

**SOUTH DAKOTA SUSAN G. KOMEN FOR THE CURE
REQUEST FOR GRANT CHANGE/AMENDMENT**

REQUEST FOR GRANT CHANGE/AMENDMENT

Date submitted _____
Grant Tracking # _____
Project Director _____
Institution _____
Phone # _____
Fax # _____
Email Address _____

_____ **No cost extension.** Change in ending date only.
(Attach explanation for extension.)

Request ending date be extended from _____ to _____

_____ **Budget change.** (Attach budget change form and justification.)

_____ **Personnel change.** (Attach curriculum vitae of proposed new personnel and an explanation for the change.)

Position to be changed _____
Present personnel _____
New (proposed) personnel _____

_____ **Other:** Explanation for request:

SIGNATURES (REQUIRED):

Project Director Signature & Date

Approving Institution Official Signature & Date

KOMEN APPROVED BY: _____

DATE: _____

REQUEST FOR CHANGE OF GRANT BUDGET

ORIGINAL BUDGET NEW (REQUESTED)
BUDGET

Personnel		
Supplies (Itemize by category)		
Equipment (not to exceed 30% of direct costs)		
Patient Care Costs		
Inpatient		
Outpatient		
Other Expenses (itemized by category)		
SUBTOTAL-DIRECT COSTS	\$	\$
Indirect cost allocation (not to exceed 15%)	\$	\$
TOTAL FUNDING REQUEST	\$	\$

SIGNATURE : _____ DATE REQUESTED : _____

(Typed) Principal Investigator/Project Director