



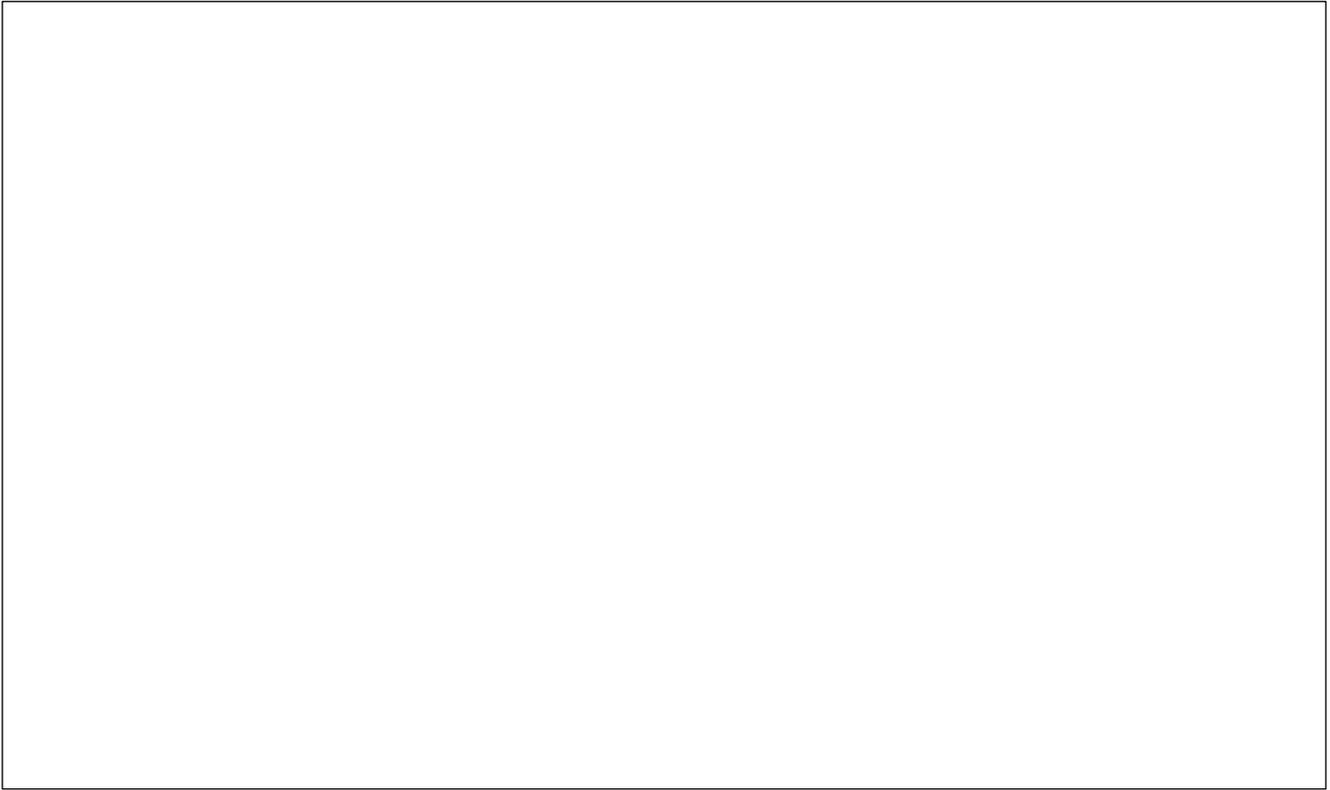
## Homeland Security Grant Program Request Form

<b>Type of Request:</b> Please check the box for the type of request:	
	<b>Request for Advance:</b> An advance is for jurisdictions may not be able to provide monies up front for purchases and wait to be reimbursed later within the period of performance.
	<b>Request for Extension-</b> An extension will extend the period of performance to complete all program tasks and activities.
	<b>Request for Minor Change-</b> A minor change is budget change within a single line item within the program budget.
	<b>Request for Modification-</b> A modification is a budget change within more than one line item within the program budget. Authorized Signatory Official signatures are required. For a Request for Modification, please fill out the request form and proceed to the Budget Modification Signature Sheet and Budget Summary Sections. All sections must be provided.

**Program Information:** Please provide the following information regarding the request:

<b>Date:</b>	
<b>Grant Number:</b>	
<b>Agency:</b>	
<b>Sub-Recipient Grant Administrator Name:</b>	
<b>Sub-Recipient Grant Administrator Email:</b>	
<b>Amount of Grant:</b>	
<b>Amount of Requested Advance/Minor Change:</b>	
<b>Date of Extension for Grant to be Extended:</b>	

Please provide a detailed justification for the requested advance/extension or minor change:

A large, empty rectangular box with a thin black border, intended for the user to provide a detailed justification for the requested advance, extension, or minor change.

Attach a copy of supporting documentation for the requested advance/extension or minor change. (Quotes, Bids, Purchase Order, Invoice) Please return form to MOHS Grants at: [mohsgrants@dps.ms.gov](mailto:mohsgrants@dps.ms.gov)

## Mississippi Office of Homeland Security Budget Modification Signature Sheet

1. Sub-Recipient's Name:  Mailing Address:  Telephone Number:  Email Address:	2. Date of Modification:  3. Sub-Recipient Number:  4. Modification Number:  5. Grant Identifier: (Funding Source and Year)  6. Period of Performance: Start and End Dates:
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**7. The above sub-grant is hereby modified as follows:**

Budget Category/Line Item	Current Budget	Change		New Budget
		Federal	State/Local	
Salary and Wages:			\$0.00	
Fringe Benefits:			\$0.00	
Contractual Services:			\$0.00	
Travel/Training:			\$0.00	
Equipment:			\$0.00	
Commodities/Supplies:			\$0.00	
Other Costs:			\$0.00	
<b>TOTAL OF GRANT</b>			<b>\$0.00</b>	

8. Except as hereby modified, all terms and conditions of the sub-grant agreement and award remain unchanged.

AGENCY APPROVAL	SUB-GRANTEE ACCEPTANCE
9. Approval from Grantee:    	10. Name & Title of Authorized Signatory Official:    
11. Signature of Grantee and Date:   <hr style="width: 80%; margin-left: 0;"/>	12. Signature of Authorized Signatory Official & Date:   <hr style="width: 80%; margin-left: 0;"/>

**Mississippi Office of Homeland Security  
Budget Modification Cost Summary Sheet**

<b>1. Applicant Agency:</b>				Page ___ of ___
<b>2. Sub-Recipient Number:</b>	<b>3. Grant ID:</b>	<b>4. Grant Beginning:</b>	<b>5. Grant Ending:</b>	
<b>6. Activity:</b>		<b>7. Modification Effective Date:</b>		
<b>8. Budget Category/Line Item</b>	<b>9. Description of item and/or Basis for Valuation</b>	<b>10. Budget</b>		
		<b>Federal</b>	<b>All Other</b>	<b>Total</b>
Salary & Wages: (If Applicable) Original Grant Amount: Revised Grant Amount:				
Fringe Benefits: (If Applicable) Original Grant Amount: Revised Grant Amount:				
Contractual Services: Original Grant Amount: Revised Grant Amount:				
Travel/Training: Original Grant Amount: Revised Grant Amount:				
Equipment: Original Grant Amount: Revised Grant Amount:				
Commodities/Supplies: Original Grant Amount: Revised Grant Amount:				
Other Costs: Original Grant Amount: Revised Grant Amount:				

