



**Northeast State Community College
Office of Grant Development**

Request for HEERF Project Modification

Project Name: _____

Project Activity Code: _____

Grant Period (Dates): _____ Award Amount: _____

Project Director: _____

Reason for Request

- Budget Modification
 Programmatic
 No Cost Extension
 Other _____
 (Check all that apply)

Detailed Description of Programmatic Modification and/or reasons for Budget Modification:

Budget Modification Detail:

Budget Category	Current Budget	Account Code	Requested Adjustment	Adjusted Budget
Total				

NOTE: Costs that overrun the budget will become the responsibility of the project directors' department/division.

Approvals:

Position	Signature	Date
Project Director/Budget Manager		
Supervising Vice President		
Grants Manager (Finance)		
Director of Grant Development		
AVP Teaching Excellence & Academic Services		
Title III CARES Director (If Applicable)		