

REQUEST FOR GRANT CHANGE

Instructions: If you need to make changes to the project you must complete and submit this form for approval. Your submission is due at least 30 days prior to the project start date. Awards may be revised or revoked if changes are not approved. **Email completed form to Teresa Hollingsworth at thollingsworth@southarts.org**

Grant #:	<u>-</u>		
Organization:			
Mailing Address:			-
City:	State:	Zip:	
Contact person:	Title:	:	
Telephone:	Email:		
Project Start Date (Montl	n/Day/Year):		
Project End Date (Month,	/Day/Year):		
What did you say you wer	e going to do? What d	lo you want to do instead?	
Why is this change necess	ary?		
How will this change affect	ct the project's timeline	e, impact, and goals?	
Authorizing Official certif compliance.	ies that the information	on above is accurate and project	meets grant
Authorizing Official Signa	ture:	Date:	_