PEACE RIVER REGIONAL DISTRICT

Regional Trails Grants-in-Aid

Schedule "E" – Funding Amendment

APPLICANT INFORMATION	
Name of Organization:	**Date:**
Contact:	**Phone:**
Mailing Address:	
Email:	**Fax:**

PROJECT TO PROVIDE FUNDS	
Year Funds Granted:	**Amount Granted:**
Current Project Description: ***(project for which funds were originally applied for)***	

REASON FOR AMENDMENT
TOTAL Cost of New Project:
Proposed New Project: ***(reason for request and description of project, project budget)***