Text

Description automatically generated with low confidence**REQUEST FOR RE-ALLOCATION OF AWARDED FUNDS**

Please use the following form to request a reallocation of your approved grant funding. **Please submit this form with all relevant documents as one PDF to** [**MGCCMF@Massgaming.gov**](https://massgaming.sharepoint.com/sites/CommAffairs/Shared%20Documents/Community%20Mitigation%20Fund/FY%202025%20CMF/6%20Grant%20Review/MGCCMF@Massgaming.gov)**.**

|  |  |
| --- | --- |
| **Legal Name:** | **MMARS DOC ID:** |
| **Re-Allocation Amount:** | **Total Award:** |
| **Request Date:** | **Grant Year:** |
| **Expiration Date:** |  |

**Section 1. Narrative**

Use the following section to provide an overview of the changes you are requesting to your contracted scope of work below. Explain how the overall goals of the grant will be met with this change. If you are proposing a new item that was not originally in your approved scope of work, the application may need to be voted on by the Commission for approval.

|  |  |
| --- | --- |
| **Item for Reallocation** | **Description of Activities** |
|  |  |

**Section 2. Budget Change**

Use this section to illustrate your proposed budget changes. Please provide a detailed description of each item by project and any associated documents.

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| --- | --- | --- | --- |
| **Item** | **Original Allocation** | **Total Change Requested** | **New Allocation Totals** |
|  |  |  |  |
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***By signing below, I certify that the above information provided is accurate to the best of my knowledge.***

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*Signature of Grant Manager Date*

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**Reviewed By:**

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Staff Reviewer Date

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of Staff Reviewer*