REQUEST FOR GRANT CHANGE

Instructions: If you need to make changes to your ArtsHERE project, you must complete and submit this form for approval. Awards may be revised or revoked if changes are unacceptable. If you do not receive approval prior to making the change(s), you may lose your grant award/funding. **Email completed form to: Aiyana Straughn at artshere@southarts.org.**

GO Smart Grant # _____

US Regional Arts Organization (RAO) _____

Grantee Organization _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Contact Person _____ **Title** _____

Telephone _____ **E-mail** _____

Project Start Date (Month/Day/Year) _____ **Project End Date** (Month/Day/Year) _____

What type(s) of capacity building projects is your organization completing? Check all that apply:

☐Organizational needs assessment and/or equity planning assessments

☐Strategic planning or logic model development and/or implementation

☐Staff development or leadership training (such as cultural competency training for staff and/or those who develop and implement programming)

☐Stakeholder and community engagement activities

☐Field or community research that will help organizations to better document their commitment to equity as evidenced within their practices and programming and relationship with their communities

☐Promotion and marketing activities

☐Translation services to allow individuals with Limited English Proficiency (LEP) to participate in programmatic activities

☐Other capacity-building activities

Briefly state the change(s) in your capacity-building project. (What did you say you were going to do? What do you want to do instead?)

Please complete the following table if there are any changes to your budget. Only complete the categories where changes will be applied.

Budget Category	**Original Budget Amount**	**Revised Budget Amount**
Salaries		
Training/Development		
Consulting Fees		
Community Engagement		
Accessibility Services		
Promotion & Marketing		
Software/Technology		
Supplies		
Research		
Travel		
Other		
Totals		

Briefly describe the specific line-item changes within your budget category above.

What is the reason for the change(s)?

Will these changes affect the project's impact and goals? If so, how?

Grantee's Authorizing Official certifies that the information above is accurate and project meets grant compliance.

Authorizing Official Signature _____ **Date Signed**_____

For South Arts Office Use Only

Request approved? (Yes/No) _____

Reason for approving or not approving requested changes: