MEGA-GRANTS PROGRAM ADJUSTMENT

REQUEST FORM

Top of Form

Registered Coalition Name (as it appears on the registry):

Grant Contact Person:

Email:

Prevention Resource Center:

Prevention Resource Center Prevention Specialist:

Title of Program/Activity Conducted:Bottom of Form

Requests should be completed by the grantee and with the assistance of the Prevention Resource Center. Prevention Resource Centers will send the completed form to the Department of Mental Health.

1. Describe the rationale for adjusting the grant’s budget.
2. List each budget line item and the dollar amounts that will change as a result of this adjustment.
3. Attach a revised action plan and timeline for implementing the changes, if applicable.