



Grant No.

GRANT AMENDMENT REQUEST

GRANTEE INFORMATION

Name of Organization _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Project Contact _____ Email _____ Phone _____

Authorized Member's Signature _____

GRANT INFORMATION

Project Name _____ Grant Date _____

Project Start Date _____ Grant Amount \$ _____

AMENDMENT INFORMATION

Please select all the grant amendments you are requesting:

☐ Budget ☐ No-Cost Time Extension ☐ Other _____

If a time extension, what is your new project end date? _____

Explain the need for the amendment based on the two areas below. Feel free to attach additional notes.

Describe the grant amendment you are requesting, including specific budget projections and timeline:

Describe the reason the grant amendment is necessary:

GRANT AMENDMENT REQUEST SUBMISSION

All grant amendment requests must be submitted on the Grant Amendment Request form and received in the PHF office no later than the last day of the month to be considered at the next PHF Grants Management Committee meeting. All electronic submissions must be in PDF format. PHF will not consider incomplete grant amendment requests. Return completed Grant Amendment Requests to:

grants@pisgahhealthfoundation.org

or mail to
Pisgah Health Foundation
PO Box 2440
Brevard, NC 28712

submission of an amendment request is not an implied guarantee of any kind.

PHF FOLLOW-UP REPORTING

If PHF approves a grant amendment request, the grantee is still required to follow the original grant reporting schedule. PHF will work with the grantee regarding any changes to this schedule if deemed necessary by an approved grant amendment request. PHF reserves the right to revoke a grant award and/or deny subsequent requests for funding or grant amendment requests if PHF does not receive follow-up reporting.

DO NOT COMPLETE – PHF USE ONLY

Amendment Approved: ____Yes ____No

Approved for: ____ Budget ____ No-Cost Time Extension ____ Other_____

Approved by: _____ Date: _____

Signature: _____ Title: _____

Notes: _____
