

1. Organization Information:

Initiative Name: _____

a. Grantee Organization Legal Name: _____

b. Project Title: _____

c. Executive Director/Official: _____ d. Title: _____

e. Address: _____ f. City/State/Zip: _____

g. Telephone: _____ h. Fax: _____

i. E-mail: _____ j. Website: _____

2. Program Contact Information:

b. Name: _____ c. Title: _____

d. Address: _____ e. City/State/Zip: _____

f. Telephone: _____ g. Fax: _____ h. E-mail: _____

3. This is a request to amend (circle one or both): a. Scope of Project b. Budget of Project

4. List budget changes below. (for more information, attach a separate page)

a. Line Item Description	b. Approved Amount	c. Requested Change	d. Revised Budget Amount
1.			
2.			
3.			
4.			
5.			

5. Please provide an explanation for the requested changes.

6. Printed Name (Grantee) _____

Printed Name Approval by PDNHF _____

7. Signature (Grantee) _____

Signature of PDNHF Approval _____

8. Date _____

Date _____

Ref. # _____