

**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 your Colorado Trust contact to ensure review of your request.** If you have any questions, please contact us at 303-837-1200.

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

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

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