

CHF GUIDELINES FOR ADDENDUM/REVISION TO APPROVED GRANT

Application:

Applications should be as brief as appropriate to present necessary facts about the reasons for the requested revision. Revised use of grant funds can only be approved due to:

1. The original purpose for which grant funds were requested has been satisfied and there are leftover funds; and
2. The proposed use of funds is in keeping with the mission, program and objectives of the original grant and the requirements of Curry Health Network; OR
3. The original grant funds cannot be used as intended but the revised request meets the requirements under 2. above.

If the CHF review finds that the requested repurposing/use of funds does not fulfill the program goals and objectives of the original grant, the grantee may be required to return funds and submit a new application. No additional funds can be requested as an addendum.

Eligibility:

- Addendum can only be made by the original grant recipient.
- The Curry Health Foundation Grant Program supports projects, programs and equipment that are directly related to physical and mental health in Curry County.
- The Curry Health Foundation provides equal opportunity for all.

The Curry Health Foundation WILL NOT FUND the following as original grant or as addendum:

- Individuals
- Fund raising activities
- Ongoing labor or payroll costs
- Travel
- Any expense not directly related to healthcare in Curry County
- Endowments
- Office equipment, supplies, etc.
- Debt retirement, operational deficits, financial emergencies, etc.

Information Required:

- A cover letter signed by the person authorizing the grant request.
- Name, title, telephone number of the contact person.
- A narrative proposal describing the proposed use for which funds are to be repurposed and how it relates to the original request, including how it serves the number and population of the original request and an explanation of the revised role of partnering agencies.
- A detailed budget for the revised project.

Grant Addendum Application

Grant Applicant: _____

Project/Program Grant Title and Award Year: _____

Contact Person: _____
Name Telephone

Mailing Address: _____
P.O. Box/Street City

Street Address: _____
Street City

E-mail Address: _____

Change of use proposed for Grant funds and reason for revised request: _____

Revised Request for use of funds _____

Revised Request Amount (any funds unused by this revised proposal must be promptly returned to the Curry Health Foundation) \$: _____.

All information required (see guidelines) plus Attachments (3):

1. Outline of revised proposed project and estimates of purchases (if applicable).
2. Detailed budget for project/program proposed.
3. Partnering agencies (if applicable) and contact persons.

Signed By: _____

Title: _____

Dated: _____