|  |  |
| --- | --- |
| Your Group Name : | |
| Your Event Activity Name :  Date of Event: **Click here to enter a date.** | |
| **Group Lead Contact Information** | |
| Name: | Phone Number & Email: |
| **Group Members Contact Information (at least 2 members)** | |
| Group Member 1 – Name (first and last name): | Group Member 2 – Name (first and last name): |
| Phone Number & Email: | Phone Number & Email: |

***To confirm that you have your groups' agreement to request these changes, please make sure to include your group members when you email your change request.***

|  |
| --- |
| **YOUR COMMUNITY MENTOR / COACH (optional)** |
| Name : |
| Organization Name: |
| Phone Number & Email Address: |

**EVENT/ACTIVITY CHANGES REQUEST**

**1. What change is your group requesting approval for? (Select all that apply.)**

Change of the name

Changes to the budget

Change of the group members

**For the following changes, please let Shahina at Social Planning Toronto (**[**grants@socialplanningtoronto.org**](mailto:grants@socialplanningtoronto.org)**), Carolyn at the City of Toronto (**[**Carolyn.Doyle@toronto.ca**](mailto:Carolyn.Doyle@toronto.ca)**) AND your local Neighbourhood Planning Table via the Community Development Officer.**

Changes to the date(s) for when the event/activity was going to be held

Changes to the project location (please note, it will still need to be held in an Neighbourhood Improvement Area; no approval needed, but please let us know)

Changes to the partners or mentors

Other change (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note, if you have changes to the project idea or what you are proposing to do, please reach out to your local Neighbourhood Planning Table by contacting the Community Development Officer.**

**2. In a few sentences, please describe the change you are requesting for approval:**

**3. In a few sentences, please describe the reasons for the change you are requesting:**

**4. If you are requesting approval for change in your budget, please list all budget items and outline what the new amounts are:**

|  |  |  |
| --- | --- | --- |
| **Description of Requested Funding** | **Original amount** | **New amount** |
| Example 1:  Honorarium for person to do face painting for children.  Example 2:  Table rental | Example 1:  $200 for 4 hours of face painting for one day.  Example 2:  We didn't ask for this item in the original budget | Example 1:  $400 (we need two people to do the face painting)  Example 2:  $100 for 20 tables for one day (we are reducing the rental fees for the audio rental by $100 to pay for this item) |
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|  |  |  |
|  |  |  |
| **TOTAL** |  |  |

**For Internal Use**

**Reviewed By:** Choose an item.

**Review Date:** Click here to enter a date.

**Change request approved (yes/no):  YES NO**

**Comments:** Click here to enter text.