

## Adams County Open Space Modification Request

Date of Request:	
Grantee Name:	
Project Name:	
Contact Person:	
Phone Number:	
Email:	
Project Due Date:	
Previously Submitted Leverage Su	nmary: Proposed Revision to Leverage Summary:
Grant Total:	Grant Total:
Total Project Costs:	Total Project Costs:
% of Funding Requested:	% of Funding Requested:
Please provide a description of the provide specific details.	changes to the project as well as an explanation for the changes. Please
Attach the following:	
Copy of original budget submitted with grant application	
Revised budget	
Copy of original timeline submitted with grant application	
Revised timeline	
Evidence of progress (Photos of project or in narrative above)	
Prepared by:	Date:
Print name:	Title: