

REQUEST FOR GRANT CHANGE/AMENDMENT

**Susan G. Komen Aspen Affiliate
REQUEST FOR GRANT CHANGE/AMENDMENT**

AGENCY/ PROGRAM:

GRANT YEAR: **APRIL 1, 2010 TO MARCH 31, 2011**

DATE SUBMITTED: _____

_____ **CHANGE OF GRANT START DATE**

Request change from _____ to _____
Explanation:

_____ **NO COST EXTENSION (CHANGE IN ENDING DATE ONLY)**

Request ending date be extended from _____ to _____
Explanation:

_____ **BUDGET CHANGE. (ATTACH BUDGET CHANGE FORM AND JUSTIFICATION.)**

_____ **PERSONNEL CHANGE. (ATTACH CURRICULUM VITAE OF PROPOSED NEW PERSONNEL.)**

Position to be changed _____
Present personnel _____
New (proposed) personnel _____
Explanation for change:

_____ **OTHER:** Explanation for request:

SIGNATURES (REQUIRED):

PROJECT/FACILITY: _____

Project Director _____

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