# State of Colorado Grant Modification

## Grant Funding Change Letter

### **State Agency**

#### [Insert Department’s or IHE’s Full Legal Name]

### **Grantee**

#### [Insert Grantee’s Full Legal Name]

### **Grantee** **UEI**

#### [Insert Grantee’s Unique Entity Identifier]

#### **Current Agreement** **Maximum Amount**

### **Initial Term**

#### State Fiscal Year [20XX] [$0.00]

### **Extension Terms**

#### State Fiscal Year [20XX] [$0.00]

#### State Fiscal Year [20XX] [$0.00]

#### State Fiscal Year [20XX] [$0.00]

#### State Fiscal Year [20XX] [$0.00]

##### Total for all State Fiscal Years [$0.00]**Grant Funding Change Letter Number**

[Insert CMS Number or Other Agreement Number to this Change Letter]

##### **Original Agreement Number**

[Insert CMS Number or Other Agreement Number of the Original Agreement]

**Grant Funding Change Letter Agreement Number**

#### [Insert CMS or Other Agreement Number of this Funding Change]

**Agreement Performance Beginning Date**

#### [Month Day, Year]

### **Current Agreement Expiration Date**

#### [Month Day, Year]

## Grant Funding Change

In accordance with **§[Insert Section Number]** of the Original Grant referenced above, the State Agency listed above commits the following funds to the grant:

### The funding available for State Fiscal Year 20xx is Increased/Decreased by $Amount of Change, because Insert Reason For Change.

### The total funding available for all State Fiscal Years as of the effective date of this Grant Funding Change Letter is shown as the current contract maximum above.

## Terminology

All terminology used in this Grant Funding Change Letter shall be interpreted in accordance with the Original Grant referenced above.

## No Order for Work

This Grant Funding Change Letter modifies the available funding only and does not constitute an order or authorization for any specific services or goods under the Grant.

## Grant Funding Change Letter Effective Date:

The effective date of this Grant Funding Change Letter is upon approval of the State Controller or [Month Day, Year] , whichever is later.

#### STATE OF COLORADO

### Jared S. Polis, Governor

#### [Insert Name of Agency or IHE]

#### [Insert Name & Title of Head of Agency or IHE]

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#### By: [Name & Title of Person Signing for Agency or IHE]

#### Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE CONTROLLER

#### Robert Jaros, CPA, MBA, JD

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#### By: [Name of Agency or IHE Delegate-Please delete if agreement will be routed to OSC for approval]

#### Amendment Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

In accordance with §24-30-202, C.R.S., this Agreement is not valid until signed and dated below by the State Controller or an authorized delegate.