

SUBAWARD AGREEMENT AMENDMENT

Program Title:

State Agency:

Subaward Number:

Subrecipient Entity Name:

Pursuant to the amendment request initiated by the _____ in the GMS on _____, the following amendments or other changes to the above cited Agreement are approved when displayed in “Approved” Status. This amendment is effective as of the “Created Date” displayed in Portal, called the “Amendment Date” on the State Agency display. This approval is subject to such conditions or limitations as may be set forth below and/or in the GMS Amendment. The Subrecipient Entity will conduct grant-funded activities in compliance with all applicable federal and State rules and regulations.

AMENDMENT TYPE:

- | | |
|--|--------------------------------------|
| Change to Scope of Work | Change to Key Performance Indicators |
| Budget Redirection
(no change to Subaward Amount) | Change to Reporting Frequency |
| Change to Subaward Amount | Change to Specific Conditions |
| Change to Dates | Error Correction |
| Change to Federal Funding Info. | Other (see below) |

AMENDMENT DESCRIPTION:

SIGNATURES:

Subrecipient Entity

By:

Name:

Title:

DATE:

For the STATE of RHODE ISLAND:

By:

Name:

Title:

DATE: