

Subgrant Amendment Forms

The following forms are templates that can be used for a Subgrant Amendment. Subgrant Amendments are used when contractual changes to the subgrant alters the scope of services, increases or decreases total funding, or the term of the subgrant changes.

The following forms are examples and depending on your subgrant, could be more specific. Please speak with your funding division if you have any questions about the forms.

The following templates are included:

- Subgrant Amendment Summary Sheet – MDHS-SASS-1002a
- Subgrant Amendment Budget Changes – MDHS-SABC-1003a
- Subgrant Amendment Budget Summary – MDHS-SABS-1006a
- Subgrant Amendment Cost Summary – MDHS-SACSS-1007a
- SAMPLE – Subgrant Amendment Signature Sheet (Additional terms may be included)
- SAMPLE – Subgrant Amendment Budget Narrative

Completed forms must be submitted to your MDHS funding division and approved PRIOR to execution. Failure to receive prior approval could result in delays of service and disallowance of costs or other actions within agency authority.

For further information about Subgrant Amendments see the MDHS Subgrant Manual.

**STATE OF MISSISSIPPI
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
SUBGRANT AMENDMENT SUMMARY SHEET
P. O. BOX 352
JACKSON, MISSISSIPPI 39205-0352**

MDHS FUNDING DIVISION:			
1. SUBGRANTEE'S NAME, ADDRESS & PHONE NUMBER			
UEI NUMBER: _____			
CONTACT PERSON: _____			
PHONE NUMBER: _____			
EMAIL: _____			
SECONDARY CONTACT PERSON (IF APPLICABLE) _____			
PHONE NUMBER: _____			
EMAIL: _____			
2. AGREEMENT NUMBER(S):		_____	
3. GRANT ID: (FUNDING SOURCE & YEAR)		_____	
4. BEGINNING AND ENDING DATES:			
_____ through _____			
5. SUBGRANT AMENDMENT # :		_____	
6. SUBGRANT AMENDMENT EFFECTIVE DATE:		_____	
7. SUBGRANT AMENDMENT REQUEST (Check all that apply):			
<input type="checkbox"/>	SCOPE	Complete Subgrant Amendment Sheet & Subgrant Amendment Signature Sheet	
<input type="checkbox"/>	TERM (DATES)	Complete Subgrant Amendment Sheet & Subgrant Amendment Signature Sheet	
<input type="checkbox"/>	FUNDS (Amount +/-)	Complete and submit the entire Subgrant Amendment Packet.	
8. AS A RESULT OF THIS AMENDMENT, FUNDS OBLIGATED ARE CHANGED AS FOLLOWS:			
	<u>FROM</u>	<u>TO</u>	<u>+/-</u>
FEDERAL	_____	_____	_____
STATE	_____	_____	_____
OTHER	_____	_____	_____
TOTAL	_____	_____	_____
9. EXPLANATION/JUSTIFICATION FOR SUBGRANT AMENDMENT			

SUBGRANT AMENDMENT SIGNATURE SHEET

AMENDMENT OF SUBGRANT BETWEEN THE MISSISSIPPI DEPARTMENT OF HUMAN SERVICES AND

This SUBGRANT AMENDMENT is made part of the subgrant entered into on (DATE) by and between the Mississippi Department of Human Services/Division of (INSERT DIVISION NAME) and (name of subgrantee by MDHS) and designated as Subgrant Agreement No. (number assigned to the original subgrant by MDHS), Subgrant Amendment # _____. In consideration of the agreement of the Parties hereto amended the initial Subgrant between them, the Mississippi Department of Human Services/Division of (INSERT DIVISION NAME) and (subgrantee organization) do hereby agree that effective on (date), or after all parties have signed, whichever is later, said Subgrant is amended as set out below:

SECTION IV SUBGRANT AMOUNT AND PAYMENT

A. As full and complete compensation for the services to be provided hereunder, total reimbursement by MDHS shall not exceed _____ (\$ _____) for the term of this subgrant. These services shall be budgeted in accordance with the Budget Sheets and Budget Narrative attached hereto as Exhibit B and incorporated herein.

B. Irrespective of any other provisions of this Agreement, its attachments, laws and regulations or the obligation of the Subgrantee, the liability of payment by MDHS to Subgrantee of federal and/or state funds shall be limited to an amount not to exceed the sum of _____ (\$ _____) in consideration of all the activities and/or services provided pursuant to this Agreement unless specifically increased in accordance with Section XXIII of the Agreement.

All other terms, conditions, and provisions set out in the initial subgrant, and the Subgrant Amendment thereof, which are not in conflict with this Amendment, shall remain in full force and in effect for the duration of the subgrant.

IN WITNESS WHEREOF, the parties have executed this subgrant Amendment Number ____, on the date appearing with their respective signatures below.

APPROVED FOR MDHS	APPROVED FOR
Signature _____ Date _____ (typed name)	Signature _____ Date _____ Type Name
Executive Director/Designee	Type Title

EXHIBIT B

BUDGET NARRATIVE

SUBGRANT AMENDMENT #

Salaries: \$ -

Fringe Benefits: \$ -

Indirect Cost: \$ -

Commodities: \$ -

Contractual Services: \$ -

Travel: \$ -

Approximately _____ miles at district rate of \$0.____/mile (or MDHS approved rate)

Other travel consists of in-state and out-of-state expenses (Hotels, meals, airline tickets, etc.)

If Mileage or Other travel is not needed, the amount will be utilized under mileage or other travel.

TOTAL BUDGET - (Activity Name) \$ -

SAMPLE