***South Central Iowa Community Foundation***

**SCICF-Decatur County**

**PO Box 278 ~ Leon, Iowa 50144**

 www.scicf.org



**Grant Extension Request Form**

**Organization Name:**

**Organization Contact Person:**

**Contact Email: Contact Phone:**

**Project Name/Description:**

**Reason for Extension Request:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Length of Extension Requested: 3 months 6 months 9 months**

**Organization Contact Signature: Date:**

*SCICF-Decatur County Office Use Only Extension Approved Extension Denied*

*Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Authorized Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*