

**ARAPAHOE COUNTY CULTURAL COUNCIL
GRANT PROPOSAL CHANGE FORM**

Tier III organizations are to use this form to request a change(s) to their original grant proposal.

PROCEDURES:

1. Obtain the Grant Proposal Change Form by contacting Pam DeBoth at 303-738-8040 or pdeboth@co.arapahoe.co.us; Completed form should be mailed or emailed to Pam Deboth.
2. Pam DeBoth will contact the council that an organization has obtained a form.
3. The organization will provide a date when a decision needs to be made by the council.
4. Fill out the form:
 - (a) Describe in detail your proposed change(s) with an applicable timeframe and completion date.
 - (b) Present a revised line-item budget and justify the monetary change(s).
 - (c) Explain (1) why the proposed change(s) is the best solution; (2) how the change(s) will impact the original goals; (3) how the change(s) will affect the residents of Arapahoe County and (4) the consequences if your request for a change(s) is denied.
5. Have the form signed by the board president or authorizing official of the local government.
6. Return the form to Pam DeBoth, who will contact the council that the form has been completed. Mailing address is Arapahoe County Community Resources Department, 1690 West Littleton Boulevard, #300, Littleton CO, 80120.
7. Pam DeBoth will mail or email copies of the Change Form to ACCC members prior to the next regular meeting.
8. The council will notify the organization when the request will be discussed.
9. The council will ask for a representative to be in attendance at that meeting to answer any questions council members may have. At that time, council members may ask for additional information from the organization.
10. The council members will discuss the change form at the next scheduled ACCC meeting. At that time, a decision may be made or it may be deferred to the next scheduled meeting.

TIER III ORGANIZATION INFORMATION

Organization _____

Mailing Address _____	City _____	Zip _____	County of Residence _____
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Telephone _____	Fax _____	Email _____
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Contact Person _____	Title _____	Telephone _____
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Approved Grant Amount \$ _____ Grant Cycle _____

Amount of SCFD funds expended to date: \$ _____

I have read the change(s) to the original grant proposal and hereby endorse those change(s).

Signature of Board President or Authorizing Official _____	Date _____
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Signature of Authorizing Official of Local Government _____	Date _____
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