

Complete the appropriate section(s) of this form to request a grant period extension and/or budget reallocation. Email your completed form to grantsmgmt@clevefdn.org. *Please allow up to 5 business days for a response.*

ORGANIZATION

GRANT ID NUMBER

GRANT AMOUNT

Name

Phone

Date

VERIFICATION *If you are not the Executive Director/President, check the box to the left to certify they have reviewed/approved this modification request.*

EXTENSION OF GRANT PERIOD

Current grant end-date

New end-date requested

Current balance of unspent grant funds:

Briefly describe the circumstances necessitating an extension

REALLOCATION OF GRANT FUNDS

Current balance of unspent grant funds:

Complete the line items below by entering the <u>awarded</u> amounts (if a budget was provided with your award letter) and then your requested reallocation of expenses. The Total in both columns should match. Note: Please enter numbers without commas throughout chart for them to be totaled correctly. Click outside the table to exit.

PROJECT EXPENSES	Foundation Award	Requested Reallocation
Salaries and wages		
Consultants and professional services		
Travel		
Equipment		
Office Supplies/Materials		
Postage and mailing		
Rent/Occupancy		
Indirect expenses ie: rent/occupancy, utilities, maintenance		
Other		
TOTAL		
	*The two totals should match	

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Briefly describe the new use of funds and the reason for reallocating.