



Organization Name: _____

Main Contact: _____ Email: _____

Date of original grant award: _____ Amount awarded: _____

Project/Program description:

Please indicate if this is a ROLLOVER or REALLOCATION request and answer the pertaining questions:

Rollover request (would like to use funds for original grant purpose)

Reason funds were not utilized for their original purpose:

Proposed new timeline to expend funds:

Reallocation request (would like to use funds for new purpose)

Amount spent (if any): _____ Remaining funds: _____

Reason why funds were not utilized for original purpose:

Proposed use and timeline for reallocation of funds:

Please submit completed form to anna@moonlightcommunityfoundation.org