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|  | CONTRACT EXCESS RATE REQUEST FORM |  |  |
|  | Please complete and submit this form to your Grant Manager at GCC.  The subrecipient will need to provide for each request:   1. Proof they received the rate for similar services 2. Contract (should the rate change during grant a new contract will be needed) 3. Redacted cancelled invoice or paystub 4. The only one who can provide the necessary services 5. Proof of the level of expertise and experience necessary for the project   a. Resume  b. Ability to provide certification or accreditation | |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | REQUEST DATE | |  | PROJECT ID/PROJECT NAME | | | | | | | | | | | CONTRACTOR/AGENCY/COMPANY | |  | CONTRACTEE/INDIVIDUAL | | | | | | | | | | |  | | | | |  | | | | | | | | | **SERVICE/SCOPE OF WORK** | | | |  |  | | | | | | | | | | |  | | | | | |  |  | | |  | | | | | REQUESTED HOURLY RATE | | | | | |  | RATE PER DAY NOT TO EXCEED | | | | | | | |  | | | | | |  | | FEDERAL SHARE TO BE REIMBURSED | | | | | |  | MATCH SHARE TO BE ALLOCATED | | | | | | | |  | | | | |  | | | | | | | | | GRANT PERIOD DATES | | | |  |  | | | | | | | | | | | **ABOVE MAXIMUM RATE JUSTIFICATION:** | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | |  | | | | | | | |  | | |  | | | PROJECT DIRECTOR SIGNATURE/PRINT | | | | | |  |  | |  | | | Date | | |  | | | | | |  |  | |  | | |  | | | GOVERNOR’S CRIME COMMISSION USE ONLY | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | |  |  | | | | | | | | Approved or Not Approved | | | | | |  | AMOUNT APPROVED | | | | | | | |  | | | | | | | |  | | |  | | | GRANT MANAGER SIGNATURE | | | | | |  |  | |  | | | Date | | | |  |