GAN 1- Budget Modification Screen

Modify Budget GAN





US DEPARTMENT OF JUSTICE OFFICE OF JUSTICE PROGRAMS

| Grantee Name: QTP MKC Project Period: 01/01/2009 - 12/31/2011 Grantee Address: , Program Office: BJA Grantee DUNS Number: 70-488-8395 Grant Manager: WinRunner Tester Grantee EIN: 13-6947080 Application Number(s): 2009-H2601-VA-TL Vendor #: 123456789 Award Number: 2009-TL-C2-0161 Project Title: Descriptive Title Award Amount: \$1,000,000.00 | Grantee Information | | | |
|---|----------------------|-------------------|------------------------|-------------------------|
| Grantee DUNS Number: 70-488-8395 Grant Manager: WinRunner Tester Grantee EIN: 13-6947080 Application Number(s): 2009-H2601-VA-TL Vendor #: 123456789 Award Number: 2009-TL-C2-0161 | Grantee Name: | QTP MKC | Project Period: | 01/01/2009 - 12/31/2011 |
| Grantee EIN: 13-6947080 Application Number(s): 2009-H2601-VA-TL Vendor #: 123456789 Award Number: 2009-TL-C2-0161 | Grantee Address: | , | Program Office: | ВЈА |
| Vendor #: 123456789 Award Number: 2009-TL-C2-0161 | Grantee DUNS Number: | 70-488-8395 | Grant Manager: | WinRunner Tester |
| A second of the | Grantee EIN: | 13-6947080 | Application Number(s): | 2009-H2601-VA-TL |
| Project Title: Descriptive Title Award Amount: \$1,000,000.00 | Vendor #: | 123456789 | Award Number: | 2009-TL-C2-0161 |
| | Project Title: | Descriptive Title | Award Amount: | \$1,000,000.00 |

| | | al Review for this award. Modification | |
|---|-----------------|---|----------------|
| * All editable Budget fields must conta | | addincation | |
| Categories | Approved Budget | Requested Changes to Budget | Revised Budget |
| A. Personnel | \$0 | \$0 | \$ 0 |
| B. Fringe Benefits | \$0 | \$0 | \$ 0 |
| C. Travel | \$0 | \$0 | \$ 0 |
| D. Equipment | \$0 | \$0 | \$ 0 |
| E. Supplies | \$0 | \$0 | \$ 0 |
| F. Construction | \$ 0 | \$ 0 | \$ 0 |
| G. Contractual | \$0 | \$0 | \$ 0 |
| H. Other | \$0 | \$0 | \$ 0 |
| TOTAL DIRECT COST | \$ 0 | \$ 0 | \$ 0 |
| Total Direct Costs = (Sum of lines A-H | 1) | * | |
| INDIRECT COST | \$0 | \$[0 | \$ 0 |
| TOTAL PROJECT COST | \$ 0 | \$ 0 | \$ 0 |
| Total Project Costs = Total Direct Cos Total Project Costs = Federal Funds A | | Program Income | |
| FEDERAL FUNDS APPROVED | \$ 1000000 | | \$ 1000000 |
| NON-FEDERAL FUNDS APPROVED | \$0 | \$0 | \$ 0 |
| PROGRAM INCOME | \$0 | \$0 | \$ 0 |
| Required Justification for Budget N | Modification | | |
| | | | |
| Attachments: | | | |
| | Add A | ttachment | |
| Actions: | | | |

GAN 2- Change Authorized Representative Screen

Change Grantee Authorized Signing Official GAN





US DEPARTMENT OF JUSTICE OFFICE OF JUSTICE PROGRAMS

GRANT ADJUSTMENT NOTICE

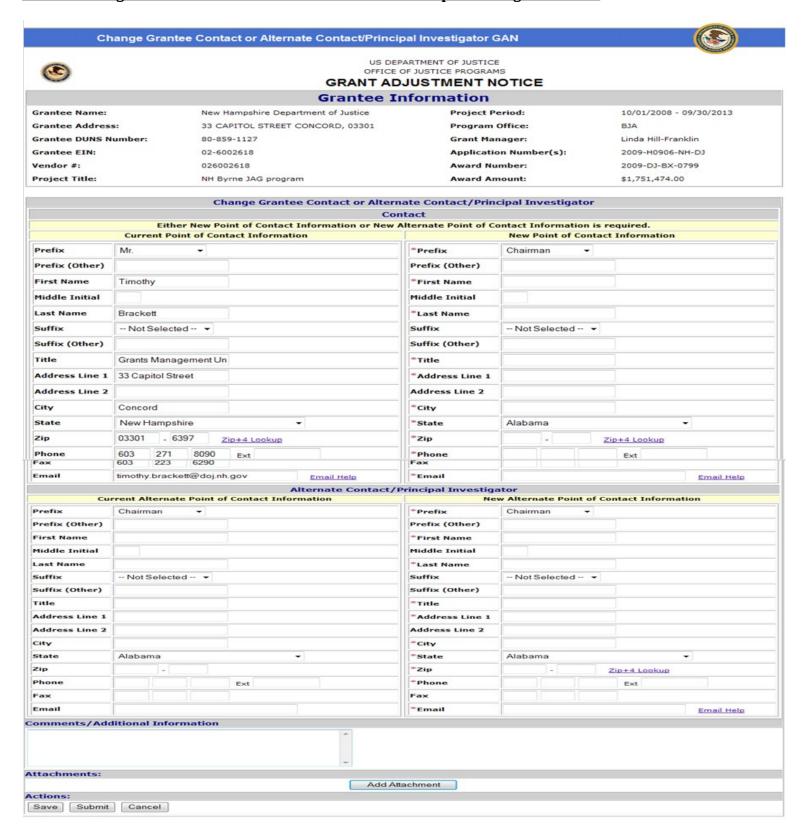
Grantee Information Grantee Name: New Hampshire Department of Justice **Project Period:** 10/01/2008 - 09/30/2013 Grantee Address: 33 CAPITOL STREET CONCORD, 03301 **Program Office: Grantee DUNS Number:** 80-859-1127 Linda Hill-Franklin **Grant Manager:** 2009-H0906-NH-DJ **Grantee EIN:** 02-6002618 Application Number(s): Vendor #: 026002618 2009-DJ-BX-0799 **Award Number: Project Title:** NH Byrne JAG program \$1,751,474.00

Change Grantee Authorized Signing Official

Specific documentation is required for changes to a Grantee Authorized Signing Official. Documentation can be the legal document that effected the change or a letter noting the official change authenticated (signed) by a proper official of the state having jurisdiction. Documentation must be electronically attached. If you cannot attach the documentation, please contact your Grant Manager.

| | Current Authorized | Signing Offi | cial | | New | Author | rized Sig | ning Official | |
|----------------|---------------------------|--------------|--------------------|-----------------|--------|---------|-----------|---------------|------------|
| refix | Ms. ▼ | | | *Prefix | Chairr | man | • | | |
| Prefix (Other) | | | | Prefix (Other) | | | | | |
| First Name | Rosemary | | | *First Name | | | | | |
| Middle Initial | | | | Middle Initial | | | | | |
| Last Name | Faretra | | | *Last Name | | | | | |
| Suffix | Not Selected ▼ | | | Suffix | Not | Selecte | d ▼ | | |
| Suffix (Other) | | | | Suffix (Other) | | | | | |
| Title | Director of Administratio | | | *Title | | | | | |
| Address Line 1 | 33 Capitol Street | | | *Address Line 1 | | | | | |
| Address Line 2 | | | | Address Line 2 | | | | | |
| City | Concord | | | *City | | | | | |
| State | New Hampshire | | • | *State | Alaba | ma | | | • |
| Zip | 03301 - 6397 <u>Zir</u> | p+4 Lookup | | *Zip | |]-[_ | Z | ip+4 Lookup | |
| Phone | 603 271 1234 | Ext | | *Phone | | | | Ext | |
| Fax | 603 223 6290 | | | Fax | | | | | |
| Email | timothy.brackett@doj.nl | n.gov | Email Help | *Email | | | | | Email Help |
| Required Justi | fication for Change G | rantee Au | thorized Signing O | fficial | | | | | |
| ttachments: | | | Line | | | | | | |
| | | | Add | d Attachment | | | | | |
| | | | | | | | | | |

GAN 3- Change Grantee Contact or Alternate Contact/Principal Investigator Screen



GAN 4- Change DUNS Number Screen

Change Grantee DUNS Number GAN





US DEPARTMENT OF JUSTICE OFFICE OF JUSTICE PROGRAMS

| Grantee Information | | | | |
|----------------------|----------------------------------|------------------------|--------------------------------------|--|
| Grantee Name: | State of New Hampshire | Project Period: | 10/01/2008 - 09/30/2014 | |
| Grantee Address: | 33 CAPITOL STREET CONCORD, 03301 | Program Office: | ВЈА | |
| Grantee DUNS Number: | 80-859-1127 | Grant Manager: | Veronica Munson | |
| Grantee EIN: | 02-6002618 | Application Number(s): | 2013-H0010-NH-J2 2009-H2822-MO-DJ | |
| Vendor #: | 026002618 | Award Number: | 2009-DJ-BX-0685 | |
| Project Title: | Christian County JAG Program | Award Amount: | \$119,712.00 | |

| Change | Grantee DUNS Number |
|--|---|
| Specific documentation is required for changes to a Grantee DUNS Number. | Documentation can be the legal document that effected the DUNS Number change or a letter official of the state having jurisdiction. Documentation must be electronically attached for |
| Current Grantee DUNS Number(s) | New Grantee DUNS Number |
| 80-859-1127 | |
| *Required Justification for Grantee DUNS Number Change | |
| * | |
| Attachments: | |
| | Add Attachment |
| Actions: | |
| Save Submit Cancel | |

GAN 5- Change Mailing Address Screen

Change Grantee Mailing Address GAN





US DEPARTMENT OF JUSTICE OFFICE OF JUSTICE PROGRAMS

| Grantee Information | | | | |
|----------------------|----------------------------------|------------------------|--------------------------------------|--|
| Grantee Name: | State of New Hampshire | Project Period: | 10/01/2008 - 09/30/2014 | |
| Grantee Address: | 33 CAPITOL STREET CONCORD, 03301 | Program Office: | ВЈА | |
| Grantee DUNS Number: | 80-859-1127 | Grant Manager: | Veronica Munson | |
| Grantee EIN: | 02-6002618 | Application Number(s): | 2013-H0010-NH-J2 2009-H2822-MO-DJ | |
| Vendor #: | 026002618 | Award Number: | 2009-DJ-BX-0685 | |
| Project Title: | Christian County JAG Program | Award Amount: | \$119,712.00 | |

| | | Change Gra | antee Mailing Address | | |
|---------------------------|----------------------------|----------------|------------------------|-----------------------|-------|
| | Current Grantee Mailing Ad | dress | N | ew Grantee Mailing Ad | dress |
| *Address Line 1 | 33 Capitol Street | | *Address Line 1 | | |
| Address Line 2 | | | Address Line 2 | | |
| *City | Concord | | *City | | |
| *State | New Hampshire | • | *State | | • |
| *Zip | 03301 - 6397 | | *Zip | | |
| | | For | OJP Use Only | | |
| Current FMIS2 Addr | ess Line 1 | | New FMIS2 Address Line | e 1 | |
| Current FMIS2 Addr | ess Line 2 | | New FMIS2 Address Line | e 2 | |
| Current FMIS2 City | | | New FMIS2 City | | |
| Required Justifica | ation for Grantee Mailing | Address Change | | | |
| | | A | | | |
| Attachments: | | | | | |
| | | A | add Attachment | | |
| Actions: | | | | | |
| Save Submit | Cancel | | | | |

GAN 6- Change Grantee Name Screen

Change Grantee Name GAN





US DEPARTMENT OF JUSTICE OFFICE OF JUSTICE PROGRAMS

GRANT ADJUSTMENT NOTICE

| Grantee Information | | | | |
|----------------------|----------------------------------|------------------------|--------------------------------------|--|
| Grantee Name: | State of New Hampshire | Project Period: | 10/01/2008 - 09/30/2014 | |
| Grantee Address: | 33 CAPITOL STREET CONCORD, 03301 | Program Office: | BJA | |
| Grantee DUNS Number: | 80-859-1127 | Grant Manager: | Veronica Munson | |
| Grantee EIN: | 02-6002618 | Application Number(s): | 2013-H0010-NH-J2 2009-H2822-MO-DJ | |
| Vendor #: | 026002618 | Award Number: | 2009-DJ-BX-0685 | |
| Project Title: | Christian County JAG Program | Award Amount: | \$119,712.00 | |

Change Grantee Name

| Curi | ent Grantee Name | New Grantee Na | me |
|------------------------------|------------------------|----------------------|----|
| Organization Name | State of New Hampshire | *Organization Name | |
| | | | |
| | F | For OJP Use Only | |
| Current Legal FMIS2 Name | | New Legal FMIS2 Name | |
| Required Justification for G | Grantee Name Change | | |
| | Ψ. | | |
| ttachments: | | | |
| | | Add Attachment | |
| | | | |

GAN 7- Change Project Period Screen

Change Project Period GAN





US DEPARTMENT OF JUSTICE OFFICE OF JUSTICE PROGRAMS

| Grantee Information | | | | | |
|----------------------|---|------------------------|-------------------------|--|--|
| Grantee Name: | New Hampshire Department of Justice | Project Period: | 06/01/2009 - 09/30/2012 | | |
| Grantee Address: | 33 CAPITOL STREET CONCORD, 03301 | Program Office: | OJJDP | | |
| Grantee DUNS Number: | 80-859-1127 | Grant Manager: | Lawrence Fiedler | | |
| Grantee EIN: | 02-6002618 | Application Number(s): | 2009-50291-NH-AH | | |
| Vendor #: | 026002618 | Award Number: | 2009-AH-FX-0066 | | |
| Project Title: | Enforcing Underage Drinking Laws New Hampshire Initiative | Award Amount: | \$360,000.00 | | |

| | Chan | ige Project Period | |
|----------------------------|---------------------------|--------------------------|-------------------|
| Current Grant Period: | Month: 39 Day: 29 | New Grant Period: | Month: 39 Day: 29 |
| Project Start Date: | 06/01/2009 | *New Project Start Date: | 06/01/2009 |
| Project End Date: | 09/30/2012 | *New Project End Date: | 09/30/2012 |
| *Required Justification fo | or Change Project Period: | | |
| | A | | |
| | | | |
| | | | |
| | Ψ. | | |
| Attachments: | | | |
| | | Add Attachment | |
| Actions: | | | |
| Save Submit Cancel | | | |

GAN 8- Change Project Scope Screen

Change Project Scope GAN





US DEPARTMENT OF JUSTICE OFFICE OF JUSTICE PROGRAMS

| Grantee Information | | | | |
|----------------------|-------------------------------------|------------------------|-------------------------|--|
| Grantee Name: | New Hampshire Department of Justice | Project Period: | 10/01/2008 - 09/30/2013 | |
| Grantee Address: | 33 CAPITOL STREET CONCORD, 03301 | Program Office: | ВЈА | |
| Grantee DUNS Number: | 80-859-1127 | Grant Manager: | Linda Hill-Franklin | |
| Grantee EIN: | 02-6002618 | Application Number(s): | 2009-H0906-NH-DJ | |
| Vendor #: | 026002618 | Award Number: | 2009-DJ-BX-0799 | |
| Project Title: | NH Byrne JAG program | Award Amount: | \$1,751,474.00 | |

| Change Project Scope | | | | |
|---|--|--|--|--|
| *Scope Change Types | | | | |
| Altering programmatic activities | Altering the purpose of the project | | | |
| Changing the project site | Change in organization with primary responsibility for implementation of grant | | | |
| Contracting out, sub-granting or otherwise obtaining the services of a third party to perform activities that are central to the purpose of the award | Other (Please enter type of scope change below) | | | |
| *Required Justification for Change Project Scope: | | | | |
| | | | | |
| Attachments: | | | | |
| Add Attachment | | | | |
| Actions: | | | | |
| Save Submit Cancel | | | | |

GAN 9- Program Office Approvals Screen

Program Office Approvals GAN





US DEPARTMENT OF JUSTICE OFFICE OF JUSTICE PROGRAMS

| Grantee Information | | | | | |
|----------------------|-------------------------------------|------------------------|-------------------------|--|--|
| Grantee Name: | New Hampshire Department of Justice | Project Period: | 10/01/2008 - 09/30/2013 | | |
| Grantee Address: | 33 CAPITOL STREET CONCORD, 03301 | Program Office: | BJA | | |
| Grantee DUNS Number: | 80-859-1127 | Grant Manager: | Linda Hill-Franklin | | |
| Grantee EIN: | 02-6002618 | Application Number(s): | 2009-H0906-NH-DJ | | |
| Vendor #: | 026002618 | Award Number: | 2009-DJ-BX-0799 | | |
| Project Title: | NH Byrne JAG program | Award Amount: | \$1,751,474.00 | | |

| Progra | am Office Approvals | | | |
|--|--|--|--|--|
| | *Approval Types | | | |
| Changes in Consultant rates (in excess of \$450/day) | Publication Plan Submissions | | | |
| Purchase of Automatic Data Processing (ADP) Equipment and Software | Funding for Criminal Justice Information and Communication Systems | | | |
| Foreign Travel Costs | Other (Please enter type of Program Office Approval below) | | | |
| *Required Justification for Program Office Approvals: | | | | |
| A | | | | |
| Attachments: | | | | |
| | Add Attachment | | | |
| Actions: | | | | |
| Save Submit Cancel | | | | |

GAN 10- Sole Source Approval Screen

Sole Source Approval GAN





US DEPARTMENT OF JUSTICE OFFICE OF JUSTICE PROGRAMS

| Grantee Information | | | | |
|----------------------|-------------------------------------|------------------------|-------------------------|--|
| Grantee Name: | New Hampshire Department of Justice | Project Period: | 10/01/2008 - 09/30/2013 | |
| Grantee Address: | 33 CAPITOL STREET CONCORD, 03301 | Program Office: | ВЈА | |
| Grantee DUNS Number: | 80-859-1127 | Grant Manager: | Linda Hill-Franklin | |
| Grantee EIN: | 02-6002618 | Application Number(s): | 2009-H0906-NH-DJ | |
| Vendor #: | 026002618 | Award Number: | 2009-DJ-BX-0799 | |
| Project Title: | NH Byrne JAG program | Award Amount: | \$1,751,474.00 | |

| | Sole Source Approval | | | |
|----------------------------------|-----------------------------------|--|--|--|
| | Organization to be sole source to | | | |
| *Organization Name | | | | |
| *Prefix | Chairman | | | |
| Prefix (Other) | | | | |
| *First Name | | | | |
| Middle Initial | | | | |
| *Last Name | | | | |
| Suffix | Not Selected ▼ | | | |
| Suffix (Other) | | | | |
| *Address Line 1 | | | | |
| Address Line 2 | | | | |
| *City | | | | |
| *State | Alabama ▼ | | | |
| *Zip | | | | |
| *Phone | - Ext | | | |
| *Amount of Sole Source | \$ | | | |
| *Required Justification for Sole | Source Approval | | | |
| ~ ~ | | | | |
| OCFMD Justification for Sole So | ource Approval | | | |
| Not entered. | | | | |
| Attachments: | | | | |
| Add Attachment | | | | |
| Actions: | | | | |
| Save Submit Cancel | | | | |