

Grant Proposal Revision Report

Madison Arts Commission
City of Madison Department of Planning and
Community and Economic Development
Planning Division
215 Martin Luther King, Jr. Blvd., Suite 017
Madison WI 53701-2985
Phone: (608) 261-9134
Fax: (608) 266-6377
www.cityofmadison.com/mac



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 Madison Arts Commission, P.O. Box 2985, Madison, WI 53701-2985; or email madisonarts@cityofmadison.com.

Grantee Name: _____

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.