



**PISGAH**  
HEALTH FOUNDATION

**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:

Cathy Wood, Grant Operations Coordinator  
Pisgah Health Foundation  
PO Box 2440  
153 W Jordan Street  
Brevard, NC 28712

c.wood@pisgahhealthfoundation.org  
828-435-3775

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

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**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.

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**DO NOT COMPLETE – PHF USE ONLY**

Amendment Approved: \_\_\_Yes \_\_\_No

Approved for: \_\_\_ Budget \_\_\_ No-Cost Time Extension \_\_\_ Other\_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Notes: \_\_\_\_\_

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