## **Community Capital Funding Project Scope Change Request**

If the scope of the project for which funds where received has change, this form must be completed for approval prior to undertaking change in scope.

Organization Name:  Contact Person:						
New Capital Project Name:						
Total capital grant funds receive	\$_		Ex	Expected completion date:		
Grant funds used						
Amount requested for use on new capital project		\$				
Describe the new capital project th community. Provide budget details				this project		
Revenue / Project	funding		1	Project Expen	ditures *attach quote	s
Sturgeon County Grant Funds	\$		Planning/Engine	ering	\$	
Other Grants	\$		Contracted Servi	ces	\$	
Fundraising/Donations	\$		Construction Ma	terials	\$	
Facility Rental	\$		Hired Equipment	Costs	\$	
Volunteer Hours	\$		Volunteer Hours		\$	
Other (specify)	\$		Other (specify)		\$	
Total Revenue	\$		Total Expenditur	es	\$	
Annlicant Signature:			Date:			

The business information provided will be used to process the project scope change request and is collected under the authority of Section 33 (c) of the Freedom of Information and Protection of Privacy Act, (FOIP). If you have any questions about the collection and use of this information, please contact the Sturgeon County Access & Privacy Coordinator at 9613 - 100 Street, Morinville, Alberta, T8R 1L9 (780) 939.4321 or at foip@sturgeoncounty.ca.