

Grantee Amendment Request



General Instructions to Grantees:

Please submit a 1-2 page **Amendment Request** by addressing the questions below. Head each section of your response with the questions as written.

Grantee Letterhead & Logo

Grantee Name

Grantee Address

MDVA Grant Type (e.g. Legislative, SOT/competitive Grant etc.)

Date of Request: _____

Prepared by (name/title): _____

Grant Period: (e.g. 2/1/19 – 1/31/19): _____

Purpose of grant: _____

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- 1. Describe the specific term(s) of the grant agreement as written currently that amendment request seeks to address? (e.g. Grant Expiration Date 7/1/2020)*
 - 2. How does the grantee propose amending these terms? (e.g. extend Grant Expiration Date by one year to 7/1/2021)*

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3. *What is the grantee's justification for the amendment request? (e.g. The grant period extension is necessary in order to have enough time serve the # veterans originally specified in the grant agreement.)*
4. *If the amendment request is not granted, how will this decision impact the grantee's ability to meet the original terms (deliverables) of the grant agreement? (e.g. If the grant period extension is not granted, the [grantee name] expects to be able to serve half the # veterans originally specified in the grant agreement.)*

Grantee Authorized Representative Name: _____

Print Name: _____, Title: _____

Date: _____