

**GENERAL SUPPORT GRANT REQUEST FOR AMENDMENT FORM**

Grantees of The Colorado Trust are required to request approval to make any significant changes. Please refer to the Grantee Guidelines for more detail about these changes. **Submit this completed and signed form along with the required attachments to The Trust at** [**reports@coloradotrust.org**](mailto:reports@coloradotrust.org) **to ensure proper record of receipt.** It will be forwarded to your Community Partner for review and approval. If you have any questions, please contact us at 303-837-1200.

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| --- | --- |
| **Organization Name:** |  |
| **Grant Number:** |  |
| **Project Lead:** |  |

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Amendment for increase or decrease of funds:**  Narrative attached | | | | | |
|  | Check one: | Increase | Decrease | | New Amount: $ | |
|  | **No-cost extension of contract:** Financial report for most recent reporting period, narrative for no-cost extension attached | | | | | |
|  | From (current end date): | | | To (new end date): | |  |
|  | **Re-assignment of contract (e.g., new fiscal sponsor, new grantee, change in name, etc.):** Completed Application Summary Form and IRS determination letter attached | | | | | |
|  | **Termination of contract:** Written explanation for termination attached  Effective date of termination: | | | | | |
|  | **Other:** Written explanation attached. | | | | | |

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| **Name of Authorized Officer:**  **(authorized to sign for your organization)** |  | | |
| **Title:** |  | | |
|  | | | |
| **Name of person completing this form:** |  | | |
| **Signature:** |  | **Date:** |  |