



VFA GRANT APPROVED ITEM(S) EQUIPMENT SUBSTITUTION REQUEST

Organization Name:		Request Date		FDID#	
PEER REVIEW APPROVED ITEMS					
	Approved Item (Type)	Manufacturer	Unit Costs	Quantity	Estimated TOTAL
1.					
2.					
3.					
4.					
5.					

SUBSTITUTION REQUEST JUSTIFICATION:

Organization Representative Print Name:	
Signature:	
Request Date:	

SUBSTITUTION REQUEST					
	Replacement Type	Manufacturer	Unit Costs	Quantity	Estimated TOTAL
1.					
2.					
3.					
4.					

DFPC PEER REVIEWER INFORMATION				
FIRST NAME	LAST NAME	FM REGION/FM DISTRICT	PHONE#	DECISION
Signature (SIGN below)		Date		
		Title		
DENIAL REASON		Comments		