



HILLSBOROUGH ARTS COUNCIL

CULTURAL DEVELOPMENT GRANT PROGRAM CHANGE REQUEST FORM

Date:

Organization:

Address:

Grant #

Grant Amount: \$

Contact:

Telephone:

Email Address:

We request permission to make the following changes in the grant referenced above:

- Organization Change
- Budget Change
- Programmatic Change

Reason for change (include impact/effect on organization programs, if any):

ORGANIZATION CHANGE

Board Chair/President/Director Contact Person Address/Email/Phone

Please provide email and phone for any personnel changes.

Change from:

Change to:

GRANT BUDGET CHANGE

Grant Funds Allocation	Change From:	Change To:
Personnel-Administrative (W-2)	\$	\$
Personnel-Artistic (W-2)	\$	\$
Personnel-Technical/Production (W-2)	\$	\$
Outside Professional Srvcs-Artistic	\$	\$
Outside Professional Srvcs-Other	\$	\$
Rent - Venues	\$	\$
Travel	\$	\$
Marketing	\$	\$
Remaining Operating Expenses	\$	\$
TOTAL	\$	\$

EXTENSION OF DEADLINE FOR FINAL REPORT

We request an extension of time for filing final report:

15 days

30 days

60 days

Not Applicable

CERTIFICATION

The grantee organization certifies that the data in the Change Request and its various sections are true and correct and that the filling of this Change Request has been duly authorized.

Executive Director (typed name)

Signature _____ Date _____

Contact Person (typed name)

Signature _____ Date _____

For ACHC office use only.

Approved

Denied

Date: _____

Executive Director Signature _____