

**Grant Amendment Request**

**Please call us to discuss this proposed amendment prior to submission.**

Complete this form and return to [grants@hmstrust.org.au](mailto:grants@hmstrust.org.au?subject=Grant%20Amendment%20Request)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organisation:** |  | | | | | | | | |
| **Project Title:** |  | | | | | | | | |
| **Grant ID:** |  | | | **Date of grant:** | |  | | | |
| **Project Contact:** |  | | | **Position/Title:** | |  | | | |
| **Ph:** |  | | | **Email:** | |  | | | |
| **Total amount granted:** | $ | **Total amount received to date:** | | $ | | **Expenditure to date:** | | | $ |
| **Current project start date:** | |  | **Current project end date:** | | | |  | | |
| **Brief summary of project:** (up to 150 words) | |  | | | | | | | |
| **Proposed amendment:**  (e.g. extension of time *or* grant increase/decrease *or* change to project activities *or* change to key personnel etc) (up to 50 words) | |  | | | | | | | |
| **Revised project start date:** | |  | **Revised project end date:** | | | |  | | |
| **Reason for change in project delivery:**  (up to 300 words) | |  | | | | | | | |
| **How has or will the change impact on the original project outcomes:**  (up to 500 words) | |  | | | | | | | |
| **HMSTrust OFFICE USE ONLY:** | | | | | | | | | |
| Recommendation: | | | | | | | | | |
| Approved: | | | | | Revised grant amount: $ | | | | |
| Date: | | | | | MYOB updated: | | | GIFTS updated: | |