



Grant Adjustment Request

NC Coalition Against Sexual Assault
811 Spring Forest Rd., Suite 900
Raleigh, NC 27609

Phone: (919) 871-1015 Fax: (919) 871-5895 www.nccasa.org

A. Budget Adjustments

Agency Name	County	Project Director Phone #	Finance Director Phone #	
Sub Category	Quantity to be added or removed	Cost Per Item	Total Cost	Adjusted Amount
TOTAL	0.00		\$0.00	\$0.00

B. Project Personnel Modifications

Current Official or Staff Person	Position	Departure Date
Replacement Official or Staff Person	Position	Start Date

C. Grant Period Extensions

Identify the original grant period and attach an explanation for the requested extension including the new end date and a revised timeline of goals and objectives.

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D. Program Modification

Identify the main scope of the program modification (ie, expansion, relocation, scope change...) and attach a detailed narrative along with new evaluation criteria.

Expansion		
Scope change		
Relocation		
Other		

Project Director's Signature: _____ Date: _____

Finance Director's Signature: _____ Date: _____