

FORMAL AMENDMENT REQUEST FORM
COORDINATED PREVENTION GRANT

(1) Type of Formal Amendment – (Check all that apply)		
<input type="checkbox"/> New Task (Project), new Category (Complete entire form)	<input type="checkbox"/> Change in existing Task (Project) (Complete Sections 2, parts of 4 that changed, and 5 if applicable)	
<input type="checkbox"/> New Task (Project), existing Category (Complete entire form)	<input type="checkbox"/> Change in Grant Maximum Eligible Cost (Complete Sections 2, and 5)	
(2) Grant Information		
Recipient Name:		
Task (Project) Coordinator:	Phone:	E-mail:
Grant Number:		
(3) Comprehensive Solid Waste Management Plan or Local Hazardous Waste Plan Consistency – (Identify Plan, list Section and Page #)		
(4) Task Information		
a. Task (Project) Title:		
b. Task (Project) Description:		
c. Goal Statement:		
d. Outcome Statement: Estimated Outcomes (Fill in where applicable): Organics Diversion (#tons): MRW Diversion (#tons): Recycling (#tons): Business Contacts: Residential Contacts: Business Participants: Residential Participants:		
e. Target Audience:		
f. Work Plan and Activities with Timeline:		
Activity		Timeline
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

g. Method of Evaluation:		
h. Total Task (Project) Cost	State Funds/Grant Amount (75%)	Local Match (25%)
\$	\$	\$
(5) Funding Changes – (Check and complete all that apply)		
<input type="checkbox"/> Submit a new CPG- Z FORM		
<input type="checkbox"/> Move \$ (state funds) from Task (Project) to Task (Project) in reference to a changed task (project).		
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<input type="checkbox"/> Move \$ (state funds) from Task (Project) to Task (Project) in reference to a changed task (project).		
<input type="checkbox"/> Change Grant Maximum Eligible Cost from \$ to \$		
Maximum Eligible Cost	State Grant Share	Local Share (25%)
\$	\$	\$

To ask about the availability of this document in a version for the visually impaired call the Solid Waste and Financial Assistance Program at 360-407-6900. Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-83-6341.