

**Buffalo County Community Partners
Request for Grant Extension**

Type of Grant (check one)

_____ Simple Grant

_____ Project Grant

_____ Youth to Youth Grant

Name of Grant Project: _____

Dollar Amount of Total Award: _____

Amount of Grant Funds Spent: _____ Amount of Grant Funds Remaining: _____

Projected Date of Grant Project Completion: _____

Reason for Request for Grant Extension:

Contact Name: _____ Phone #: _____ Email: _____

Submit form electronically to: info@bcchp.org

(If unable to submit electronically, mail to:
Buffalo County Community Partners
PO Box 1466
Kearney, NE 68848-1466)