

# Grant Change Form



If you make a change in your project, complete this form and send it to the Mississippi Arts Commission for approval **before** you implement it. If the change is major, the Commission may have to re-evaluate the grant for funding. **If you do not receive approval prior to making the change, grant funding may be forfeited. Please Note: The Project Director and Authorizing Official cannot be listed as the same person on the grant.**

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

4. Project Director: \_\_\_\_\_ Day phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Complete if you are changing Project Director (type or print legibly)

**NEW Project Director** \_\_\_\_\_ Day phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

5. Authorizing Official: \_\_\_\_\_ Day phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Complete if you are changing the Authorizing Official (type or print legibly and sign on line 12)

**NEW Authorizing Official** \_\_\_\_\_ Day phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**\*IF the only change is #4 or #5 then skip to #11 & 12 and have the "NEW" project director and/or authorizing official sign.**

6. When did the project begin? (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ When will it end? \_\_\_\_/\_\_\_\_/\_\_\_\_

7. What did you say you were going to do?

8. What do you want to do instead? (If you are changing personnel, artists, activity, etc., please attach detailed information such as a resume, biography, conference materials, etc. to support the requested change.)

9. Why do you want/need to make this change?

10. How will this change affect the project?

**The Authorizing Official certifies that the information above is accurate and appropriate to the project. Note: The Commission defines authorizing official as the person that has the legal authority to enter into agreements for the grantee organization, usually the executive director or board chairman. The person signing below should be the person who signed the original application and contract (unless changed by this form.)**

11. **Signature Project Director** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

12. **Signature Authorizing Official** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

Mail to: Mississippi Arts Commission, 501 North West Street, Suite 1101A Woolfolk Building, Jackson, MS 39201

MAC STAFF: \_\_\_\_\_ approved as written \_\_\_\_\_ approved with changes noted \_\_\_\_\_ not approved

Program Director/ date: \_\_\_\_\_ Grants Administrator / date: \_\_\_\_\_

ED-DD/ date : \_\_\_\_\_ Systems Administrator/date: \_\_\_\_\_

Grantee Contracted: \_\_\_\_\_