REQUEST FOR GRANT ADJUSTMENT

Contract #:

Recipient Organization:

Date of Request:

Description of Grant Adjustment and Justification:

I hereby certify that I have reviewed the changes and find them necessary for program activities. I am the signing authority or have been delegated as such by the appropriate official. Information regarding the signing authority is available for review if needed.

Date: ______Signed: ______ Participating Agency Chief Official or Designee

Printed Name Chief Official or Designee