

**ARIZONA DEPARTMENT OF AGRICULTURE
SPECIALTY CROP BLOCK GRANT PROGRAM
GRANT AWARD AGREEMENT
AMENDMENT**



Arizona Department of Agriculture
Specialty Crop Block Grant Program
1110 W. Washington St., Suite 450
Phoenix, AZ 85007

SCBGP Grant No. _____

AMENDMENT NO. _____

Grantee Name: _____

Project Title:

Identify the applicable section(s) of the contract that needs to be amended. Describe, in detail, the proposed changes to the contract and provide an explanation for the need for the requested amendment. (Additional pages may be attached if needed).

GRANTEE

DEPARTMENT

Signature of Authorized Individual Date

Signature of Authorized Individual Date

Paul E. Brierley

Typed Name

Typed Name

CEO & EDD

Typed Title

Typed Title