



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 a brief summary of the funded project as it was described in your grant application.

Will 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 detailed explanation for why a revised timeline is needed.

Will the requested change affect the budget? Yes/No

- If yes, please provide a detailed explanation and complete the budget chart at the bottom of this form.

Please describe in detail any change(s) to the project in addition to the timeline and/or budget and 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.

Revised Project Budget

If the requested change(s) affect the project budget, please provide a revised budget here. Please leave the budget chart blank if your budget remains the same.

*Cash Expenses

- List all project expenses, including expenses that may be paid for from sources other than the AHCMC grant award.
- Individual artists and scholars must retain a portion of the project budget to compensate themselves for their work, unless the grantee received an award for a professional development project.
- Use an asterisk (*) to mark expenses that will be paid for by the AHCMC grant. Asterisked expenses should clearly indicate how the entire AHCMC grant will be allocated.
- Do not include "miscellaneous" or "contingency" expenses.

Line Item	Description	Amount
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
Total Cash Expenses		

*In-Kind Expenses

- In-kind expenses are non-cash expenses. If items are donated, i.e., supplies or services, list those items below.

Line Item	Description	Amount
1.		\$
2.		\$
3.		\$
4.		\$
Total In-Kind Expenses		

*Cash Income

- The first line item must be "AHCMC Grant".
- Include any other sources of income for this project, if applicable.

Line Item	Description	Amount
1. AHCMC Grant	Amount awarded for project	\$
2.		\$
3.		\$

4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
Total Cash Income		

***In-Kind Income**

- If you entered in-kind items in the "In-Kind Expenses" section above, re-enter those same items in the chart below.

Line Item	Description	Amount
1.		\$
2.		\$
3.		\$
4.		\$
Total In-Kind Income		

Total Project Cost (Cash Expenses + In-Kind Expenses)

- **Your budget must be balanced: total expenses MUST equal total income.**

\$

Signature of Authorized Representative

Print Name

Date

For AHCMC Staff Use Only:

Approved By _____

Not Approved _____

Date _____