



HILLSBOROUGH ARTS COUNCIL

COMMUNITY ARTS IMPACT 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
- Programming 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:
Artistic and/or Technical Professionals' Fees (Individuals)	\$	\$
Outside Professional Services - Artistic and Other	\$	\$
Rent - Venues	\$	\$
Travel - Directly Related to Project	\$	\$
Marketing	\$	\$
Other Direct Project Expenses	\$	\$
TOTAL	\$	\$

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 _____