

Michigan Coastal Management Program

Change Request Form



Grantee Organization Name: _____

Grant Title: _____

Grant Number: _____

Complete each applicable section below of requested change and be advised no changes can be implemented without prior approval by the State.

Proposed Changes

Briefly provide a narrative description with justification of the proposed changes to the Grant Agreement.

Contractors

Provide company name(s) selected for the “to-be determined” contractors from Grant Agreement.

Extensions

Note: Extension of grant agreement end date is considered a significant change requiring a formal amendment.

Provide the following to request extension of grant agreement end date:

Current Grant End Date: _____

Requested Extension End Date: _____

Budget Changes

If your request includes changes to the budget, please indicate the Original Grant Amount, the Requested Grant Amount, and the Change Amount (difference between Original and Requested) for each budget category affected by the change.

Note: Changes to an existing budget line item(s) that exceed 10 percent (%) of the total grant amount, changes to the grant amount total (increase or decrease), and changes to create a new budget line from the original grant agreement are considered a significant change and require a formal amendment. Significant changes can take up to 90 days to approve.

Budget Categories	Original Grant Amount	Requested Grant Amount	Change Amount
Staffing:			
Fringe Benefits:			
Contractual Services:			
Supplies and Materials:			
Equipment:			
Travel:			
Other:			
Indirect Charges:			
Total:			

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