



Request for Grant Change

Project Title: _____

Organization: _____

Contact Person: _____

Email: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip (include +4): _____ - _____

No cost extension. Change in ending date only. (Attach explanation.)
Request ending date be extended from _____ to _____

Budget change. (Attach budget change form and justification.)

Personnel change. (Attach curriculum vitae of proposed new personnel and an explanation for the change.)

New (proposed) personnel

Position to be changed _____

Present personnel _____

Other: Explanation for request:

Required Signatures

Program Director

Signature: _____ Date: _____

Name: _____ Title: _____

Approving Institution Official Signature

Signature: _____ Date: _____

Name: _____ Title: _____

Komen Approved by: _____

Printed Name: _____ Date: _____

Request for Change of Grant Budget

	Original Budget	New Budget (Proposed)
Salaries		
Fringe (Benefits and Payroll Taxes)		
Consultant Costs		
Supplies		
Equipment (not to exceed 30% of direct costs)		
Travel		
Patient Care Costs		
Screening		
Diagnostics		
Treatment		
Sub-contracts		
Other (itemize below)		

Subtotal - Direct Costs		
Indirect Costs (not to exceed 15% of direct costs)		
Total		