



# TRAILBLAZERS CLUB APPLICATION

## AMENDMENT REQUEST

1. Full name of your organization/school:

If you are amending your proposed purchases, please attach new cost evidence to this amendment request.

Note: You must receive approval for your amendment request before making changes or expending funds.

2. County:

Signature

3. Club advisor:

Full name

This is the lead contact for the club grant

Position/title

Name

Email

Position/title

Phone number

Date

Email

Please return your completed form to [GoOutside@nc.gov](mailto:GoOutside@nc.gov)

Phone number

4. Are you the grant's club advisor?

Yes | No

5. Please describe your grant:

6. What are you requesting to amend?

Contacts

Dates

Location

Purchases

6a. Please describe the amendment (e.g. new dates)

### COMMISSION STAFF USE ONLY

Grant #:

Date received

Date approved

Date notified