**SC WORKS UPSTATE/GREENVILLE**

**GRANT MODIFICATION REQUEST FORM**

**(If necessary, use more than one form)**

**Date**:

**Grant number:**

**Change(s) requested (note which section(s) of the original grant are to be changed, then state the new wording to reflect those changes):**

**Reason for modification:**

**For questions regarding this modification request, please contact:**

NAME:

TITLE:

EMAIL:

PHONE:

**SUBMIT COMPLETED FORM TO:**

**UWB and GCWDB Associate Directors**

**\*\*\*\*DO NOT WRITE BELOW THIS SECTION\*\*\*\***

**\*\*\*\*BOTH BOARD APPROVAL PAGES REQUIRED\*\*\*\***

**Upstate Workforce Board Approval**

Upstate WB Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

[ ]  Approval to begin modification process

 [ ]  Disapproved

Requires Approval/Disapproval by Upstate WB: (to be determined by UWB Executive Director)

[ ]  YES

 [ ]  NO

Funding Oversight Committee:

 Meeting Date or Poll Date

[ ]  Approved

 [ ]  Not Approved

[ ]  N/A

Upstate WB:

 Board Meeting Date or Poll Date

[ ]  Approved

 [ ]  Not Approved

[ ]  N/A

Upstate WB Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

[ ]  Grant modification(s) may begin immediately

[ ]  Executed Modification needed to proceed with requested grant modification

**Greenville County Workforce Board Approval**

Greenville County WDB Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

[ ]  Approval to begin modification process

 [ ]  Disapproved

Requires Approval/Disapproval by Greenville County WDB: (to be determined by GCWDB Executive Director)

[ ]  YES

 [ ]  NO

Greenville County WDB:

 Board Meeting Date or Poll Date

[ ]  Approved

 [ ]  Not Approved

[ ]  N/A

Greenville County WDB Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

[ ]  Grant modification(s) may begin immediately

[ ]  Executed Modification needed to proceed with requested grant modification