



Grant Change Request

Changes to contact information and programs can be completed on this form, saved, and emailed to your [program specialist](#). They can also be done through the "Notes" feature of the online application. Log into the grant system, open relevant application, select "Notes" from the left side column, click on the + symbol, type the relevant information, then click on save button.

Legal Name: _____ Grant # _____

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

Contact person, name & title: _____

Address: _____

Daytime phone: _____ Cell phone: _____

Website: _____

Email: _____

I have updated the above information in my organization's [online grant profile](#).

Note: To change legal name and mailing address, you must complete a [MissouriBUYS vendor registration](#). For legal name, you also must submit an [IRS letter](#) with the new legal name and [Certificate of Amendment](#) from the Missouri Secretary of State's office.

Project Changes

Describe proposed changes to the program, including original plans, proposed changes, and why. You may continue narrative on a separate document.

Changes to release MAC funds or an Authorizing Official require a physical signature. You need to print this form, physically sign, scan as PDF document, and email to the appropriate [Program Specialist](#).

Releasing/Returning MAC Funds

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

Authorizing Official: If requesting a change or additional Authorizing Official for your organization, this form must be certified by the executive director or 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 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: _____