

# Rhode Island Emergency Management Agency

## Change Request Form

CHANGE REQUEST TYPE:                      TIME EXTENSION                      FUNDING REALLOCATION

Name of Agency Requesting Change:

Person Requesting Change:

Date:

Address:

Phone Number:

Signature:

Fax Number:

Subgrant Number (Example: 04-01-2019):

Describe adjustment or change request in detail. (Attachments accepted):

### FOR RIEMA USE ONLY

( ) – **Approved**

( ) - **Needs more information from requesting agency (provide explanation below)**

( ) – **Rejected, does not fit grant guidelines (provide explanation below)**

**Approved by program manager:**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Explanation if required:*

**Surplus Funds.** RIEMA recognizes that the costs associated with category amounts that were submitted as part of their grant application may only have been estimates. Should a community realize a need to realign the category amounts during the grant period, a community may petition RIEMA to either change the quantity of a specific item or transfer funds from one approved category to another. *A determination will be made on your request within 10 business days of RIEMA's receipt of your documentation.*

*Original request change is placed in sub-grantee folder. Copy of approval sent to agency requesting change.*