Certified Local Conservation Corps Grant Programs Grant Change Request Form



This form must be completed for any proposed changes to the grant's scope of work as stated in the grant agreement. All changes must be approved by the CCC prior to implementation.

ate of Request:	Local Conservation Corps:				
Grant Program:			Grant Agreement #:		
Project Title:			Project Manager:		
1. Type of Change Request (select all that apply):					
☐ Project Activity/Deliverable ☐	Project Location Project Location	oje	ct Performance Period □ Budget		
2. Proposed date when change will take effect:					
3. Describe the change(s) you are requesting in detail. <u>For changes to the budget, please list directly in the space provided the specific line item modifications you are requesting.</u> Add pages as necessary.					
4. Provide the justification for the change(s), including factors that led to the change and proposed solution. Add pages as necessary.					
	rant Program: roject Title: Type of Change Request (select all Project Activity/Deliverable Proposed date when change will tall Describe the change(s) you are required the space provided the specific line. Provide the justification for the chain	rant Program: roject Title: Type of Change Request (select all that apply): Project Activity/Deliverable Project Location Proposed date when change will take effect: Describe the change(s) you are requesting in detail. For cathe space provided the specific line item modifications you	rant Program: roject Title: Type of Change Request (select all that apply): Project Activity/Deliverable Project Location Project Proposed date when change will take effect: Describe the change(s) you are requesting in detail. For charthe space provided the specific line item modifications you and the specific line item modifications you are requested by the specific line item modifications you are requested by the space provided the specific line item modifications you are requested by the space provided the specific line item modifications you are requested by the space provided the specific line item modifications you are requested by the space provided the specific line item modifications you are requested by the space provided the specific line item modifications you are requested by the space provided the specific line item modifications you are requested by the space provided the specific line item modifications you are requested by the space provided the specific line item modifications you are requested by the space provided the specific line item modifications you are requested by the space provided the specific line item modifications you are requested by the space provided the specific line item modifications you are requested by the space provided the specific line item modifications you are requested by the space provided by the specific line item modifications you are requested by the specific line item modifications you are requested by the specific line item modifications you are requested by the specific line item modifications you are requested by the specific line item modifications you are requested by the specific line item modifications you are requested by the specific line item modifications you are requested by the specific line item modifications you are requested by the specific line item modifications you are requested by the specific line item modifications you are requested by the specific line item modifications you are requested by the specific line item modifications you ar		

PLEASE ATTACH ALL REQUIRED SUPPORTING DOCUMENTATION:

- <u>Project Activity/Deliverable</u>: Any applicable documentation supporting and/or confirming the request.
- Project location: Updated project map and photos of proposed/new area.
- Project Performance Period: Updated timeline for major project milestones.
- Budget changes: Updated CCC 510 Budget Estimate Form showing all line item movements.

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CCC REVIEW:

Date of Request:	Local Conservation C	Corps:			
Grant Program:		Grant Agreement #:			
Project Title:		Project Manager:			
ANALYST REVIEW					
Reviewed by:					
Analyst Review (Comments/Follow-up):					
Signature:		Date:			
MANAGER REVIEW					
Reviewed by:					
Additional Comments:					
Signature:		Date:			
☐ APPROVED ☐ DENIED					