

## **GRANT AMENDMENT**

1.	School:	If you are amending your proposed purchases, please attach new cost evidence to this amendment request.
2.	County:	Note: You <u>must</u> receive approval for your amendment request before making changes or expending funds.
		Signature
<ul><li>Main contact:</li><li>This is the lead person for the grant (e.g. Teacher)</li></ul>		Full name  Position/title
Name	9	Email
Positi	on/title	Phone number Date
Email		Please return your completed form to GoOutside@nc.go or fax it to 919.707.0148
Phone <b>4</b> .	e number  Are you the grant's main contact?	Note: You <u>must</u> receive approval for your amendment request before making changes or expending funds. Failur to comply may result in forfeiture and refund of the grant.
5.	Yes   No Please describe your grant:	COMMISSION STAFF USE ONLY
		Grant #:
6.	What are you requesting to amend?	Date received
Conta	acts Dates	Date approved
Locat	ion Purchases	Date notified
6a.	Please describe your amendment reques	st: