

## PROJECT MODIFICATION REQUEST

Contact Name and Phone Number:
Contract Number and Grantee Name:
Project Title:
(Note: Please attach a separate document if your responses don't fit within the given entry boxes)
<b>Description and Reason for Proposed Modification</b> (In as much detail as possible, please describe the original project components and indicate which will be eliminated and/or modified.)



Identify Budget Rev	visions (Attach the approved budget	and a revised budget, for comparison.)
		ease attach a revised timeline, if applicable.
	nd Expected Completion Date (Pl t change, please indicate that.)	ease attach a revised timeline, if applicable.
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If the timeline will no	t change, please indicate that.)	