

Grants Management Module:

Change Grantee Address Amendment for Grant Recipients, Non-Research Grants

This job aid is a living document. Check the CDC GrantSolutions internet for the latest version.

Recipients should use this job aid when the official mailing address of the recipient used in the application or federal award has changed. Recipients should log onto Grants Management Module and go to their My Grants List screen. Complete the following steps to create a new amendment action request.

Steps to Submit a New Change Grantee Address Amendment

1. Start on the *Grants List* screen. To view existing amendments, select the *Manage Amendments* link, which will direct you to the *Manage Amendments* screen. On the *Manage Amendments* screen, you will find all closed and open amendments pending CDC review and approval. To create a new amendment, select the *New* button at the bottom of the *Manage Amendments* screen.
2. After you select the *New* button on the *Manage Amendments* screen, the site will direct you to the *Select Amendment Type* screen. Select the amendment action type that you want to submit. Then select the *Create Amendment* button at the bottom of the screen, which will direct you to the *GrantSolutions Amendment Application Control Checklist* screen.

Select Amendment Type

Grant Number	NU2GGH000479-5
Project Period	09/30/2011 to 09/30/2018
Budget Period	04/01/2015 to 09/30/2018
Amendment Type	<input type="radio"/> Supplement (Type 6) <input type="radio"/> Budget Revision (Type 6) <input type="radio"/> Carryover of Funds (Type 6) <input checked="" type="radio"/> Change Grantee Address (Type 6) <input type="radio"/> Change in Key Personnel (Type 6) <input type="radio"/> Close-out reconciliation (Type 6) <input type="radio"/> Closeout by Budget Period (Type 6) <input type="radio"/> Component/Project funding (Type 6) <input type="radio"/> Grant Closeout (Type 6) <input type="radio"/> No Cost Extension (Type 6) <input type="radio"/> Non-Comp Supplements (Type 6) <input type="radio"/> Notification of a Contractor or Consultant (Type 6) <input type="radio"/> Organization Name Change (Type 6) <input type="radio"/> Other (Type 6) <input type="radio"/> PD/PI Key Personnel (Type 6) <input type="radio"/> PPHF Budget Period Extension (Type 6) <input type="radio"/> Release of Restrictions on NOA (Type 6) <input type="radio"/> Successor of Interest (Type 6) <input type="radio"/> Summary Statement/Technical Review Response to Weaknesses (Type 6) <input type="radio"/> Terms and Conditions (Type 6)

Rev. February 2019



U.S. Department of Health
and Human Services
Centers for Disease
Control and Prevention

- Next you will complete the online forms and grant announcement documents according to the *GrantSolutions Amendment Application Control Checklist*. At a minimum, you must submit the documents listed under the **Online Forms** and/or **Grant Announcement** sections of the Amendment Application Control Checklist to the CDC to be considered responsive.

The required document in the Amendment Application Control Checklist for a Change Grantee Address Post Award Action is:

- Change Grantee Information

You can submit the files by selecting the *Uploaded Files* link under the *Attachment(s)* column, or by selecting the *Enter Online* link under the *Enclosure(s)* column if applicable. The warning exclamation mark icon in the *Status* column will change to a green checkmark when the required document or online form is completed and attached successfully.  → 

GrantSolutions Amendment Application Control Checklist

Post Award Action: Change Grantee Address

Work In Progress (Post Award)

This is your GrantSolutions Application Control Checklist (EACC). You will use the EACC to track the status of your application.

To complete your application electronically, enter information by using the online forms and/or adding attachments (upload/mail-in). Required items are noted by the exclamation point image. If an enclosure has not been verified, a red 'X' image is displayed.

Print Application:

[Original Submission](#)

Applicant	DeKalb, County of
Grant Number	NU87PS004137
Application Number	(To be assigned) 
Action	Change Grantee Address
Project Title	Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance

Online Forms	Enclosure(s)	Attachment(s)	Status
Change Grantee Information	Enter Online Enter Comments	0 Uploaded Files 0 Mail-in Items	
Additional Information to be Submitted		Enclosure(s)	Status
Miscellaneous Information (upload)	Enter Comments	0 Uploaded Files 0 Mail-in Items	

Amendment Package Status: Work In Progress (Post Award)



4. Next is the Verification process. At the bottom of the *GrantSolutions Amendment Application Control Checklist* screen, select the *Verify Submission* button, which will direct you to the *GrantSolutions Amendment Submission Verification* screen. This screen will ask you to verify the submission of the application. Select the *Final Submission* button at the bottom of the screen.

GrantSolutions Amendment Submission Verification

You are about to submit the following application:

Applicant: The Swivel Chair Center
Grant Number: FPHPA026059
Project Title: FY FPS FOA (NYC)
Action: Change Grantee Address

Online Forms
Change Grantee Information
Additional Information to be Submitted
***Miscellaneous Information

*** It appears from what you have entered that your application is not complete. To correct, press the "Cancel" button to return to the Application Control Checklist.

* Prior to submitting your application, it is recommended that you complete the Central Contractor Registration validation process. To continue with the application submission process without validating your Organization, click "Final Submission" Otherwise, click "Cancel" and perform the Central Contractor Registration validation process within your Organization record.

5. A message will appear asking you to confirm the submission; select *OK* to continue with the submission, and the *Amendment Status Confirmation* screen will appear. Select the *Application Control Checklist* button to return to the *Application Control Checklist* screen, then select the *Close* button to return to the *Manage Amendments* screen.

GrantSolutions Amendment Submission Verification

You are about to submit the following application:

Applicant: The Swivel Chair Center
Grant Number: FPHPA026059
Project Title: FY FPS FOA (NYC)
Action: Change Grantee Address

Message from webpage

Are you sure you want to submit this application? You may not alter any information once it is submitted.

*** It appears from what you have entered that your application is not complete. To correct, press the "Cancel" button to return to the Application Control Checklist.

* Prior to submitting your application, it is recommended that you complete the Central Contractor Registration validation process. To continue with the application submission process without validating your Organization, click "Final Submission" Otherwise, click "Cancel" and perform the Central Contractor Registration validation process within your Organization record.