



FY21 Grant Change Form

Mississippi Arts Commission

THIS FORM IS FOR COVID-19 RELATED or other CHANGES to your awarded MAC grant. *PLEASE TYPE ANSWERS AND TURN IN ELECTRONICALLY IF POSSIBLE

My grant is for an Individual (Fellowship, Apprenticeship, Roster, Individual Project)

My grant is for an Organization (Operating, Project, Whole Schools, Rapid Response)

Name of Grant recipient:

(Organization Name) If Individual Grant, list your full name:

Grant #:

The information in the red box is only required if you are an organization updating the personnel for this request:

Type the name of your grant's CURRENT FY21 Project Director:

Type the name of your grant's CURRENT FY21 Authorizing Official:

Type the information for your grant's NEW FY21 Project Director:

Name

Phone

Email

Type the information of your grant's NEW FY21 Authorizing Official:

Name

Phone

Email

Project Grant:

Event Date Change / New Proposed Start Date:

New Proposed End Date:

Project Cancelled / Need to Cancel or Decline

Grant Change due to virtual or other adaptation due to COVID-19

Other MAC Grant:

Operating Grant

Whole Schools

Apprenticeship

Individual Fellowship

Individual Project

Use the space below to describe in detail how your grant was affected by COVID-19 and your proposed change to the grant. For example: Are you postponing your event(s) for a future date? Are you adapting your project to virtual? What do you hope to do instead? What is your request for a change?

By typing the names and information in the form above you agree that the information above is accurate to the best of your knowledge. By submitting this form, you agree that the Project Director and (if applicable), the Authorizing Official have been notified of this form being submitted.

In order to expedite this request, please TYPE in this form and email it to your MAC Program Director or to info@arts.ms.gov. The form will then be sent for approval or denial by MAC. If you are unable to send via email, you can mail the form to: Mississippi Arts Commission, Attn: Kristen Brandt, 501 North West Street, Suite 1101A

For internal use only:

Program Director: Date:

Name:

Grants Director: Date:

Name: