

**SC WORKS UPSTATE/GREENVILLE
GRANT MODIFICATION REQUEST FORM**
(If necessary, use more than one form)

Date:

Grant number:

Change(s) requested (note which section(s) of the original grant are to be changed, then state the new wording to reflect those changes):

Reason for modification:

For questions regarding this modification request, please contact:

NAME:

TITLE:

EMAIL:

PHONE:

**SUBMIT COMPLETED FORM TO:
UWB and GCWDB Associate Directors**

*****DO NOT WRITE BELOW THIS SECTION***
BOTH BOARD APPROVAL PAGES REQUIRED**

Upstate Workforce Board Approval

Upstate WB Director: _____
Signature Date

- Approval to begin modification process
- Disapproved

Requires Approval/Disapproval by Upstate WB: (to be determined by UWB Executive Director)

- YES
- NO

Funding Oversight Committee: _____
Meeting Date or Poll Date

- Approved
- Not Approved
- N/A

Upstate WB: _____
Board Meeting Date or Poll Date

- Approved
- Not Approved
- N/A

Upstate WB Director: _____
Signature Date

- Grant modification(s) may begin immediately
- Executed Modification needed to proceed with requested grant modification

Greenville County Workforce Board Approval

Greenville County WDB Director: _____

Signature

Date

- Approval to begin modification process
- Disapproved

Requires Approval/Disapproval by Greenville County WDB: (to be determined by GCWDB Executive Director)

- YES
- NO

Greenville County WDB: _____

Board Meeting Date or Poll Date

- Approved
- Not Approved
- N/A

Greenville County WDB Director: _____

Signature

Date

- Grant modification(s) may begin immediately
- Executed Modification needed to proceed with requested grant modification