

UWSN Community Impact Grants Program Scope Change Request Form



Organization		Program Name	
Requested By		Date of Request	
Requester Email		Requester Phone	

Description of Change in Program Scope:

Reason for Change in Program Scope:

Effect on Program Outputs and Outcomes:

Effect on Organization:

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Effect on Program Implementation Timeline:

Effect on Project Expenses:

Please attach a budget modification spreadsheet that includes columns for 'budget category,' 'original budget,' 'budget change,' and 'new/revised budget'

Effect of NOT Approving this Change:

UWSN Vice President – Community Impact (Internal Use Only)

Approved Signature: _____
 Rejected Title: _____ Date: _____

UWSN Impact Committee Chairperson (Internal Use Only)

Approved Signature: _____
 Rejected Title: _____ Date: _____

Reason for Rejection (if applicable):