

City of Naperville

Social Service Grant Program

; fUbhYY Grant Agreement Amendment Request Form

Grantee Name: _____

Date: _____

(If you are requesting multiple grant agreement amendments for activities identified under different activity numbers, even if they belong to the same program, you must complete a separate form for each individual activity)

Project # (One activity only)	
Fiscal Year Funds Granted	FY 20__
Activity Name (Refer to the Grant Agreement)	
Total Original SSG Budget (Refer to the Grant Agreement)	\$
Previous Amendment #1 (If Any Approved)	\$ (Use parenthesis for budget reduction)
Previous Amendment #2 (If Any Approved)	\$ (Use parenthesis for budget reduction)
Previous Amendment #3 (If Any Approved)	\$ (Use parenthesis for budget reduction)
Total SSG Budget	\$
This Request for amendment will affect	<input type="checkbox"/> Scope of Service & Budget <input type="checkbox"/> Budget only <input type="checkbox"/> Scope of Service only <input type="checkbox"/> Other (Explain)
If you selected Scope of Service & Budget or Budget only above, indicate the amount being requested to be added to or reduced from this activity	\$ (Use parenthesis for budget reduction)
If you selected Scope of Service & Budget or Scope of Service only above, indicate the anticipated change to the original scope including the number of beneficiaries	(Please attach additional sheets, if necessary)
Reason(s) for the amendment request	(Please attach additional sheets, if necessary)
If this request affects the approved budget, indicate the source(s) of additional funding for the requested increase or the target activity or city-controlled fund pool to transfer the funds to	<input type="checkbox"/> From grantee's own funds <input type="checkbox"/> From other grants, loans or private donations <input type="checkbox"/> From another SSG activity # _____ <input type="checkbox"/> To another SSG activity # _____ <input type="checkbox"/> To the City's SSG fund pool for reallocation

Preparer's Name (Please Print) _____

Signature _____

Authorizing Officer _____

Signature _____

Official Use Only	<input type="checkbox"/> Substantial Change & Council Approval Required Council Approved / Denied Date: _____ <input type="checkbox"/> Non-substantial Change Approved by: _____ Date: _____
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