



Grant Change Request Form

Sign and return this form to Karen.Judson@creativemoco.com.

Questions? Call (301) 565-3804, or email Karen.Judson@creativemoco.com.

Applicants are required to complete this form to request permission for a project change. We understand the urgency of change requests; however, the length of time required to review each change request will vary, dependent upon the complexity of the proposed change and the detail provided by the grantee justifying why the change is necessary. Change requests lacking information will take longer to process. **Please allow up to one month for AHCMC Grants staff to review your request.**

Grant Category:

Grantee Name:

Grant Agreement Number:

Project Cost:

Grant Request:

Grant Award:

Please provide the original project description. Refer to your grant agreement.

Does the requested change affect the timeline? Yes/no

- If yes, please provide the new date the project will be completed. mm/dd/yyyy
- Please provide more detail about the revised timeline.

Does the requested change affect the budget? Yes/no

- If yes, please provide a detailed explanation.

Please describe in detail the change(s) why the change(s) must occur.

Please describe how the change(s) will affect any partners involved (if applicable), intended audience and the outcome of the project.

Please attach a revised income and expense budget (if applicable).

Signature of Authorized Representative

Print Name

Date

For AHCMC Staff Use Only:

Approved By _____

Not Approved _____

Date _____