

ARTS COUNCIL OF HILLSBOROUGH COUNTY

CULTURAL DEVELOPMENT GRANT CHANGE REQUEST FORM

Contact

Title

Organization

Address

City

Zip

Telephone

Email address

Grant #

Permission is requested to make the following programmatic and budget changes in the grant project referenced above:

PROGRAM CHANGES

Change from:

Change to:

Reason for change:

Effect on program goals:

Other Changes: Board Chair ___ Contact Person ___ Project ___ Dates ___ Address ___

Change from:

Change to:

Reason for change:

Impact:

Request for extension of time period for filing final report:

15 days _____ 30 days _____ 60 days _____

Reason for extension request:

BUDGET CHANGES

Expenses:

Change From:	ACHC Grant Request	Change To:
\$	Personnel-Administrative	\$
\$	Personnel-Artistic	\$
\$	Personnel-Technical/Production	\$
\$	Outside Artistic Fees/Services	\$
\$	Outside Other Fees/Services	\$
\$	Space Rental/Mortgage	\$
\$	Travel	\$
\$	Marketing	\$
\$	Remaining Operating Expenses	\$
\$	Total ACHC Grant	\$

The grantee organization certifies that the data in the change request and its various sections are true and correct and that the filling of this Change Request has been duly authorized.

Executive Director (typed name)

Signature _____ Date _____

Contact Person (typed name)

Signature _____ Date _____

For office use only

Approved _____ Denied _____ Date _____

Staff Signature _____