

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

Budget Changes

Indicate the Original Grant Amount, the Requested Grant Amount, and the *Percentage of Change Amount (between budget categories) for requested change.

Budget Categories	Original Grant Amount	New Grant Amount	*Percentage of Change between Budget Categories
Staffing:			
Fringe Benefits:			
Contractual Services:			
Supplies and Materials:			
Equipment:			
Travel:			
Other:			
Indirect Charges:			
Total:			

Note: Changes to an existing budget line item(s) that exceed 10% 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 is considered a significant change and requires a formal amendment.

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: _____

Briefly provide a justification for requested change:

To request this material in an alternate format, contact EGLE-Accessibility@Michigan.gov or 800-662-9278.

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