**Grant Variation Request form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Organisation: | |  | | |
| Grant Awarded: | | £ | Fund: |  |
| Start Date: | |  | End Date: |  |
| **What changes would you like to make to your proposal and why?** | | | | |
|  | | | | |
| **Impact of these changes on the project** | | | | |
| Timeframe: |  | | | |
| Budget: |  | | | |
| Outcomes: |  | | | |
| Number of beneficiaries: |  | | | |
| **Name**  (Signature not required) |  | | **Role** |  |
| **Date** |  |

**Please email your completed form to:** [grants@salfordcvs.co.uk](mailto:grants@salfordcvs.co.uk)

**Salford CVS use:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Note from Grants Team** | | | |
|  | | | |
| **Decision** | | | |
|  | | | |
| Name |  | Role |  |
| Date |  |