

**YOUTH PROGRAM
GRANT MODIFICATION REQUEST FORM**

PROGRAM NAME - _____

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):

#1.

Reason for modification:

#2.

Reason for modification:

#3.

Reason for modification:

For questions regarding this modification request, please contact:

NAME: Dana Wood
TITLE: Upstate Workforce Board Chief Operating Officer
EMAIL: wood@upstateworkforceboard.org
PHONE: 864-596-2028

SUBMIT COMPLETED FORM TO:
Upstate Workforce Board Chief Financial Officer – Brent Bishop
bishop@upstateworkforceboard.org

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

UWB Director: _____
Signature Date

- Approval to begin modification process
- Disapproved

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

- YES
- NO

Youth Committee: _____
Meeting Date or Poll Date

- Approved
- Not Approved
- N/A

UWB Board: _____
Board Meeting Date or Poll Date

- Approved
- Not Approved
- N/A

UWB Director: _____
Signature Date

- Grant modification(s) may begin immediately
- Executed Modification needed to proceed with requested grant modification