



### Request for Grant Change

Grant Contract Date: \_\_\_\_\_

Grant Project Title: \_\_\_\_\_

Grantee: \_\_\_\_\_

Project Director: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

<input type="checkbox"/>	No cost extension. Change in end date only. (Attach explanation.) Requests must be made by grantee no later than 30 days prior to the end of the project's final year. No more than one extension will be allowed. Request ending date be extended from _____ to _____  <i>Note: In the event that the no cost extension requires revised reporting and/or payment schedule(s) under the Grant Contract, Komen shall send Grantee (at the email address above) the revised schedules, and upon confirmation of receipt by Grantee, such schedules shall be incorporated herein by reference.</i>
<input type="checkbox"/>	Budget change. For reducing the budget or moving funds between categories. <u>This form may not be used to increase the budget.</u> (Attach budget change form and justification.)
<input type="checkbox"/>	Personnel change. (Attach curriculum vitae of proposed new personnel and an explanation for the change.) New (proposed) personnel _____ Position to be changed _____ Present personnel _____
<input type="checkbox"/>	Other: Explanation for request: _____

**For any change, you must attach adequate explanation describing what changes you are seeking and why.**

#### Grantee Signatures (All required):

Project Director: \_\_\_\_\_

New (proposed) Personnel: \_\_\_\_\_

Authorized Signatory of Grantee: \_\_\_\_\_

#### Komen Approval (Komen signature below shall indicate its approval of this request for change and the Grant Contract shall be amended herein):

Authorized Signatory of Komen: \_\_\_\_\_

Effective Date of Amendment to Grant Contract: \_\_\_\_\_

### Request for Change of Grant Budget

	Original Budget	New Budget (Proposed)
Salaries		
Fringe (Benefits and Payroll Taxes)		
Consultant Costs		
Supplies		
Equipment (not to exceed \$5,000)		
Travel		
Patient Care Costs		
Screening		
Diagnostics		
Treatment		
Transportation		
Sub-contracts		
Other (itemize below)		
_____		
_____		
_____		
Subtotal - Direct Costs		
Indirect Costs (not to exceed 10% of direct costs)		
Total  The new total may not exceed the total for the original budget. Budget increases are not allowed.		