



FOR OFFICE USE ONLY

Approved

Not Approved

Date: _____

Grant Change Request Form

FHC must be notified of any expected change at least two weeks in advance.

Date: _____ FHC Grant Number: _____

Project title: _____

Project director: _____

Signature: _____

Project Director Date

Section A: Programmatic Changes

Note any changes to the scope or objectives of the project, the project director, or the duration of the grant period.

Change from:

Change to:

Reason for change:

Effect on program goals:



FHC Grant Number: _____

Section B: Budget Changes

Description of item to be changed:	Change from:	Change to:

Reason for change:

Complete form in its entirety, sign, and submit to:
Florida Humanities Council
Attn: Grants Program
599 2nd Street South
St. Petersburg, FL 33701

Or send electronically to: pputman@flahum.org