

GRANT ADJUSTMENT REQUEST

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| --- | --- |
| HTx grant #: |  |
| Sponsoring organization: |  |
| Project director: |  |
| Phone: |  |
| Email: |  |

**EXPLANATION OF AND JUSTIFICATION FOR REQUESTED CHANGES (e.g., grant period extension request, program schedule modifications, changes in program speakers, budget modifications):**

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**SIGNATURES**:

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| Project director: |  | Date: |  |
| Authorizing official:  |  | Date: |  |