



MICHIGAN ECONOMIC
DEVELOPMENT CORPORATION

Match on Main Scope Change Request Form

This form is used to request approval from the Michigan Economic Development Corporation (MEDC) for changes to an approved Match on Main project. **All scope changes must be reviewed and approved by the MEDC in advance.**

Applicant Organization Information

Applicant Organization Name:

Primary Contact Name & Title:

Name:

Title:

Email Address:

Phone Number:

Business Information

Business Legal Name:

Business DBA (if applicable):

Project Address:

Grant Information

Grant Agreement Number:

Original Grant Award Amount:

Proposed Scope Change

Provide a clear description of the requested change. Include what is changing and how it differs from the approved scope.

Reason for Scope Change

Explain why the scope change is necessary (e.g., contractor availability, cost changes, design feasibility, permitting issues).

Budget Impact

Does this scope change affect the approved project budget?

- ☐ No – Budget remains unchanged
- ☐ Yes – Updated budget attached

If yes, briefly describe the budget impact:

Timeline Impact

Does this scope change affect the approved project timeline?

- ☐ No – Timeline remains unchanged
- ☐ Yes – Revised completion date requested:

If yes, briefly explain:

Eligibility Confirmation

The Applicant Organization certifies that the proposed scope change, if approved, will continue to comply with all Match on Main program requirements and eligible expense guidelines.

Applicant Organization Certification

By signing below, the Applicant Organization acknowledges that:

- The proposed scope change has not yet been implemented
- No costs associated with the proposed change have been incurred
- Expenses incurred outside the approved scope may be deemed ineligible

Authorized Signature:

Name & Title:

Date:

MEDC Use Only

Scope Change Review Outcome:

- ☐ Approved
- ☐ Conditional Approval
- ☐ Not Approved

Date:

Reviewer:

Notes: