## **Proposal to Change an Existing Program**

The purpose of this form is to assist the Office of Emergency Preparedness and Risk Management (EPRM) in evaluating proposed changes to existing programs. This will help EPRM to support program sponsors in hosting successful programs.

Please attach a copy of the original Program Proposal Form. If you do not have a copy of the original, or do know

know if one was ever completed, reach out to Joe Madsen for further instruction. Sponsoring Department: \_\_\_\_\_ Name of Program to be Changed: Applicant Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ -\_\_\_ Email: \_\_\_\_\_ Check boxes to indicate the proposed changes: □ Location: Original:\_\_\_\_\_\_ New:\_\_\_\_\_ Attach all new contracts, insurance certificates and □ Date(s): Original: \_\_\_\_\_\_ New: \_\_\_\_\_ route maps as applicable. **Program Details:** Outline the reason(s) for needing to change the program: Give a detailed description of the changes to be made to the existing program (cite researce done in preparation for this change): FOR INTERNAL USE ONLY Change(s) approved by: Name:

Date: Email:

Updated: 04/15/15