

LOS ANGELES COUNTY REGIONAL PARK AND OPEN SPACE DISTRICT
AMENDMENT REQUEST FORM

Project Name

Grant Number

Agency Name

Type of Amendment (Check all that apply)

- Performance Period Extension Project Scope Change Funding Change Anticipated Funding Needs
 Other _____

Performance Period Extension

Required Attachment:

Timeline

Current End Date

Proposed End Date

Anticipated Funding Needs

Justification

Project Scope Change

Required Attachment(s):

Grant Scope/Cost Estimate Form

Site Plan (if applicable)

Anticipated Funding Needs

Other _____

Current Scope

Proposed Scope

Justification

Project Funding Change

Required Attachment:

Grant Scope/Cost Estimate Form

Select One

Anticipated Funding Needs

Decrease

Current Amount

Proposed Amount

Other* _____

Justification

**This box may not be selected without prior RPOSD approval.*

Authorized Representative

Name and Title (Type or Print)

Phone Number

e-mail

Signature of Authorized Representative

Date