

Request to Modify MCWI Application or Sub-Award Agreement

This form should be used when the Subrecipient determines that a modification to their MCWI Grant Application or executed Sub-Award Agreement is needed. The common reasons that modifications are requested are: (1) Project Name; (2) Scope of Work; (3) Project Schedule; (4) Project Budget; and/or (5) Plans and Specifications.

GENERAL INFORMATION:

Applicant/Subrecipient Name:

Application ID/Sub-Award ID:

Date of Request:

Responsible Official¹:

MODIFICATION TYPES:

(1) PROJECT NAME

Modification Needed? Yes No

If yes, provide a short project name that captures the nature of the proposed project:

(2) SCOPE OF WORK

Modification Needed? Yes No

If yes, what is the primary purpose of the proposed Project (choose one):

Drinking Water

Stormwater

Wastewater

If a modified Scope of Work is needed, please provide a detailed Scope of Work for the proposed project. This should include a brief explanation as to why the proposed project is a "Necessary Investment". Attach additional pages if necessary.

(3) PROJECT SCHEDULE

Modification Needed? Yes No

If yes, provide the actual start date (if task has begun) or anticipated start date (if task has not yet started) for the following:

Actual or Anticipated Start/Completion Date:

Complete set of plans, specifications, contract documents on each construction contract, and all applicable permits and agency approvals:

Advertise for Bids:

¹ For counties, this should be the President of the Board of Supervisors. For municipalities, this should be the mayor. For utility authorities, this should be a corporate officer.

Receive Bids:

Execute Bids:

(Per Article 10 of Grant Agreement: All reasonable measures shall be taken to obligate funds by 8/30/2024)

Construction Start:

Closeout/Final Documentation:

(Per Attachment A of Sub-Award Agreement: Closeout/Final Documentation shall be no later than 9/30/2026, unless an extension of this date is specifically authorized by MDEQ)

(4) PROJECT BUDGET

Modification Needed? Yes No

If yes, MCWI grant funds can only be decreased.

If applicable, provide the amount for the decreased MCWI grant funds: _____

If applicable, provide the amount of the revised Local Fiscal Recovery Funds (LFRF) to be used as matching funds: _____

If applicable, provide the amount of the revised Transferred LFRF (LFRF funds transferred to Subrecipient from a county or municipality): _____

If applicable, provide the amount of the revised Other Funds: _____

(5) PLANS AND SPECIFICATIONS

Modification Needed? Yes No

If yes, provide a copy of the plans and specifications for the proposed project.

If applicable, provide a copy of the revised proposed project map.

RESOLUTION AND CERTIFICATION

I certify that the information provided in this document is true and correct and that I, as the Responsible Official, am authorized to request this modification. I also acknowledge that approval of this request is at the discretion of the MDEQ Executive Director and if approved this request shall be considered as a modification to the Applicant's MCWI Application. I further acknowledge that this request does not modify any executed Sub-Award Agreement and that my Sub-Award Agreement is not modified until it has been executed by both me and the MDEQ Executive Director.

RESPONSIBLE OFFICIAL: _____

TITLE: _____

DATE: _____

****This request should be emailed to mcwisubrecipient@horne.com****