



AMENDMENT FORM

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. **Main contact:**

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

Full name

Position/title

Name

Email

Position/title

Phone number

Date

Email

Please return your completed form to GoOutside@nc.gov

Phone number

4. **Are you the grant's main contact?**

Yes | No

5. **Please describe your grant:**

COMMISSION STAFF USE ONLY

Grant #:

Date received

Date approved

Date notified

6. **What are you requesting to amend?**

Contacts

Dates

Location

Purchases

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