



Foxwynd Foundation Grant Amendment Form

For Partial Approval and Changes to Deliverables

Instructions

1. Contact Information

Organization Name:	
Contact Person:	
Email:	
Phone Number:	
Today's Date:	

2. Making Changes

To request changes to your grant, please complete the appropriate section(s):

- To amend your **existing budget**, complete **Page 2**.
- To amend your **goals and objectives**, complete **Page 3**.
- To request a **six-month extension**, complete **Page 4**.

3. Scan and Send

Save the document and email to Pamela Villagra (pvillagra@foxwyndfoundatino.org) and copy Gloria Galvez (ggalvez@foxwyndfoundation.org). Document must be sent as back as a Word doc or Google doc.

4. Approval

Please allow **4–6 weeks** for review and approval.

Unless you receive written approval, continue to follow your existing grant agreement.

Foxwynd Foundation Budget Amendment Form

Explain why you need to change your budget:			
Approved Budget			
Line Item	Cost	Amount Spent	Balance
Totals:			

Amended Budget			
Line Item	Cost	Amount Spent	Balance
Totals:			

Submitted by:	
Date:	

Internal Use – To be completed by Foxwynd Foundation Staff	
Approved by:	
Date:	
Entered Into Fondant:	
Comments:	

Foxwynd Foundation Goals/Objective Amendment Form

Explain why you need to change your goals/objectives:	
Goals	
Existing Goals	Amended Goals
Goal #1	Goal #1
Goal #2	Goal #2
Goal #3	Goal #3
Objectives	
Existing Objectives	Amended Objectives
Objective #1	Objective #1
Objective #2	Objective #2
Objective #3	Objective #3

Submitted by:	
Date:	

Internal Use – To be completed by Foxwynd Foundation Staff	
Approved by:	
Date:	
Entered Into Fondant:	
Comments:	

Foxwynd Foundation Six-Month Extension Request Form

Explain why you need a six-month extension.	
Timeline	
Approved 12-month timeline	Proposed 18-month timeline
How will this timeline change affect your budget?	
Submitted by:	
Date:	

Internal Use – To be completed by Foxwynd Foundation Staff	
Approved by:	
Date:	
Entered Into Fondant:	
Comments:	