



Community Grants Request for Grant Modification/Extension

Use this form to request modifications to the approved scope of work, project cost and/or period of performance. Please be concise and include only relevant information. Once reviewed, LCRA staff will contact you with a decision on the request. Submit the form by email to grants@lcra.org.

Please print/type legibly.

Organization: _____

Contact Name: _____ Phone: _____

Contact Email: _____ Date: _____

Grant Amount: _____ Grant Application Date: ☐ January ☐ July Year: _____

Grant Project Description:

Reason for Request (check all that apply):

☐ Budget Modification ☐ Project Modification ☐ Completion Date Extension – No. of days requesting: _____

Description of modification/extension request. (Attach supporting documentation/information as necessary.):

Justification for modification/extension request. (Attach supporting documentation/information as necessary.):

Following to be completed by LCRA staff:

Received:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
_____ day extension granted.	Amended Completion Date:
Authorized By:	Date: