



MICHIGAN INVASIVE SPECIES GRANT PROGRAM PROJECT CHANGE/EXTENSION REQUEST

GRANTEE CONTACT INFORMATION

Name of Grantee	Grantee's Position
Grantee's Organization	Grantee's Email Address
Date of Request	Grantee's Telephone Number

GRANT INFORMATION

Grant Number	
Project Title	
Date of Project Execution	Current End Date of Project
Remaining Grant Funds for Project	Remaining Match Funds for Project

ACTION REQUESTED

Project Extension Request <input type="checkbox"/> Yes <input type="checkbox"/> No	Project Change Request <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this request at least 30 days prior to the current project end date? <input type="checkbox"/> Yes <input type="checkbox"/> No	Requested Extension End Date or N/A <input type="checkbox"/> N/A
MISGP projects are limited to 3 years in duration. Does this extension comply? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

JUSTIFICATION

What are the circumstances contributing to this request?

How will this request affect activities in the current workplan? Describe what changes to the workplan must be made.

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: Erin Campbell, MISGP Project Manager, CampbellE6@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