



West Hants
something inspiring awaits

**West Hants Regional Municipality
Change of Grant Request
Community Development Department**

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|--|
| Name of organization or group asking for change: _____ |
| Contact Person Name: _____ |
| Signature: _____ |
| Phone #: _____ E-mail address: _____ |

I wish to change my original grant application. Please see details below:

| |
|--|
| Grant Change Request: Approve _____ Yes _____ No _____ |
| More information required: _____ |
| Date: _____ |