



MISSISSIPPI WHOLE SCHOOLS CHANGE FORM



If you make a change in your project, complete this form and email it to **wholeschools@arts.ms.gov**. The form will then be sent to the Arts Education Director for approval. If you are unable to send via email, you may mail this completed form to: **Mississippi Arts Commission, Attn: Arts Education Director, 501 North West Street, Suite 1101A Woolfolk Building, Jackson, MS 39201.**

 **Note:** Completing this form in your browser will NOT save your entries. To submit, you must first download and save to your device, complete the form and save again, then email the completed form to wholeschools@arts.ms.gov

Name of Organization: _____

Application #: _____

Name of your current Project Director: _____

Name of your current Co-Project Director: _____

Name of your current Authorizing Official: _____

 **Please Note:** The Project Director and Authorizing Official cannot be listed as the same person on your form.

NEW Project Director:

Name: _____

Phone: _____

Email: _____

NEW Co-Project Director:

Name: _____

Phone: _____

Email: _____

NEW Authorizing Official:

Name: _____

Phone: _____

Email: _____

In the space provided below, state the reason you need to make this change.

☒ By entering the names and information in the form above, you agree that the information is accurate to the best of your knowledge. By submitting this form, you agree that the Project Director and (if applicable) the Authorizing Official have been notified of this form being submitted.

FOR INTERNAL USE ONLY:

approved as written

approved with changes noted

not approved

Program Director: Date: Name:

Grants Director: Date: Name:

Systems Admin: Date: Name: