

MAJOR APPLICATION CHANGE REQUEST FORM

APPLICATION INFORMATION

Organization Name:

Facility Address:

Contact Person and Contact Info:

Project Name:

Application ID:

TYPE OF CHANGE REQUIRED

(Select all that apply)

- ☐ Project Completion Deadline Extension
- ☐ Change to Project Scope
- ☐ Change to Project Eligible Expenditure
- ☐ Other (please specify)

DETAILED DESCRIPTION OF REQUESTED CHANGES:

Please provide a detailed explanation of the requested change and rationale. Attach supporting documents if needed.

SUPPORTING DOCUMENTATION:

List supporting documents with a brief description below.

PARTICIPANT DECLARATION

I acknowledge that this request is being made at least 60 days prior to the project completion. I understand that the requested changes are subject to review and approval by ERA.

Signature:

Date:

