



# Grant Change Request

Legal Name: \_\_\_\_\_ Grant # \_\_\_\_\_

**Changes to your legal name, contact information, or programs may be completed on this form, saved, and emailed to your program specialist. Any other change will require a physical signature and mailing. Program specialist contact information may be found here: <https://www.missouriartscouncil.org/page/8>.**

To change legal name and mailing address you must also submit a Vendor Input Form:  
[http://content.ia.mo.gov/sites/default/files/vendor\\_input\\_ach\\_eftd.pdf](http://content.ia.mo.gov/sites/default/files/vendor_input_ach_eftd.pdf)

Select the box to the left of the field and complete if the information has changed.

You will also need to update your online grant profile. Check this box if completed.

Contact person, name and title: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_  Cell phone: \_\_\_\_\_

Website: \_\_\_\_\_

Email: \_\_\_\_\_

### Program Changes

Fully describe changes to the program including original plans, proposed changes, and why.

**Changes involving the release of MAC funds or an Authorizing Official require a physical signature. You will need to print this form, physically sign it, and mail to: Joan White, Missouri Arts Council, 815 Olive St., Ste. 16, St. Louis, MO 63101**

### Releasing MAC Funds

We would like to release \$ \_\_\_\_\_. These funds were not expended because:

### Authorizing Official

*If requesting a change to (or addition of) Authorizing Official for your organization, this form must be certified below by a board officer (president/chair, treasurer, secretary).*

Authorizing Official to (name & title): \_\_\_\_\_

Additional person authorized to sign MAC grant forms (name & title): \_\_\_\_\_

**As Authorizing Official I certify that this information is accurate and meets all administrative obligations of the project.**

\_\_\_\_\_  
Name and Title of Authorizing Official

\_\_\_\_\_  
Date

### FOR MAC USE ONLY:

Approved as written     Approved with changes noted     Not approved

Program Specialist/Date: \_\_\_\_\_ Grants Manager/Date: \_\_\_\_\_