

GAN 1- Budget Modification Screen

Modify Budget GAN



US DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS

GRANT ADJUSTMENT NOTICE

Grantee Information

| | | | |
|-----------------------------|-------------------|-------------------------------|-------------------------|
| 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 |

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

| | | | |
|-----------------------------|-------------------------------------|-------------------------------|-------------------------|
| 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 |

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. <input type="text"/> | *Prefix | Chairman <input type="text"/> |
| Prefix (Other) | <input type="text"/> | *Prefix (Other) | <input type="text"/> |
| First Name | Rosemary | *First Name | <input type="text"/> |
| Middle Initial | <input type="text"/> | *Middle Initial | <input type="text"/> |
| Last Name | Faretra | *Last Name | <input type="text"/> |
| Suffix | -- Not Selected -- <input type="text"/> | *Suffix | -- Not Selected -- <input type="text"/> |
| Suffix (Other) | <input type="text"/> | *Suffix (Other) | <input type="text"/> |
| Title | Director of Administratio | *Title | <input type="text"/> |
| Address Line 1 | 33 Capitol Street | *Address Line 1 | <input type="text"/> |
| Address Line 2 | <input type="text"/> | *Address Line 2 | <input type="text"/> |
| City | Concord | *City | <input type="text"/> |
| State | New Hampshire <input type="text"/> | *State | Alabama <input type="text"/> |
| Zip | 03301 - 6397 Zip+4 Lookup | *Zip | <input type="text"/> - <input type="text"/> Zip+4 Lookup |
| Phone | 603 271 1234 Ext <input type="text"/> | *Phone | <input type="text"/> <input type="text"/> <input type="text"/> Ext <input type="text"/> |
| Fax | 603 223 6290 | *Fax | <input type="text"/> <input type="text"/> <input type="text"/> |
| Email | timothy.brackett@doj.nh.gov Email Help | *Email | <input type="text"/> Email Help |

*Required Justification for Change Grantee Authorized Signing Official

Attachments:

[Add Attachment](#)

Actions:

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

| | | | |
|-----------------------------|-------------------------------------|-------------------------------|-------------------------|
| 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 |

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 Zip+4 Lookup |
| Phone | 603 271 8090 Ext |
| Fax | 603 223 6290 |
| Email | timothy.brackett@doj.nh.gov Email Help |

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 | - Zip+4 Lookup |
| *Phone | Ext |
| *Fax | |
| *Email | Email Help |

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 | - Zip+4 Lookup |
| 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 | - Zip+4 Lookup |
| *Phone | Ext |
| *Fax | |
| *Email | Email Help |

Comments/Additional Information

Attachments:

[Add Attachment](#)

Actions:

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

GAN 4- Change DUNS Number Screen

Change Grantee DUNS Number 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 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:

Save Submit Cancel

GAN 5- Change Mailing Address Screen

Change Grantee Mailing Address 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 Mailing Address

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

For OJP Use Only

| | |
|------------------------------|--------------------------|
| Current FMIS2 Address Line 1 | New FMIS2 Address Line 1 |
| Current FMIS2 Address Line 2 | New FMIS2 Address Line 2 |
| Current FMIS2 City | New FMIS2 City |

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

Attachments:

Add Attachment

Actions:

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

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 | |
|--------------------------|------------------------|---------------------------|----------------------|
| Organization Name | State of New Hampshire | *Organization Name | <input type="text"/> |

For OJP Use Only

| | | | |
|---------------------------------|----------------------|-----------------------------|----------------------|
| Current Legal FMIS2 Name | <input type="text"/> | New Legal FMIS2 Name | <input type="text"/> |
|---------------------------------|----------------------|-----------------------------|----------------------|

*Required Justification for Grantee Name Change

Attachments:

Actions:

GAN 7- Change Project Period Screen

Change Project Period GAN



US DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS

GRANT ADJUSTMENT NOTICE

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 |

Change Project Period

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

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
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: | 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 |

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

| | | | |
|-----------------------------|-------------------------------------|-------------------------------|-------------------------|
| 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 |

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:

Actions: