

# Grant Proposal Revision Report

Madison Arts Commission  
City of Madison Department of Planning and  
Community and Economic Development  
Planning Division  
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Instructions: If your award is less than your grant request, or if you are making a change to your original proposal, complete this form and return it to Karin Wolf, MAC Arts Program Administrator, P.O. Box 2985, Madison, WI 53701.

Grantee Name: \_\_\_\_\_

Grant Number: \_\_\_\_\_

Project Title or Purpose for which funds were requested:

\_\_\_\_\_

Prepared by (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Indicate how you intend to compensate for the reduction in MAC funds and/or outline any changes in your original proposal which may occur.