

**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)

Project Period Extension

Project Scope Change

Funding Change

Other

PERFORMANCE PERIOD EXTENSION

Required Attachment:

Timeline

Current End Date

Proposed End Date

Justification:

PROJECT SCOPE CHANGE

Required Attachment(s):

Grant Scope/Cost Estimate Form

Site Plan (if applicable)

Other

Current Scope

Proposed Scope

Justification:

FUNDING CHANGE

Required Attachment:

Grant Scope/Cost Estimate Form

Select One

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