

Scope of Work Change Request Public Assistance (PA) Grant Program

General Grant Information		
Applicant Name:	Disaster/Event Number:	Project Location:
PW Number:	Project Number:	
Amendment Information		
Type of Amendment (Select all that are applicable):		
<input type="checkbox"/> Alternate Project	<input type="checkbox"/> Improved Project	<input type="checkbox"/> Insurance Adjustment
<input type="checkbox"/> Cost Alignment	<input type="checkbox"/> Inclusion of Hazard Mitigation	<input type="checkbox"/> Scope of Work Change
Scope of Work Change (Description/Reason, include cost estimates, timelines, potential issues):		
Cost Change (Description/Reason):		
Insurance Proceeds Change (Description/Reason):	Select all that are applicable:	
	<input type="checkbox"/> Actual Proceeds Less than Anticipated	
	<input type="checkbox"/> Actual Proceeds Greater than Anticipated	
	<input type="checkbox"/> Unable to Obtain Insurance (Waver Required)	
	<input type="checkbox"/> Request to Modify O&M Requirement	
Michigan State Police, Emergency Management and Homeland Security Division Use ONLY Below:		
Reviewer Signature:	Approved: <input type="checkbox"/>	Date:
	Denied: <input type="checkbox"/>	

Attach any pertinent documentation to support the request including, but not limited to, bid documents, contracts, invoices, receipts, site plans, photographs, etc. Beginning work before the request is approved, may jeopardize funding.