**Contract Details Amendment Request**

**Grant #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Submitted**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grantee Details**

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| --- | --- |
| **Grantee** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Title** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Proposal Type** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Award** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Amended Scope of Work**

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**Amended Deliverables**

1. **Deliverable/Payment 1**

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1. **Deliverable/Payment 2**

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1. **Deliverable/Payment 3**

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1. **Deliverable/Payment 4**

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**Original Scope of Work**

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**Original Deliverables**

1. **Deliverable/Payment 1**

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1. **Deliverable/Payment 2**

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1. **Deliverable/Payment 3**

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1. **Deliverable/Payment 4**

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**Reason for Changes**

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**Effect on Proposal Goals**

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**Authorization**

This Grant amendment request is authorized by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contract Details Amendment Request #\_\_\_\_\_\_\_\_**

**Grantee:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grant Number**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grant contact**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Official**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Official Signature Date**

Print this page and have the Authorized Office sign and date and mail to the address below.

Florida Division of Historical Resources

R.A. Gray Building

500 South Bronough Street

Tallahassee, Florida 32399