractors | $       | $       |
|  | Travel | $       | $       |
|  | Supplies | $       | $       |
|  | Publication | $       | $       |
|  | Other | $       | $       |
|  | **Total:** | **$** | **$** |
|  | **Total Grant Funding Amount:** | **$** | **$** |

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| **FOR ALL MODIFICATION REQUESTS** |
| **What** are you requesting to change?      |
| **Why** are you requesting the change and **how** is this change(s) necessary to the successful completion of your project?      |

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| **Project Manager:** |       | **Date:** |       |
| **SHIP PROGRAM STAFF USE ONLY** |
| **Date Received:** |       |
| **Staff Review Initial & Review:**       | **Staff Recommendation:** **[ ]  Approve** **[ ]  Deny** |
| **Comments:**       |
| **SHIP Program Manager Signature:**       |