TEXAS COUNCIL FOR DEVELOPMENTAL DISABILITIES

Program Revision Form

NOTE: Program Revision Form must be submitted and approved in advance of program changes

Organization

Date

Project Title

TCDD Grant No.

Objective/Activity	Reason for Requested Change	Completion Date

Signature of Project Director

(For TCDD Use Only)

Approved:_____

Date:_____

TCDD Grants Management Form GM-005 Rev/6-14