



Request for Grant Change

Project Title: _____
Organization: _____
Contact Person: _____
Email: _____
Phone: _____ Fax: _____
Address: _____
City: _____ State: _____ Zip (include +4): _____ - _____

- No cost extension. Change in ending date only. (Attach explanation.)
Request ending date be extended from _____ to _____
- Budget change. For reducing the budget or moving funds between categories. This form may not be used to increase the budget. (Attach budget change form and justification.)
- Personnel change. (Attach curriculum vitae of proposed new personnel and an explanation for the change.)
New (proposed) personnel _____
Position to be changed _____
Present personnel _____
- Other: Explanation for request:

Required Signatures

Program Director
Signature: _____ Date: _____
Name: _____ Title: _____

Approving Institution Official Signature
Signature: _____ Date: _____
Name: _____ Title: _____

Komen Approved by: _____ Printed Name: _____ Date: _____

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 of direct costs)		
Travel		
Patient Care Costs		
Screening		
Diagnostics		
Treatment		
Sub-contracts		
Other (itemize below)		

Subtotal - Direct Costs		
Indirect Costs (not to exceed 15% of direct costs)		
Total		
<p>The new total may not exceed the total for the original budget. Budget increases are not allowed.</p>		