

**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. **Email this completed and signed form along with the required attachments to a Grants Management Specialist to ensure review of your request.** If you have any questions, please contact us at 303-837-1200.

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| **Organization Name:** |        |
| **Grant Number:** |        |
| **Primary Contact:** |        |

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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 attachedEffective date of termination:       |
| [ ]  | **Other:** Written explanation attached.  |

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