



GRANT AMENDMENT REQUEST

GRANTEE INFORMATION

Organization Name: _____

Organization Address: _____
Street City State Zip

Project Contact: _____
Name E-mail Telephone

Member authorized to submit amendment: _____
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 CSCHF office no later than the last day of the month to be considered at the next CSCHF Fund Development Committee meeting. All electronic submissions must be in .PDF format. CSCHF will not consider incomplete grant amendment requests. Return completed Grant Amendment Requests to:

Copper Shores Community Health Foundation P: 906.523.5920
400 Quincy St., PO Box 299 F: 906.523.5925
Hancock, MI 49930 E: info@coppershores.org (as a .PDF)

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

CHSHF FOLLOW-UP REPORTING

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

DO NOT COMPLETE – CSCHF USE ONLY

Amendment Approved: Yes No

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

Approved by: _____ Date: _____

Signature: _____ Title: _____

Notes: _____
