



FORM

Request for Grant Extension or Amendment

Grant Extensions or Amendments

If a CSA grantee is unable to complete the designated project within 12-months following the award of funds, or there is a change in the originally identified purpose of the project, a request for grant extension or amendment must be completed and sent to the South Dakota Community Foundation for approval.

Community Savings Account: _____

Grantee Name: _____

Grantee Responsible Person: _____ Title: _____

Grantee Email: _____ Grantee Phone: _____

Grant Amount: _____ Overall Project Budget: _____

Reason extension is needed: _____

If extension, expected new completion date: _____

If change in purpose, please explain why funds cannot be used for original purpose: _____

If change in purpose, expected new completion date: _____

SDCF will review requests and may request additional documentation, budget information or other items. *If a request for extension or change is not approved by SDCF, a return of funds, in whole or part, may be required.*