

Grantee Amendment Request



General Instructions to Grantees:

Please complete the **Amendment Request** (fillable PDF) by addressing the questions below.

Grantee Organization Name

Grantee Address

MDVA Grant Type

SOT/competitive

SOT/VSO

SOT/fast-track

Legislatively-named

Date of Request:

Prepared by (name/title):

Phone Number:

Grant Period: (e.g. 2/1/21 – 1/31/23):

Purpose of grant (Section 2.2 of Grant Agreement):

- 1. How does the grantee propose to amend the specific term(s) of the grant agreement?** (If possible, record the specific Grant Agreement language into the space provided and indicate the language to be deleted by lining-through and/or the language to be added by underlining). _____

Example

- 2. Grantee's Duties** The Grantee, who is not a state employee, will:
 - 2.1. Comply with required grants management policies and procedures set forth through Minn. Stat. §16B.97, Subd. 4.
 - 2.2. Conduct the Support Our Troops ("SOT") grant project by providing the CSA Program, (Community Supported Agriculture - CSA), locally grown healthy food shares ~~twice~~ once monthly, alongside recipes, and cooking demos ~~& nutrition education~~ at no cost to 50 food deprived veterans and their families living in the 5-county area including Cass, Crow Wing, Morrison, Todd and Wadena counties.

