



CITY OF FLAGSTAFF

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SUBRECIPIENT GRANT AGREEMENT AMENDMENT REQUEST FORM

Subrecipient Name		
Address		
Contact Person	Phone #	E-mail
Project Title	Project #	Grant #
Notice to Proceed Date	Contract Expiration Date	

This request for amendment will affect	<input type="checkbox"/> Scope of Work & Budget <input type="checkbox"/> Budget Only <input type="checkbox"/> Scope of Work Only <input type="checkbox"/> Timeline/Schedule <input type="checkbox"/> Other (Please Explain)
Please describe the request and how it will impact the project. If the amendment includes changes to budget line items, please attach an updated budget for approval. *Attach additional documents, if necessary	
Reason(s) for the amendment request *Attach additional documents, if necessary	
Please indicate the anticipated change to the original scope including the number of beneficiaries (individuals/ households) served. *Attach additional documents, if necessary	

Signature

Date

Typed Name

Title

Official Use Only

Substantial Change & Council Approval Required Council: Approved Denied Date: _____

Non-substantial Change Approved By: _____ Date: _____

