

# GAN 1- Budget Modification Screen

## Modify Budget GAN



US DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS

### GRANT ADJUSTMENT NOTICE

#### Grantee Information

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

Note: There is no Final Review for this award.

#### Budget Modification

\* All editable Budget fields must contain a numeric value.

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
<b>TOTAL DIRECT COST</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Total Direct Costs = (Sum of lines A-H)			
<b>INDIRECT COST</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL PROJECT COST</b>			
<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Total Project Costs = Total Direct Costs + Indirect Cost			
Total Project Costs = Federal Funds Approved + Non-Federal Funds + Program Income			
<b>FEDERAL FUNDS APPROVED</b>	\$1000000		\$1000000
<b>NON-FEDERAL FUNDS APPROVED</b>	\$0		\$0
<b>PROGRAM INCOME</b>	\$0		\$0

#### Required Justification for Budget Modification

#### Attachments:

Add Attachment

#### Actions:

Save Submit Cancel

## 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

<b>Grantee Name:</b>	New Hampshire Department of Justice	<b>Project Period:</b>	10/01/2008 - 09/30/2013
<b>Grantee Address:</b>	33 CAPITOL STREET CONCORD, 03301	<b>Program Office:</b>	BJA
<b>Grantee DUNS Number:</b>	80-859-1127	<b>Grant Manager:</b>	Linda Hill-Franklin
<b>Grantee EIN:</b>	02-6002618	<b>Application Number(s):</b>	2009-H0906-NH-DJ
<b>Vendor #:</b>	026002618	<b>Award Number:</b>	2009-DJ-BX-0799
<b>Project Title:</b>	NH Byrne JAG program	<b>Award Amount:</b>	\$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 Official				New Authorized Signing Official			
Prefix	Ms.			*Prefix	Chairman		
Prefix (Other)				*Prefix (Other)			
First Name	Rosemary			*First Name			
Middle Initial				*Middle Initial			
Last Name	Faretra			*Last Name			
Suffix	-- Not Selected --			*Suffix	-- Not Selected --		
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	Alabama		
Zip	03301	-	6397 <a href="#">Zip+4 Lookup</a>	*Zip		-	<a href="#">Zip+4 Lookup</a>
Phone	603	271	1234 Ext	*Phone			Ext

Fax	603	223	6290	*Fax			
Email	timothy.brackett@doj.nh.gov <a href="#">Email Help</a>			*Email			

#### \*Required Justification for Change Grantee Authorized Signing Official

#### Attachments:

[Add Attachment](#)

#### Actions:

[Save](#) [Submit](#) [Cancel](#)

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

## Change Grantee Contact or Alternate Contact/Principal Investigator GAN



US DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS

### GRANT ADJUSTMENT NOTICE

#### Grantee Information

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

#### Change Grantee Contact or Alternate Contact/Principal Investigator

##### Contact

Either New Point of Contact Information or New Alternate Point of Contact Information is required.

##### Current Point of Contact Information

Prefix	Mr.
Prefix (Other)	
First Name	Timothy
Middle Initial	
Last Name	Brackett
Suffix	-- Not Selected --
Suffix (Other)	
Title	Grants Management Un
Address Line 1	33 Capitol Street
Address Line 2	
City	Concord
State	New Hampshire
Zip	03301 - 6397 <a href="#">Zip+4 Lookup</a>
Phone	603 271 8090 Ext
Fax	603 223 6290
Email	timothy.brackett@doj.nh.gov <a href="#">Email Help</a>

##### New Point of Contact Information

*Prefix	Chairman
*Prefix (Other)	
*First Name	
*Middle Initial	
*Last Name	
*Suffix	-- Not Selected --
*Suffix (Other)	
*Title	
*Address Line 1	
*Address Line 2	
*City	
*State	Alabama
*Zip	- <a href="#">Zip+4 Lookup</a>
*Phone	Ext
*Fax	
*Email	<a href="#">Email Help</a>

##### Alternate Contact/Principal Investigator

##### Current Alternate Point of Contact Information

Prefix	Chairman
Prefix (Other)	
First Name	
Middle Initial	
Last Name	
Suffix	-- Not Selected --
Suffix (Other)	
Title	
Address Line 1	
Address Line 2	
City	
State	Alabama
Zip	- <a href="#">Zip+4 Lookup</a>
Phone	Ext
Fax	
Email	

##### New Alternate Point of Contact Information

*Prefix	Chairman
*Prefix (Other)	
*First Name	
*Middle Initial	
*Last Name	
*Suffix	-- Not Selected --
*Suffix (Other)	
*Title	
*Address Line 1	
*Address Line 2	
*City	
*State	Alabama
*Zip	- <a href="#">Zip+4 Lookup</a>
*Phone	Ext
*Fax	
*Email	<a href="#">Email Help</a>

##### Comments/Additional Information

##### Attachments:

[Add Attachment](#)

##### Actions:

[Save](#) [Submit](#) [Cancel](#)

## GAN 4- Change DUNS Number Screen

### Change Grantee DUNS Number GAN



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## GRANT ADJUSTMENT NOTICE

### Grantee Information

<b>Grantee Name:</b>	State of New Hampshire	<b>Project Period:</b>	10/01/2008 - 09/30/2014
<b>Grantee Address:</b>	33 CAPITOL STREET CONCORD, 03301	<b>Program Office:</b>	BJA
<b>Grantee DUNS Number:</b>	80-859-1127	<b>Grant Manager:</b>	Veronica Munson
<b>Grantee EIN:</b>	02-6002618	<b>Application Number(s):</b>	2013-H0010-NH-J2 2009-H2822-MO-DJ
<b>Vendor #:</b>	026002618	<b>Award Number:</b>	2009-DJ-BX-0685
<b>Project Title:</b>	Christian County JAG Program	<b>Award Amount:</b>	\$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 noting the official DUNS Number change authenticated (signed) by a proper official of the state having jurisdiction. Documentation must be electronically attached for approval of this grant adjustment.

Current Grantee DUNS Number(s)	New Grantee DUNS Number
80-859-1127	<input type="text"/> - <input type="text"/> - <input type="text"/>

### \*Required Justification for Grantee DUNS Number Change

### Attachments:

[Add Attachment](#)

### Actions:



**GAN 5- Change Mailing Address Screen**

**Change Grantee Mailing Address GAN**



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**GRANT ADJUSTMENT NOTICE**

**Grantee Information**

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

**Change Grantee Mailing Address**

Current Grantee Mailing Address		New Grantee Mailing Address	
*Address Line 1	<input type="text" value="33 Capitol Street"/>	*Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>	Address Line 2	<input type="text"/>
*City	<input type="text" value="Concord"/>	*City	<input type="text"/>
*State	<input type="text" value="New Hampshire"/> ▼	*State	<input type="text"/> ▼
*Zip	<input type="text" value="03301"/> - <input type="text" value="6397"/>	*Zip	<input type="text"/> - <input type="text"/>

**For OJP Use Only**

Current FMIS2 Address Line 1	<input type="text"/>	New FMIS2 Address Line 1	<input type="text"/>
Current FMIS2 Address Line 2	<input type="text"/>	New FMIS2 Address Line 2	<input type="text"/>
Current FMIS2 City	<input type="text"/>	New FMIS2 City	<input type="text"/>

**\*Required Justification for Grantee Mailing Address Change**

**Attachments:**

**Actions:**

## GAN 6- Change Grantee Name Screen

### Change Grantee Name GAN



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## GRANT ADJUSTMENT NOTICE

### Grantee Information

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

### Change Grantee Name

Specific documentation is required for changes to a Grantee Name. 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 Grantee Name		New Grantee Name	
<b>Organization Name</b>	State of New Hampshire	<b>*Organization Name</b>	<input type="text"/>

### For OJP Use Only

<b>Current Legal FMIS2 Name</b>	<input type="text"/>	<b>New Legal FMIS2 Name</b>	<input type="text"/>
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### \*Required Justification for Grantee Name Change

### Attachments:

Add Attachment

### Actions:

Save Submit Cancel

## GAN 7- Change Project Period Screen

### Change Project Period GAN



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## GRANT ADJUSTMENT NOTICE

### Grantee Information

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

### Change Project Period

<b>Current Grant Period:</b>	Month: <input type="text" value="39"/> Day: <input type="text" value="29"/>	<b>New Grant Period:</b>	Month: <input type="text" value="39"/> Day: <input type="text" value="29"/>
<b>Project Start Date:</b>	06/01/2009	<b>*New Project Start Date:</b>	06/01/2009
<b>Project End Date:</b>	09/30/2012	<b>*New Project End Date:</b>	09/30/2012

#### \*Required Justification for Change Project Period:

#### Attachments:

Add Attachment

#### Actions:

## GAN 8- Change Project Scope Screen

### Change Project Scope GAN



US DEPARTMENT OF JUSTICE  
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## GRANT ADJUSTMENT NOTICE

### Grantee Information

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

### Change Project Scope

#### \*Scope Change Types

- |  |   |
|--|---|
| <input type="checkbox"/> Altering programmatic activities  | <input type="checkbox"/> Altering the purpose of the project  |
| <input type="checkbox"/> Changing the project site   | <input type="checkbox"/> Change in organization with primary responsibility for implementation of grant |
| <input type="checkbox"/> 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 | <input type="checkbox"/> Other (Please enter type of scope change below) <input type="text"/>           |

#### \*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  
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### GRANT ADJUSTMENT NOTICE

#### Grantee Information

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

#### Program Office Approvals

##### \*Approval Types

<input type="checkbox"/> Changes in Consultant rates (in excess of \$450/day)	<input type="checkbox"/> Publication Plan Submissions
<input type="checkbox"/> Purchase of Automatic Data Processing (ADP) Equipment and Software	<input type="checkbox"/> Funding for Criminal Justice Information and Communication Systems
<input type="checkbox"/> Foreign Travel Costs	<input type="checkbox"/> Other (Please enter type of Program Office Approval below) <input type="text"/>

##### \*Required Justification for Program Office Approvals:

##### 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

### GRANT ADJUSTMENT NOTICE

#### Grantee Information

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

#### Sole Source Approval

##### Organization to be sole source to

* Organization Name	<input type="text"/>
* Prefix	Chairman <input type="text"/>
Prefix (Other)	<input type="text"/>
* First Name	<input type="text"/>
Middle Initial	<input type="text"/>
* Last Name	<input type="text"/>
Suffix	-- Not Selected -- <input type="text"/>
Suffix (Other)	<input type="text"/>
* Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
* City	<input type="text"/>
* State	Alabama <input type="text"/>
* Zip	<input type="text"/> - <input type="text"/>
* Phone	<input type="text"/> - <input type="text"/> - <input type="text"/> Ext <input type="text"/>
* Amount of Sole Source	\$ <input type="text"/>

##### \* Required Justification for Sole Source Approval

##### OCFMD Justification for Sole Source Approval

Not entered.

##### Attachments:

Add Attachment

##### Actions:

Save Submit Cancel