



**REQUEST FOR
GRANT CHANGE**

Instructions: If you need to make changes to the project, you must complete and submit this form for approval. Awards may be revised or revoked if changes are outside the intended scope of your original application. If you do not receive approval prior to making the change(s), you may lose your grant award/funding. **Email completed form to: Jessyca Holland jholland@southarts.org.**

Grant # _____

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 did you say you were going to do? What do you want to do instead? (NOTE: Please provide additional work samples: promotional printed materials, video, images, etc.)

Why is this change necessary?

How will this change affect the project's impact and goals?

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

Authorizing Official Signature _____ Date Signed _____