



REQUEST FOR CHANGE IN PROJECT GOALS/ACTIVITIES

Date: _____

Name of Organization: _____

Mailing Address: _____

City: _____ Postal Code: _____

Contact Person(s): _____

Contact Email(s): _____

Project Name: _____

Please provide the reason for the request to change the project activities from the previously agreed upon project goals and activities:

Please provide details of the proposed changes in activities and/or goals of your project:

Name of person submitting request: _____

Signature of person submitting request: _____

NOTE: We will review this request and provide you with an answer as soon as possible. Please be aware that if not approved, the project funds will have to be returned to Northern Health. We will make every effort to work with and support project applicants to achieve success.

FOR OFFICE USE ONLY

Request for change approved? YES NO

Breanne Frenkel - Coordinator, Community Funding Programs

Signature: _____

Date: _____

Notes: _____