



cmc community  
Health Foundation

**Request for Grant Modification**

In order to modify the terms of your grant, this form must be submitted to the Grant Coordinator for approval while your grant is **still active**. Please complete all fields relevant for your project and your particular circumstances. The totals for the budget items (field 5) must match. If there isn't enough space for your explanation, feel free to attach any additional document. If you have any questions regarding this form, please contact the Grant Coordinator, Mayra Caswell at [mayra@communityhealthfoundation.org](mailto:mayra@communityhealthfoundation.org).

- 1. Organization: \_\_\_\_\_
- 2. Project Title: \_\_\_\_\_
- 3. Total Award Amount: \_\_\_\_\_
- 4. Primary Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

5. Budget Adjustments (if applicable)

Decrease Category	Amount	Increase 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: (ie. timeline)

9. Reason for other adjustments:

Grantee Representative Signature

CMCCHF Grant Coordinator / Board Rep.

Date:

Date: