# Award Amendment Request Form

## General Information

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| Award Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  A |

|  |  |
| --- | --- |
| Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of submission: (dd/mm/yy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Effective session for change (Term eg. Fall YR , Winter YR, Summer YR) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Award Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  B |

## Changes to Current Award

|  |  |
| --- | --- |
| Award Description | |
| (Changes From):  C | (Changes To): |
|  |  |
| Administrative Changes (includes application, assessment, responsible area etc.) | |
| (Changes From): | (Changes To): |
|  |  |
| New Number of Awards (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Value of Awards (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

## Rationale for Changes

## Additional Financial Information

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| Additional Donation Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  D |

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| Indicate when the funds were received or will be received (dd/mm/yy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is the additional funding eligible for a government matching program? Yes No if yes which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| New Cost Centre (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If an existing cost centre is being replaced (being made invalid), please indicate the cost centre and the effective date.  Effective date (dd/mm/yy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Centre \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| In which sessions will the additional funds be available for disbursement? Specify F09, W10 etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Changes Approved by Department (dd/mm/yy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E |
| Date Changes Approved by Donor (dd/mm/yy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  F |

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| --- | --- |
| Administrative Use Only | Date Received by SFS (dd/mm/yy) \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| New Award Code (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_ | Date Updated by SFS (dd/mm/yy) \_\_\_\_\_\_\_\_\_\_\_\_\_ |