### Project Modification

**Project Title:**

**Project Agency:**

**Project #:**

**Fund Recipient:**

**Street Address:**

**City, State, Zip Code:**

**Type of Modification(s):**
- Extension of Grant Period to: [ ]
- Change in Category Limitation [ ]
- Additional Funding [ ]
- Change in Type of Funding [ ]

**Purpose of Modification:**

<table>
<thead>
<tr>
<th>Cost Category</th>
<th>Previously Approved Category Limitation</th>
<th>Additional or Modified Funding</th>
<th>Modified Category Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries &amp; Benefits</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Trvl, Trng &amp; Conf Fees</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Contractual Services</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Equipment</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Other Direct Costs</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Indirect Costs</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

After appropriate officials sign below return form to the SRTS Grants Manager. The SRTS team will then review this form for approval. If approved, a copy will be sent to you. If denied, you will be notified in writing. All provisions of the Project Agreement are extended until the End date listed below.

**Project Director:**

- **Name:**
- **Title:**
- **Phone #:**
- **E-Mail:**
- **Signature:**
- **Date:**

**Authorizing Official:**

- **Name:**
- **Title:**
- **Phone #:**
- **E-Mail:**
- **Signature:**
- **Date:**

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**FOR SRTS USE ONLY**

- **Project Period:** Start: _______ End: _______

- **Total Amount of Funds Obligated from SRTS:** $ _______

- **OPPE/RIPD Approval:**
  - **Date:**

- **OOF/Fund Approval:**
  - **Date:**

- **Guyl Talerico, Chief, Finance**

*Form 5-8/13*