



How will this request affect current deliverables? Describe what changes to the deliverable's spreadsheet must be made.

How will the remaining grant funds be spent if this request is approved? Describe what changes to the current budget must be made.

Do you anticipate lapsing any grant funding?  Yes  No  
 If yes, provide an estimated dollar amount and reason for the lapse.

Will the current match obligation be affected by this request?  Yes  No  
 If yes, what is the effect and how will you ensure your match obligation is met?

Please email this completed form and all documentation related to changes in the **budget, deliverables and workplan** to: Kammy Frayre, MISGP Project Manager, [frayrek1@michigan.gov](mailto:frayrek1@michigan.gov)

**To be completed by MISGP Staff**

MISGP Technical Contact Name	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Comments
MISGP Program Manager Name	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Comments