

Subrecipient Tracking Number

Subrecipient:

Grant Year and Program

Date of Submission:

Internal Order	Project/Subproject Name	New	Solution Area	Current Budget	Transfer Amount	New Amount
TOTALS						

If additional space is needed, please use an additional document.

**Current Budget can be found on the Monthly Balance Reports for each project.
Do not use the current balance.**

(Transfer Amount must equal zero)

BSIR UPDATES (Optional - For Subrecipient Use Only)

Solution Area	Discipline	Expense Type	Total

JUSTIFICATION FOR THE REQUESTED REVISION

If funding is moving between projects, has the project that is being reduced been completed?

Provide a brief description of the project change(s), including the project(s).

Explain what will be accomplished with the revision and how does the revision fit into the overall scope of the project(s)?

Identify and explain how the project(s) being revised supports one or more core capabilities within the National Preparedness Goal?

REQUEST FOR PROJECT REVISION DGM-03

Are any resources purchased as a result of the revision(s) deployable? Shareable?
 Please describe how any resources purchased as a result of the revision(s) will be deployed and/or shared.

Does the revised project(s) support a NIMS Typed Resource?
 Will the revision impact the implementation timeline for the project(s)? If yes, please identify below.

Identify any milestones and milestone dates that are being changed as a result of the revised project(s).
Milestones Dates (From, To)

Is EHP documentation required? If yes, include the documentation with the DGM-03 when submitting.
 Federal fund expenditures will comply with Title VI laws and other regulations prohibiting discrimination by Subrecipients:
 If training will be conducted, identify the name of the training. For equipment, list AELs and identify equipment to be procured.

Subrecipient Approvals

Programmatic Approval	Financial Approval
Date:	Date:

Instructions for form available upon request. Please submit to RA-GrantProgram@pa.gov upon completion.

SAA Approvals

Programmatic Approval	Financial Approval
Date:	Date:

Programmatic Comments: **Financial Comments:**

Reprioritization Required? **Yes** **No** **Date Sent to Comptroller's Office:**