**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

**Salford CVS use:**

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