OUTSIDE **CA** APPI

ENDMENT REG

Full name of your organization/school: 1.

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:

3. Main contact:

This is the lead person for the grant (e.g. Teacher)

Name

Position/title

Email

Phone number

4. Are you the grant's main contact?

Yes | No

Dates

Purchases

5. Please describe your grant:

6. What are you requesting to amend?

Contacts

Location

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

dates)

Signature

Full name

Position/title

Phone number

Please return your completed form to GoOutside@nc.gov

COMMISSION STAFF USE ONLY

Grant #:

Date received

Date approved

Date notified

Email

Date