



**For Office Use only:**

Approval Date: \_\_\_\_\_

Amount: \_\_\_\_\_

DATE: \_\_\_\_\_

# REQUEST FOR GRANT MODIFICATION

1. Organization: \_\_\_\_\_

2. Project Title: \_\_\_\_\_

3. Total Award Amount: \_\_\_\_\_

4. Primary Contact: \_\_\_\_\_ Tel. \_\_\_\_\_

5. Budget Adjustments (if applicable)

Increase Category	Amount	Decrease Category	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>TOTAL:</b>	\$	<b>TOTAL:</b>	\$

6. Justification for this request:

7. Why are funds in the category (ies) being decreased not needed?

8. Other adjustments: (i.e. timeline)

9. Reason for adjustments:

Grantee Representative Signature

CMCCHF Grant Coordinator and/or Board Rep

Date:

Date: