

**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 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:** |  |