

WINN Project Modification Request Form

Use this form to request a modification (s) to a WINN Grant which meets one or more of the criteria listed below. Once this form is completed, please email it to the Program Administrator prior to the effective date of the change. You will receive an email notification once your modification is approved. Grantees making unauthorized changes to their Project Activities or Budget risk having disallowable costs that will not be reimbursed. Recommended lead time to seek prior approval is 30 days.

Section I: Grantee Information		
Date Submitted		
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Submitted by (1	name, telephone number and email of contact person):	
Grantee Name:		
WINN Project N	lame:	
POC Name:		
POC Title:		
POC phone nun	mber and email address:	
o di landician		D-1-
Authorized Sign	lature	Date
	Section II. Modification Popular	Cuitavia
Dlassa salact ti	Section II: Modification Request the type of Project modification:	Criteria
Please sciect ti	he type of Project mounication.	
	Budget - Changes of 10 percent or more to the type or amou	unt of budget line items in Grantee's Approved Project
	Budget Change to Project Employer Partners, Jobs and/or Wages	
	Change to Project Employer Partners, Jobs and/or Wages Change in Project Outcomes	
	Change to Project Timelines	
	Other significant change to Program Design or Workforce Div	versity Action Plan
	Other Significant change to Frogram Design of Workforce Dis	versity Action Fian
	Section III: Reason for Modific	ation
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	Section IV: WINN Review	
	For completion by GOED	
Date Received:	WIN	NN PA Reviewed:
Notes:		
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