**Grant Amendment Request Form**

Grantees are required to request approval before making changes to an approved grant project plan, timeline, budget or contract. Please contact your assigned staff person at 720-524-0770 to talk about your requested change before you fill out this form. After filling out the form, submit it for approval, via email, to your Caring for Colorado Foundation staff contact.

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| --- | --- |
| **Grantee Organization Name:**  |  |
| **Title of Project:**  |  |
| **Grant ID:**  |  |
| **Primary Contact:** |  |
| **Title:** |  |
| **Email:** |  |
| **Phone:** |  |
| **Date of Request:** |  |
| **Signature:** |  |

**Please indicate (with an “X”) all that apply.**

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|   | Change to an approved project plan or primary purpose of the grant |
|   | Change to grant award end date (*fill in below*)Extend grant award period through: XX/XX/XXXX |
|   | Budget revision (for grants greater than $25,000, a change of $2,000 or more) Total dollar amount of proposed revision: $\_\_\_\_\_\_\_\_ |
|   | Reassignment or termination of contract |
|   | Other |

**Please provide a rationale for the amendment and include relevant facts and figures to justify the change. You may also attach a spreadsheet or document if additional space is necessary.**

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