

**Grant Amendment Request**

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

Complete this form and return to grants@hmstrust.org.au

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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: |