## BUCKS COUNTY TOURISM GRANT PROGRAM

## **Grant Change or Extension Request Form**

Please use this form for the following purposes:

- If your organization is requesting a change to the scope of work or allocation of budgeted expenses for a previously awarded grant.
- If your organization is unable to complete your project within one year following a grant award.

Name of Organization:	
Program Director:	
Email:	
Phone:	
Grant Project:	
Amount Awarded:	
Program Director Signature:	
Date:	
Diagon coloct and of the following:	
Please select one of the following:  ☐ Request for Project Change	
☐ Request for Extension	
Reason for project change or extension:	

## **Project Change**

Description of proposed project change:
Description of budget (attach original and amended budget if needed):
Description of budget (attach original and amended budget if needed):
Benefit to tourism:
Dusing t Fortennian
<u>Project Extension</u>
Description of the anticipated time needed to complete project:
All requests will be submitted to the Crant Committee. The Crant Committee may request additional
All requests will be submitted to the Grant Committee. The Grant Committee may request additional supporting documentation or budget information in evaluating this request. If a request for an extension or change is not approved by the Grant Committee, return of all or part granted funds may be required.
Send completed forms and questions to:  Kelley Keeling, Senior Research & Destination Development Manager  KelleyK@VisitBucksCounty.com - 215.639.0300 x240

For Internal Use Only:

Initials:

Date:

Admin/Date:

Approved By: