

GRANT PERIOD ADJUSTMENT FORM

Use this form when requesting a time extension to a project Grant Period.

GRANTEE INFORMATION

Grantee Name:

Grantee Address:

Project Number:

Project Title:

Contact Name:

Contact Phone:

Contact Email:

CHANGE PROJECT PERIOD

Current Grant Period:

Requested Grant Period Change Dates:

JUSTIFICATION FOR PROJECT PERIOD CHANGE

Attach extra sheet if necessary

For OPM Use Only

_____ **Approved**

_____ **Not Approved**

Grant Manager Signature

Date