



GENERAL

Grant Amendment Request

500 South Bronough Street ❖ Tallahassee, Florida 32399-0250 ❖ Phone: 850/245-6470

1. GRANT # _____ 2. DATE _____

3. APPLICANT _____

4. ADDRESS _____

5. CITY _____ 6. STATE _____ 7. ZIP _____

8. TELEPHONE _____ 9. EMAIL _____

Permission is hereby requested to make the following change(s) in the grant referenced above

PROGRAM CHANGE

SECTION A

10. CHANGE FROM _____ (Use Specific wording as stated in original proposal description or a previously approved amendment request)

11. CHANGE TO _____

12. EFFECT ON PROGRAM GOALS _____

13. REASON FOR CHANGE _____

BUDGET CHANGE

SECTION B

14. EXPENSES

Change From

Change To

	State Grant	Cash Match	In-Kind	State Grant	Cash Match	In-Kind
Personnel - Administrative						
Personnel - Artistic						
Personnel - Technical/Production						
Outside - Artistic Fees & Services						
Outside-Other Fees & Services						
Space Rental						
Travel						
Marketing						
Remaining Operating Expenses						
Total Cash Expenses						
Total In -Kind Expenses						
Total Project Costs						

15. INCOME

Change From

Change To

	Cash Income	Cash Income
Admissions		
Contracted Services Revenue		
Other Revenue		
Corporate Support		
Foundation Support		
Other Private Support		
Government Support - Federal		
Government Support - State / Regional (Do not include DCA Award)		
Government Support - Local		
Applicant Cash		
DCA Grant Request / Award		
Total Cash Income		
Total In -Kind Contributions		
Total Project Income		

16. REASON FOR BUDGET CHANGE

OTHER CHANGES (i.e. Project Dates, Grant Extension Requests, etc.)

SECTION C

17. CHANGE FROM

18. CHANGETO

19. REASON FOR CHANGE

Signature of Authorized Official	Typed name	Date
For Division of Cultural Affairs Use Only		Change number
Date	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
Date	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grants Officer	Division Director	