



### 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		