

**REQUEST FOR AMENDMENT FORM**

Grantees of The Colorado Trust are required to request approval to make any significant changes to the approved scope of work or approved budget. Please refer to the Grantee Guidelines for more detail regarding 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 change in scope of work:** Revised scope of work attached | | | |
|  | **And/or Amendment for increase or decrease of funds:** Budget and narrative attached | | | |
|  | Check one: | Increase | Decrease | New Amount: $ |
|  | **No-cost extension of contract:** Financial report for most recent reporting period, budget and narrative for no-cost extension period attached | | | |
|  | From (current end date): | | | To (new end date): |
|  | **Budget revision for increases or decreases greater than 25% of a budget category and greater than $1,000:**  budget and narrative attached. | | | |
|  | **Carry-over of funds over 25% of the total budget for the expiring period:** revised budget and narrative attached | | | |
|  | **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:** |  |