

REQUEST FOR GRANT CHANGE/AMENDMENT

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Date submitted _____
Grant Tracking # _____
Project Director _____
Institution _____
Phone # _____
Fax # _____
Email Address _____

_____ **No cost extension.** Change in ending date only. (*Attach explanation for extension.*)

Request ending date be extended from _____ to _____

_____ **Budget change.** (Attach budget change form and justification.)

_____ **Personnel change.** (Attach curriculum vitae of proposed new personnel and an explanation for the change.)

Position to be changed _____
Present personnel _____
New (proposed) personnel _____

_____ **Other:** Explanation for request:

SIGNATURES (REQUIRED):
Project Director Signature & Date _____

Approving Institution Official Signature & Date _____

KOMEN APPROVED BY: _____ **DATE:** _____