STATE OF MARYLAND 

Community Health Resources Commission

45 Calvert Street, Room 336 • Annapolis, Maryland 21401

Larry Hogan, Governor – Boyd Rutherford, Lt. Governor

Edward J. Kasemeyer, Chair – Mark Luckner, Executive Director

Maryland Community Health Resources Commission

**Grant Modification Request Form**

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| Date of Grant Modification Request: | Contact Information of the Grant:   |  | | --- | |  | |
| Grant # & Project Title: | Grant Modification Request #:  ***(To be filled out by CHRC Staff)*** |
| Original Dates of this Grant: | Revised Dates of the Grant:  ***(Grantee will fill this out where applicable)*** |
| Total Award: | Amount Paid (Awarded) to Date |
| Project Description: | |
| Date of Last M&D Report Submitted to Commission: | |
| Purpose of this Grant Modification Request: ***Explain circumstances influencing this request. When required, include a detailed narrative explanation of all budget changes that indicates which line items are affected. Fringe cannot exceed 25% of personnel costs; if fringe exceeds 25% of personnel costs explanation/justification must be provided.***  activities to increase awareness of and participation in Howard County LHIC and partner initiatives to advance the priories of the Coalition. | |
| CHRC Staff Recommendation:  ***(To be filled out by CHRC Staff)*** | |