PHFoundation

GRANT AMENDMENT REQUEST

GRANTEE INFORMATION

Organization Name: _____

Organization Address: _____ _____ _____ _____
                              Street/PO Box   *City*   *State*   *Zip*

Project Contact: _____ _____ _____
                          Name   *E-mail*   *Telephone*

Member authorized to submit amendment: _____ _____
(e.g., CEO – see FAQs on website for acceptable signatories)   *Name*   *Position*

Authorized member's signature: _____

GRANT INFORMATION

Project Name: _____ Grant Date: _____

Project Start/End Dates: _____ Grant Amount: $ _____

AMENDMENT INFORMATION

Please select all the grant amendments you are requesting:
☐ Budget   ☐ No-Cost Time Extension   ☐ Other: _____

If a time extension, what is your new project end date? _____

Describe the grant amendment you are requesting, including specific budget projections: _____

_____
(Please attach additional page if necessary)

_____

_____

_____

Describe the reason the grant amendment is necessary: _____

_____
(Please attach additional page if necessary)

_____

_____

_____

GRANT AMENDMENT REQUEST SUBMISSION

All grant amendment requests must be submitted on the Grant Amendment Request form and received in the PHF office no later than the last day of the month to be considered at the next PHF Grants Management Committee meeting. All electronic submissions must be in PDF format. <u>PHF will not consider incomplete grant amendment requests</u>. Return completed Grant Amendment Requests to:

Portage Health Foundation   F: 906.523.5925
400 Quincy St., PO Box 299   E: info@phfgive.org (as a PDF)
Hancock, MI 49930

Submission of an amendment request is not an implied guarantee of any kind.

PHF FOLLOW-UP REPORTING

If PHF approves a grant amendment request, the grantee is still required to follow the original grant-reporting schedule. PHF will work with the grantee regarding any changes to this schedule if deemed necessary by an approved grant amendment request. PHF reserves the right to revoke a grant award and/or deny subsequent requests for funding or grant amendment requests if PHF does not receive follow-up reporting.

DO NOT COMPLETE – PHF USE ONLY

Amendment Approved: ☐ Yes   ☐ No

Approved for: ☐ Budget   ☐ No-Cost Time Extension   ☐ Other: _____

Approved by: _____   Date: _____

Signature: _____   Title: _____

Notes: _____