



# AmeriCorps Program Change Request

This Program Change Request (PCR) form must be utilized for all changes to your approved grant in the current program year. The Virginia Service Commission understands that there may be times that a subgrantee must make changes based on circumstances that occur during the program year. Approval of program change requests by the Commission are necessary to assess and mitigate potential impacts to performance and risks of non-compliance.

- A PCR is required in ADVANCE of any change
- Please ensure you have consulted the attached instructions and are using the most up-to-date version of this form as posted to the Resource Portal on our website.
- Please allow five (5) business days for the review and processing of your request.
- This form, including any supplemental documentation, must be kept on file at the organization.

Subgrantee Name: \_\_\_\_\_

Staff Submitting Request (name, position): \_\_\_\_\_

Date Request Submitted: \_\_\_\_\_ Submitted to (VSC Staff Name): \_\_\_\_\_

Change Requested (Current status and desired change):  
\_\_\_\_\_  
\_\_\_\_\_

Reason for change:  
\_\_\_\_\_  
\_\_\_\_\_

Program Impact (Please see program impact instructions):  
\_\_\_\_\_  
\_\_\_\_\_

Fiscal Impact (Please see the fiscal instructions):  
\_\_\_\_\_  
\_\_\_\_\_

Do you have supporting documentation? Yes  No   
(Please see instructions for when documentation should be attached for consideration)

<i>Program Director</i>		<i>Program Officer</i>		<i>Fiscal Officer</i>	
<b>Signature:</b> _____		<input type="checkbox"/> Approve <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted <input type="checkbox"/> Returned for Additional Information		<input type="checkbox"/> Approve <input type="checkbox"/> Returned for Additional Information <input type="checkbox"/> Complete Budget Modification in OnCorps	
<b>Name:</b> _____	<b>Signature:</b> _____	<b>Signature:</b> _____	_____	<b>Signature:</b> _____	_____
<b>Date:</b> _____	<b>Date:</b> _____	<b>Date:</b> _____	_____	<b>Date:</b> _____	_____

Additional Notes:  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY: AmeriCorps Program Manager and Subgrantee Authorized Representative Approval (if required)**

<i>AmeriCorps Program Manager</i>		<i>Subgrantee Authorized Representative as listed on SF424</i>	
<b>Name:</b> _____	_____	<b>Name:</b> _____	_____
<b>Signature:</b> _____	_____	<b>Signature:</b> _____	_____
<b>Date:</b> _____	_____	<b>Date:</b> _____	_____



## Program Change Request Form Instructions

### Instructions

Please be mindful to follow the below instructions and/or ask any clarifying questions before submitting this request. As a result, your request can be processed in a timely manner and the approved changes can be implemented.

Below are resources to review prior to sending a request, which may help you find the answers you need and items to consider before requesting any changes to your currently approved grant.

- ✓ Your approved application in eGrants
- ✓ Prior approved Program Change Requests
- ✓ [Code of Federal Regulations](#)
- ✓ [General Terms & Conditions](#)
- ✓ [Specific Terms & Conditions](#)
- ✓ [VSC Resource Portal](#)

### Change Requested

Any circumstance that will impact your program design, performance, members, compliance, and/or your budget.

Please provide a summary of the change you are proposing. Include what is currently approved in your grant/program design, and what change you are proposing. Be as specific in your description as possible. Incomplete and vague requests will be returned for more information. If applicable, you must also include a planned timeline/timeframe for this change to occur.

- Member early exits (for cause)/Member early exits (CPC)
- Slot Conversion/Refill slot conversion and associated budget modification for living allowances
- Change in term of service for member
- Suspension (with or w/o Living Allowance)
- Change in member activities (from position description & approved activities in grant)
- Add/Remove/Change a key person specified in the application (covered staff) and confirmation of a completed of a NSCHC
- Substantial changes in the level of member supervision
- Partner site adjustments/closures - Changes with AmeriCorps partners and/or service site locations
- AmeriCorps member voluntary COVID-19 impact
- AmeriCorps member Injury/death/workers comp
- Budget modifications due to spending deviations
- Intent to apply the match waiver for grantee share
- Intent to report grantee share inconsistent with AmeriCorps share spending
- Adding costs/activities not stated in the approved budget, including purchase of equipment

There may be changes that occur that require a higher level of approval and discussion before any action can be taken, some examples include:

- Fundamental change(s) to approved funding application
- Increase/ decrease in approved MSY in eGrants
- Decrease in funding award
- Termination of funding award
- No-cost extension - change to approved budget or performance period
- Other changes that prompt prior AmeriCorps approval or review for compliance with grant terms and conditions

### **Reason for Change**

Be as specific as possible and provide a summary of why these changes are required to your program. It is insufficient to simply state the change is necessary.

### **Program Impact**

Please detail the effects or consequences you expect this change to have on your program's performance. This should include the implications for your proposed outputs and outcomes, recruitment and retention rates, and other areas of your program design impacted by this change.

### **Fiscal Impact**

In many instances, a program change will have the potential to cause an immediate or long-term fiscal impact. It is incumbent upon the subgrantee to thoughtfully consider the fiscal implications of the changes. This section should relate to any expected impact to, or deviations from, your approved budget or sufficient expenditure of funds in budget categories. This impact applies to either AmeriCorps share or Grantee share portions of your budget. Your budget in OnCorps Reports should remain aligned with your approved eGrants budget unless a preceding Program Change Request has been approved to document the change.

### **Supporting Documentation**

Supporting documentation allows the Commission to assess your request and evaluate the change before it is made. Below are some examples and not an exhaustive list. Please work with your P.O. to determine if additional documentation is required or necessary. Please provide any documentation containing Personally-Identifiable Information (PII) via secure file transfer.

- Member injury/death/workers' compensation action- Inquire with Commission staff
- Slot conversion/ Refill slot conversion- Completed MSY Calculator
- Changes with AmeriCorps partners and/or service site locations – changes/withdrawals from the grant or program- Written documentation or memo from partners
- Termination or resignation letter (members)
- Purchase of equipment (>\$5,000); Purchase of Supplies (>\$1,000 per unit cost)- Purchasing policy

### **Signatures**

Please ensure the Program Director reviews and signs the request, either by printing the form out, signing, and scanning as an attachment, or using an electronic signature.

- **Electronic Signatures**

It is the policy of the VSC that electronic signatures are an acceptable type of signature as long as they meet the following practice: A valid electronic signature is created using an electronic signature service, such as DocuSign or Adobe Pro, by an authorized signatory and includes a timestamp.

- **Program Officer/Fiscal Officer Actions**

Based on the information included in this form, and type of change, your P.O. and the F.O. will mark the appropriate action and send form back to Program Director for any additional follow-up.

### **Additional Notes**

Commission Staff use

### **Office Use Signatures**

For any change that would require a next level of approval