

Grant Change Request

Broward Cultural Council
Cultural Division

Organization:	Address:
Contact: Title:	Telephone: Fax:
BCC Grant #:	

No requests will be accepted after August 10th of the applicable grant cycle.

Changes to the Scope of Services or the Project Description

Prior approval by the Contract Administrator, the Broward Cultural Council, and/or the Broward County Board of County Commissioners, as appropriate, is required for changes in the scope of services or the project description.

Permission is requested to make the following changes in the grant project(s) referenced above:

I. Impact to the Scope of Services or the Project Description:

Change From:

Change To:

Summary of Change(s):

Reason for the Change:

II. Impact on Project Goals:

III. Impact on Definition of Units of Service and Related Funding Allocation:
(i.e., what makes a unit, how many units will be bought, and how much \$ per unit)

Change From:

Change To:

Reason for Reallocating Grant Funds:

Other Changes

Contact Person Change of Address Other _____

Change From:

Change To:

Reason for Change:

Impact:

“Exhibit B” Extension or Waiver Request

15 day extension for filing project evaluation report, “Exhibit B” as specified in Article 2 of the grant agreement and permission to file the report *(To be authorized by the Contract Administrator)*.

Reason for extension request:

Waiver of the time period for filing project evaluation report, “Exhibit B” as specified in Article 2 of the grant agreement and permission to file the report at the time a waiver may be granted *(To be authorized by the BCC)*.

Reason for waiver request:

Certification

The grantee organization certifies that the date in the change request and its various sections are true and correct and that the filing of this change request has been duly authorized.

Contact Person (typed):	Chief Executive Officer (typed):
Signature:	Signature:
Date:	Date:

For Cultural Division Use Only

Approval Level 1 - Contract Administrator

<input type="checkbox"/> Approval Recommended <input type="checkbox"/> Approval Not Recommended	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____
Grants Administrator:	Contract Administrator, Director:

Approval Level 2 - Broward Cultural Council

Approved Denied Date: _____

Approval Level 3 - Broward County Board of County Commissioners

Approved Denied Date: _____