



Arizona Department of Homeland Security

Project Modification Request Form Instruction Sheet

Modification Request Parameters:

- 1. Modification requests outside the original scope of the approved project, including any equipment outside of what has been previously recommended by the RAC or UASI, and awarded by AZDOHS or to increase the original award amount is unallowable and will not be authorized.**
- 2. If the project objectives of the original award have been accomplished, then AZDOHS will not authorize a project modification. Any unexpended funds will be returned to AZDOHS for reallocation.**

3. Requests for project modifications must be received by AZDOHS 30 calendar days prior to the end of the award period specified in the subgrantee agreement in order to be considered.

4. Project modifications that conform to the following conditions **do not require** AZDOHS, RAC, UASI or OPSG Working Group review and action:

- a) Does not exceed 10% (in aggregate) of the total award amount.
- b) Is less than \$25,000.
- c) Requested modifications are within approved budget categories.

Please do not amend the budget in the reimbursement request form. The subgrantee may expend funds by up to 10% or \$25,000, whichever is less, in excess of the budgeted amount for approved budget categories without a modification request as long as the agency underexpends by a corresponding and equal amount from the remaining approved budget categories.

5. Project modifications that conform to the following conditions **will require** AZDOHS authorization:

- a) Do not exceed 10% of the total award amount.
- b) Are less than \$25,000.
- c) Are **outside** an approved budget category will require authorization by AZDOHS.

6. Project modifications that conform to the following conditions **will require** RAC, UASI or OPSG Working Group review and action:

- a) Exceeds 10% of the total award amount.
- b) And/or are greater than \$25,000.
- c) Within an approved budget category or not.

7. All modification requests should be submitted electronically to AZDOHS.

- Central Region/Phoenix & Tucson UASIs: Susan Dzbanko, sdzbanko@azdohs.gov
- North/South Regions: Huma Haroon, shharoon@azdohs.gov
- East & West Regions: Bill Seltzer, wseltzer@azdohs.gov
- Stonegarden/State Agencies: Tim Grubbs, tgrubbs@azdohs.gov
- Citizens Corps Program: Cheryl Bowen, cbowen@azdohs.gov

For other funding streams, please contact the appropriate Grant Program Administrator/Regional Strategic Planner directly:

- Buffer Zone Protection Program: Michael Stidham, mstidham@azdohs.gov
- Citizen Corps Program: Cheryl Bowen
- Emergency Operations Center Grant Program: Huma Haroon

- Interoperable Emergency Communications Grant Program: Huma Haroon
- Operation Stonegarden: Timothy Grubbs
- Transit Security Grant Program: Susan Dzbanko

8. RAC meetings are held on a quarterly basis. If the request is not received within two weeks of a scheduled meeting, the request will be deferred to the next meeting. Meeting notices/agendas are posted on the AZDOHS website (www.azdohs.gov) as well as the Arizona Department of Administration (ADOA) website (<http://apps.azdoa.gov/services/pubmeet2/>).

9. The UASIs meet on a monthly basis. Modification requests must be received no later than two weeks prior to a UASI meeting or they will be deferred to the next meeting. Please contact Susan Dzbanko, 602.542.1777 or sdzbanko@azdohs.gov for meeting dates.

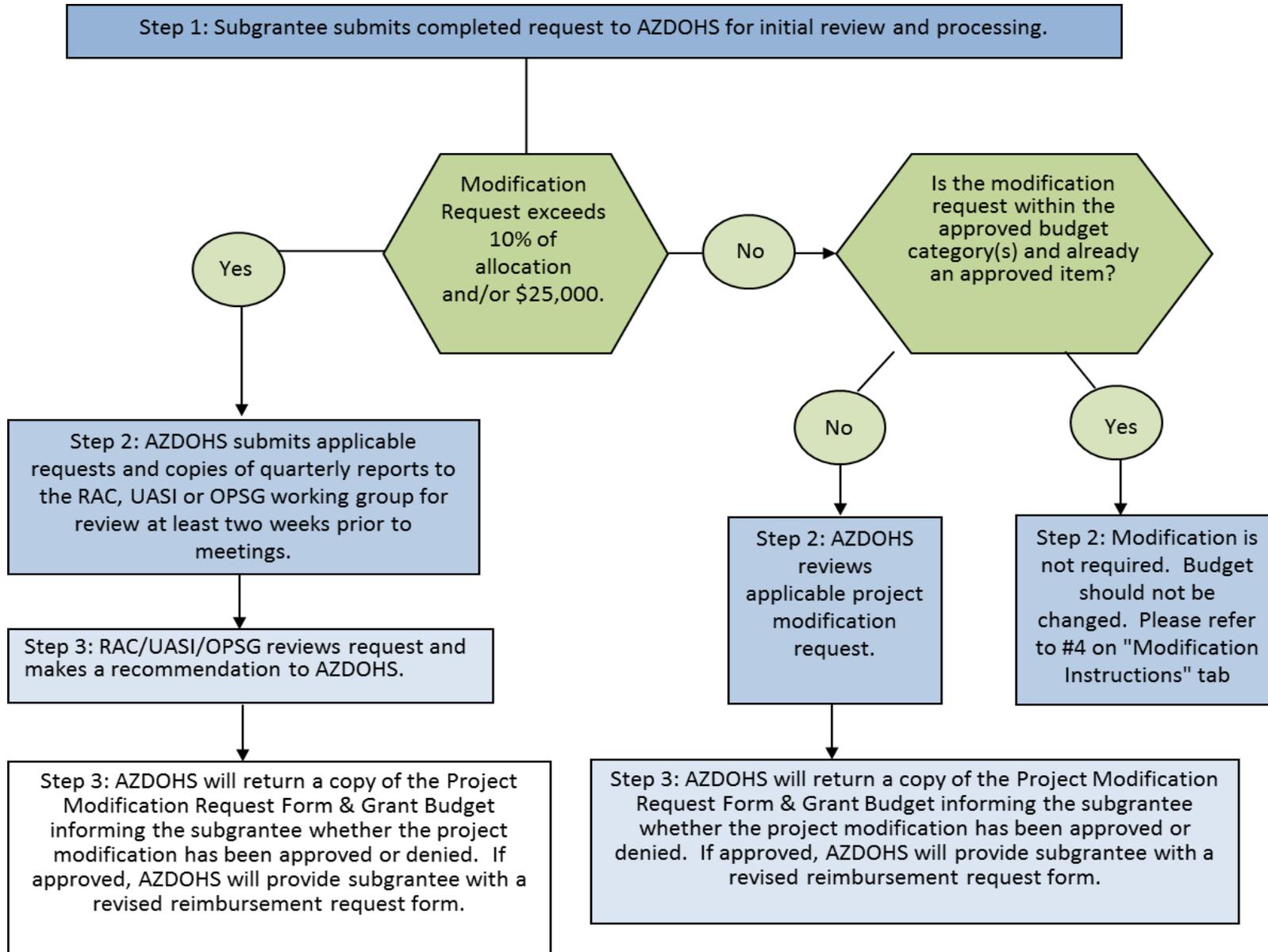
10. The OPSG working groups meet on a monthly basis. If the request is not received within two weeks of a scheduled meeting, the request will be deferred to the next meeting.

11. Project/files that are incomplete (i.e. missing quarterly reports, subgrantee agreements, NIMSCAST issues) will not be processed for a modification until issues are resolved or all required paperwork is complete and on file with AZDOHS.

12. The State Administrative Agency (SAA) reserves the right to make the final decision on all modification requests.

Please note: The Project Modification Request Form is protected in specific fields that are reserved for AZDOHS to complete. Upon completion of the form, be sure to email the form as an attachment to the appropriate Regional Strategic Planner/ Grant Program Administrator.

AZDOHS Modification Request Process:



Project Modification Request Form

Arizona Department of Homeland Security

Subgrantee Information

Grant Agreement Number: _____

Date of Request: _____

Original Period of Performance: _____

Funding Source: (i.e. SHSGP/UASI/CCP) _____

Award Amount: _____

Amount Reimbursed to Date: _____

Agency: _____

Point of Contact: _____

Email: _____

Phone: _____

Modification Detail

Modification requests outside the original scope of the approved project will not be authorized.

1. Is the modification request within the original approved budget category?
PLEASE EXPLAIN.

2. Will the modification request allow for the project to be completed within the original performance period of the project? If not, please complete the project extension request form.

3. Have the original project objectives for the project been accomplished? If yes, a modification request will not be approved (please refer to #2 on the "Modification Instructions" tab).

4. Please list all Authorized Equipment List (AEL) numbers, a brief description of the equipment, a per unit cost estimate and the number or units (AEL numbers can be found at www.rkb.us). For training costs, list the FEMA approved training course numbers that apply to this modification

5. Provide a justification for the project modification. What is the modification your agency would like to make and why is the project modification being requested? Please include details.

6. Complete the Budget Narrative.

If applicable. (Located in the next tab.)

7. Complete the Project and Budget Summary.

(Located in the third tab and fourth tab.)

Project Modification Request Form

Arizona Department of Homeland Security

For AZDOHS Official Use Only

**Program Compliance Auditor:
RAC Recommendation/Comments:**

Allowable Unallowable

Award Letter Date:

Quarterly Report Received:

Q1: Oct 1 - Dec 31

Yes No

Date Received:

Q2: Jan 1 - Mar 31

Yes No

Date Received:

Q3: Apr 1 - Jun 30

Yes No

Date Received:

Q4: Jul 1 - Sep 30

Yes No

Date Received:

Subgrantee Agreement on File:

Yes No

**Date Signed by AZDOHS Director:
Standard Data Collection Form on File:**

Yes No

Financial Systems Survey on File:

Yes No

Approved Modification Description

Planner Signature:

Date Signed:

Assistant Director Signature:

Date Signed:

**AZDOHS/RAC/UASI/OPSGWG
Recommendation and/or Comments:**

Modification Request:

Approved Denied

GIMS Update Completed On:

Finance Signature:

Date Signed:

Grant Agreement Number:	0
Award Amount:	0

Please complete the budget narrative below.

Instructions:

Original Allocation For this column, enter the amount at which the project had originally been allocated for each budget category.

Budget Change For this column, enter the total amount being requested for modification. If you are deducting an amount, enter the amount with a negative sign (-) preceding the amount. This column should always total at zero.

Modified Allocation For this column, enter the amount that would include the "Budget Change" and reflect the new allocation for each budget category.

AZDOHS Approval This column is for AZDOHS use only. The amounts listed in this column will reflect what AZDOHS has approved or denied.

Budget Category	Original Allocation	Budget Change	Modified Allocation	AZDOHS Approval
Planning				
Organization				
Exercise				
Training				
Equipment				
TOTAL	\$ -	\$ -	\$ -	\$ -

(EXAMPLE)

Budget Category	Original Allocation	Budget Change	Modified Allocation	AZDOHS Approval
Planning	\$ 25,000.00	\$ 5,000.00	\$ 30,000.00	
Organization				
Exercise	\$ 20,000.00	\$ (5,000.00)	\$ 15,000.00	
Training				
Equipment				
TOTAL	\$ 45,000	\$ -	\$ 45,000	\$ -

Grant Number:

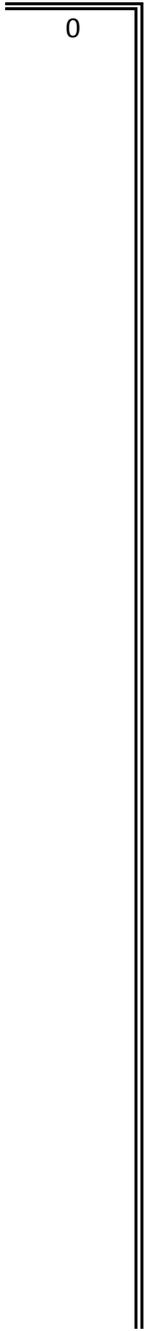


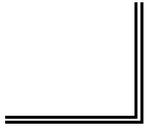
Arizona Department of Homeland Security
1700 West Washington Street, Suite 210
Phoenix, AZ 85007

Project Summary

Local Unit of Government:	
Contact:	
Contacts Address:	
Project Point of Contact (POC):	
POC Phone:	
POC Email:	
POC Address:	
Award Amount:	\$0
Funding Source:	Choose Grant Program
Project Title:	
Project Type:	Choose Project Type
Project Description:	
Investment Supported:	Choose Primary Investment Supported
Primary Capability:	Choose Primary Capability
Primary Goal:	Choose Primary Goal
Objective:	Choose an Objective







Budget Summary

Grant Number:	0
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Allowable Planning Costs	SHSP	UASI	MMRS	CCP	LETPA	Choose Primary Discipline
Developing scenario plans that incorporate the range of prevention, protection, response, and recovery activity for a scenario						Choose Solution Area Discipline
Develop and implement homeland security support programs and adopt ongoing DHS National Initiatives, including State Preparedness Reports						Choose Solution Area Discipline
Developing related terrorism prevention activities						Choose Solution Area Discipline
Develop and enhancing plans and protocols						Choose Solution Area Discipline
Developing or conducting assessments						Choose Solution Area Discipline
Establish, enhance, or evaluate Citizen Corps related volunteer programs						Choose Solution Area Discipline
Hiring of full- or part-time staff or contract/consultants to assist with planning activities (not for the purpose of hiring public safety personnel fulfilling traditional public safety duties)						Choose Solution Area Discipline
Conferences to facilitate planning activities						Choose Solution Area Discipline
Materials required to conduct planning activities						Choose Solution Area Discipline
Public education and outreach						Choose Solution Area Discipline
Travel/per diem related to planning activities						Choose Solution Area Discipline
Overtime and backfill costs (IAW operational Cost Guidance)						Choose Solution Area Discipline
Other project areas with prior approval from FEMA						Choose Solution Area Discipline
Totals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Allowable Organizational Activities	SHSP	UASI	MMRS	CCP	LETPA	Choose Primary Discipline
Overtime for information, investigative, and intelligence sharing activities (up to 50 percent of the allocation)			N/A	N/A		Choose Solution Area Discipline
Reimbursement for select operational expenses associated with increased security measures at critical infrastructure sites incurred during periods of DHS declared alert (up to 50 percent of the allocation)			N/A	N/A		Choose Solution Area Discipline
Hiring of new staff positions/contractors/consultants for participation in information/intelligence analysis and sharing groups or fusion center activities (up to 50 percent of the allocation)			N/A	N/A		Choose Solution Area Discipline
Totals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Allowable Equipment Categories	SHSP	UASI	MMRS	CCP	LETPA	Choose Primary Discipline
Personal Protective Equipment			N/A	N/A		Choose Solution Area Discipline
Explosive Device Mitigation and Remediation Equipment			N/A	N/A		Choose Solution Area Discipline
CBRNE Operational Search and Rescue Equipment						Choose Solution Area Discipline
Information Technology						Choose Solution Area Discipline
Cyber Security Enhancement Equipment						Choose Solution Area Discipline
Interoperable Communications Equipment						Choose Solution Area Discipline
Detection				N/A	N/A	Choose Solution Area Discipline
Decontamination				N/A	N/A	Choose Solution Area Discipline
Medical					N/A	Choose Solution Area Discipline
Power						Choose Solution Area Discipline
CBRNE Reference Materials				N/A		Choose Solution Area Discipline
CBRNE Incident Response Vehicles						Choose Solution Area Discipline
Terrorism Incident Prevention Equipment			N/A	N/A		Choose Solution Area Discipline
Physical Security Enhancement Equipment			N/A	N/A		Choose Solution Area Discipline
Inspection and Screening Systems				N/A		Choose Solution Area Discipline
Agriculture Terrorism Prevention, Response, and Mitigation Equipment				N/A	N/A	Choose Solution Area Discipline
CBRNE Prevention and Response Watercraft			N/A	N/A		Choose Solution Area Discipline
CBRNE Aviation Equipment				N/A	N/A	Choose Solution Area Discipline
CBRNE Logistical Support Equipment						Choose Solution Area Discipline
Intervention Equipment			N/A	N/A		Choose Solution Area Discipline
Personnel						Choose Solution Area Discipline
Other Authorized Equipment						Choose Solution Area Discipline
Totals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Allowable Training Costs	SHSP	UASI	MMRS	CCP	LETPA	Choose Primary Discipline
Overtime and backfill for emergency preparedness and response personnel attending FEMA-sponsored and approved training classes						Choose Solution Area Discipline
Overtime and backfill expenses for part-time and volunteer emergency response personnel participating in FEMA training						Choose Solution Area Discipline
Training workshops and conferences						Choose Solution Area Discipline
Full- or part-time staff or contractors/consultants						Choose Solution Area Discipline
Travel						Choose Solution Area Discipline
Supplies						Choose Solution Area Discipline
Tuition for higher education						Choose Solution Area Discipline
Personnel						Choose Solution Area Discipline
Other items						Choose Solution Area Discipline
Totals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Allowable Exercise Related Costs	SHSP	UASI	MMRS	CCP	LETPA	Choose Primary Discipline
Design, Develop, Conduct and Evaluate an Exercise						Choose Solution Area Discipline
Exercise planning workshop						Choose Solution Area Discipline
Full- or part-time staff or contractors/consultants						Choose Solution Area Discipline
Overtime and backfill costs, including expenses for part-time and volunteer emergency response personnel participating in FEMA exercises						Choose Solution Area Discipline
Implementation of HSEEP						Choose Solution Area Discipline
Travel						Choose Solution Area Discipline
Supplies						Choose Solution Area Discipline
Personnel						Choose Solution Area Discipline
Other items						Choose Solution Area Discipline
Totals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Allowable Management & Administrative Costs	SHSP	UASI	MMRS	CCP	LETPA	Choose Primary Discipline
Hiring of full- or part-time staff or contractors/consultants to assist with the management of the respective grant program, application requirements, compliance with reporting and data collection requirements						Choose Solution Area Discipline

Development of operating plans for information collection and processing necessary to respond to FEMA data calls						Choose Solution Area Discipline
Overtime and backfill costs						Choose Solution Area Discipline
Travel						Choose Solution Area Discipline
Meeting related expenses						Choose Solution Area Discipline
Authorized office equipment						Choose Solution Area Discipline
Recurring expenses such as those associated with cell phones and faxes during the period of performance of the grant program						Choose Solution Area Discipline
Leasing or renting of space for newly hired personnel during the period of performance of the grant program						Choose Solution Area Discipline
Totals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Grand Totals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -