

Grant Modification Request Form

Use this form to proactively communicate with Verdant about changes to the grant period, scope, budget, and/or outcomes during the performance period.  This form must be submitted to info@verdanthealth.org no later than 30 days before the current grant end date for consideration.  Written approval from Verdant is required before any changes to the grant are implemented.

Organization: Grant Title:

Grant Amount: Point of Contact:

Grant ID# (located in the lower left corner of the agreement):

**☐ VERIFICATION**

This modification is being submitted by

Name: Phone: Date:

**☐ REQUEST TO EXTEND GRANT PERIOD**

Current grant end date: Requested end date:

Current balance of unspent funds:

Are you requesting a cost- extension where you plan to continue to incur until the requested end date?

☐ YES ☐ NO

Are you requesting a no-cost extension and you will continue with the approved project with no additional funding from the Verdant Health Commission? You will utilize the funding that has already been received and no further funding will be provided after \_\_\_\_\_\_\_\_\_\_\_(date).

☐ YES ☐ NO

Reason for extending the grant period:

Briefly describe the circumstances necessitating an extension.

**☐ REQUEST TO PAUSE GRANT ACTIVITIES**

What is the time period that you are requesting? From \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_

Explain the request to pause grant activities:

**☐ PROPOSE NEW DELIVERABLES FOR GRANT**

Provide a written description of proposed activities and deliverables that you will undertake with the existing funding from Verdant.

|  |  |
| --- | --- |
| **ACTIVITY** | **MEASURABLE OUTCOME (EX: # SERVED)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**☐ REQUEST REALLOCATION OF REMAINING GRANT FUNDS**

Amount to be reallocated: $

Complete the line items below by entering the original grant award and the change that you are requesting.

|  |  |  |  |
| --- | --- | --- | --- |
| **PROJECT EXPENSES** | **VERDANT** **AWARD** | **AMOUNT EXPENDED** | **PROPOSED ALLOCATION** **OF REMAINING FUNDS** |
| Salaries & Wages |  |  |  |
| Consultants and professional services |  |  |  |
| Office supplies and materials  |  |  |  |
| Equipment |  |  |  |
| Postage and mailing |  |  |  |
| Rent/Occupancy |  |  |  |
| Indirect expenses |  |  |  |
| Travel |  |  |  |
| Other |  |  |  |
| TOTAL |  |  |  |

Briefly describe the new use of funds and the reason for reallocation:

**☐ REQUEST TO END GRANT**

Will you have a balance of unspent grant funds?

☐ YES ☐ NO

What is the amount of unspent funds that you will be returning to the Verdant Health Commission?

$

I attest that I am the authorized representative of my organization to complete and submit this grant modification request to the Verdant Health Commission.

Name: Date:

If you have questions while completing this document, contact Verdant at (425) 582-8600 or info@verdanthealth.org.

Verdant Approval: Date:

Notes: