

Statement Amendment Request Collection Template

Fields marked with an asterisk * are REQUIRED.

Recipient Organization Legal Name * (single-line text [char. Limit = 50])

Recipient Organization Doing Business as Name (DBA) * (single-line text [char. Limit = 50])

Person Completing this Form * (single-line text [char. Limit = 50])

Date of Request * (date)

Approved funding amount * (numeric)

[Question]

Amendment Type: Please describe the amendment you intend to propose. (e.g., Budget, Performance Period, Scope of Service, Goals, Awarded Amount, etc.) * (multi-line text [char. Limit = 60])

[Question]

Please describe in detail to DED why the amendment is necessary. * (multi-line text [char. Limit = 1000])

[Question]

Please describe why the proposed change is appropriate for the project. * (multi-line text [char. Limit = 1000])

[Question]

Indicate how the amendment will affect your project or agreement. * (multi-line text [char. Limit = 1000])

UPLOAD: Please attach any relevant supporting documents that you wish DED to consider alongside your amendment request. (UPLOAD)

Disclaimer: This document is a template and should be used as a guideline. Please exercise discretion and tailor the content as needed to fit the specific circumstances of each recipient.