

Grant Revision Request Form

Fill out the following information as applicable to your request. All revision requests must be completed 10 days prior to the end of the grant. **Requests sent after the necessary 10 days will not be considered.** Please note that certain revisions may require further amendments following request approval.

Grant Number:	
Project Title:	
Recipient:	
Primary Contact Name:	
Direct Phone Number:	

Change in Key Personnel/Time Devoted to project:

Prior approval is required for changes in key personnel or if key personnel disengage from the project for a period of more than three months, reduces the time devoted to managing the project by 25 percent (25%) or more, or severs his/her connection to the activities of the grant agreement. Key personnel include the recipient project coordinator or other key project contributors

Name of Personnel:		Current FTE:	
Replacement Personnel:		Proposed FTE:	
Contact Information- Address, and Email		Effective Date of Change:	

Evidence of Qualifications:

Attached Email of Willingness to Serve the Project:

Change in Scope/Objective:

Prior approval is required to modify the scope or objective of the project or program, including adding new project(s) or discontinuing project(s) (if applicable). Prior written approval is required even if there is no associated budget revision that would require prior approval. The recipient must use the same format/template to present this information that was used in the approved application with the changes noted.

A description of the change in the scope or objective including what activities the new work replaces:

Prior objective:		Proposed objective:	
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A revised narrative for the relevant portion of the approved project: (type or attach)

The proposed dates of implementation (MM/YYYY – MM/YYYY):	
I confirm this change in objective remains in alignment with the Outcome(s) and Indicator(s) approved for my project:	Check here:

Project Extension:

Projects may only be extended should they currently be under the maximum 3 years of completion as determined by the USDA. Extensions must be requested and approved prior to 10 days before the grants ending date.

Previous End Date:		Requested End Date:	
Justification: (typed or attached)			
Summary of Progress to Date: (typed or attached)			
Estimate/Description of Remaining Fund Use: (typed or attached)			
New Project Timetable: (typed or attached)			

Budget Change:

All grantees must notify the SCBG staff of any desired budget changes, as Webgrants will need a budget adjustment as well for the grantee to submit a claim. Prior approval is required for all budget changes. If the cumulative amount of the transfer among budgeted direct cost categories exceeds or is expected to exceed 20 percent of the total award, an amendment will be required. The request must include:

Justification:			
	Previous Budget		Proposed Budget
	Personnel		Personnel
	Fringe Benefits		Fringe Benefits
	Travel		Travel
	Equipment		Equipment
	Supplies		Supplies
	Contractual		Contractual
	Other		Other
	Direct total		Direct total
	Indirect		Indirect
	Grant Total		Grant Total

Thank you! We will respond as quickly as we can to your request.

SCBG Grant Management staff

Approved	Approved pending amendment	Not approved
MDA staff signature:		