

# Grant Change Form

Save this form to your computer and fill it out using Adobe Acrobat Reader or a compatible program. Complete and submit this form for approval if you need to make a change in your project. If you are proposing a major change, MAC may have to re-evaluate the grant. Final grant payment may be forfeited if a change is made to a project before receiving approval from MAC.

1. Grantee (Organization): \_\_\_\_\_ Grant #: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. City: \_\_\_\_\_, MS Zip: \_\_\_\_\_

**COMPLETE THIS SECTION IF YOU ARE CHANGING YOUR PROJECT DIRECTOR AND/OR AUTHORIZING OFFICIAL**

4. Past Project Director: \_\_\_\_\_
5. **NEW Project Director:** \_\_\_\_\_  
 New Project Director's Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_
6. Past Authorizing Official: \_\_\_\_\_
7. **NEW Authorizing Official:** \_\_\_\_\_  
 New Authorizing Official's Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**\*If there are no other changes to your project, skip to #11**

8. When does your project begin? (Month/Day/Year): \_\_\_\_\_ When will it end? \_\_\_\_\_
9. **What did you say you were going to do?**
10. **What do you want to do instead? (If you are changing personnel, artists, activity, etc., please attach detailed information such as a resume, biography, or other information to support the requested change.)**
11. **Why is the change necessary?**
12. **How will the change affect the project?**

*The Authorizing Official certifies that the information above is accurate and appropriate to the project. The person signing below should be the same one who signed the original application and grant contract (unless changed by this form.)*

13. Authorizing Official Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Mail form to: Miss. Arts Commission, 501 North West St., Suite 1101A, Woolfolk Building, Jackson, MS 39201**

<p>MAC STAFF:    _____ approved as written    _____ approved with changes noted    _____ not approved</p> <p>Program Director/ date: _____ Grants Administrator / date: _____</p> <p>ED-DD/ date : _____ Systems Administrator/date: _____</p>
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