

**GRANT AMENDMENT REQUEST FORM**

Organization:

Project Title:

Name:

Date of request:

Address:

Email:

Phone:

Grant Dates: (mm/dd/yyyy) to (mm/dd/yyyy)

Grant Amount Awarded:

How much of the Grant Award has already been utilized?

Please answer the following questions on a separate document (attach to this request form):

1. Outline the need for the grant amendment.
2. Will the funds continue to be used for the original project? If no, outline the new project and how the funds will be utilized
3. Outline the new timeline of completing the project, if different from the original.

I certify that to the best of my knowledge that all disbursements and obligations have been/will be made in accordance with the purposes and conditions of this grant.

Authorized Representative Signature Date

Name & Title

**ALASKA CHILDREN’S TRUST USE ONLY**

ACT Approving Official’s Signature Date