Form C - KCCEF Completion Delay or Change Request

Must be returned by last business day in October of grant award year if project is not finished, or before any changes are initiated.

Mail form to: KCCEF, PO Box 11, Sigourney, IA 52591

Organization: _________________________________ Contact: _________________________________
Project: _________________________________ Phone: _________________________________

What type of request are you filing:  □ Completion Delay  □ Project Change

(Complete Section A & C)  (Complete Section B & C)

Section A

Please explain the circumstances surrounding the delay of your project’s completion:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Percent of project finished to date: _______________  Expected Completion Date: _______________
Do you foresee any possibility that the project may not be completed at this future date? _____________

Section B

Project changes are only allowed for unanticipated problems that develop after the award as been made. Please explain those unforeseen conditions, in detail, attaching photos if necessary:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

What changes are necessary to enable the organization to meet the project goals: ___________________
________________________________________________________________________________________
________________________________________________________________________________________

Percent of project finished to date: _______________  Expected Completion Date: _______________
Do these changes require more funds than was originally estimated? ______________________________
If so, what is the source of the additional funding? _____________________________________________

Section C

I understand that if the project is not completed, all funds received from KCCEF must be returned, that upon completion of the project, the evaluation form (Form E) must be submitted to KCCEF, that no changes must be initiated until approval is granted by KCCEF as demonstrated by signature below, and that any further complications must be reported in writing to KCCEF using another copy of this form.

Signature of Project Director ___________________________________________ Date _______________

Approval is granted for the changes and / or delay requested above.

Signature of KCCEF Representative __________________________ Date _______________

For Office Use Only

Date Action Taken _______________
Approval Letter Sent □
Changes Denied & Fund Return Request Sent □