



REQUEST FOR GRANT CHANGE / AMENDMENT

Please complete this form and attach an explanation for any and all changes. All changes must be approved prior to implementation.

Organization: _____

Project Name: _____

Date Submitted: _____

- Change Grant Start Date**
Change grant start date to: _____
- No Cost Extension (change in ending date of project)**
Request ending date extended to: _____
- Project Change (to change an aspect of your project)**
 - For significant changes, please attach a **detailed description**, including new goals and objectives.
- Budget Change (Attach Budget Change Form and Explanation)**
- Personnel Change (Please attach CV or resume)**
Position to Change from: _____ to: _____
- Other Change:**

Project Director Signature: _____ Date: _____

Institution Approval (If Required): _____ Date: _____

For Office Use Only:

Approved Not Approved Organization/Project Director Notified Date: ___/___/___