



## 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 Grants Management 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  
400 Quincy St.  
Hancock, MI 49930

P: 906.523.5920  
F: 906.523.5925  
E: grants@coppershores.org (as a PDF)

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

## CSCHF 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: \_\_\_\_\_

\_\_\_\_\_

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