**USED TIRE GRANT CHANGE ORDER**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Used Tire Program** | | | |
| District (Grantee): | Choose an item. | Telephone Number: |  |
| Contact Names: |  |

|  |  |  |
| --- | --- | --- |
| 1. Grant Change Information | | |
| Type of Grant: |  | Management, Marketing & Incentive Grant |
|  | Waste Tire Abatement Grant |
| Project Location: |  | |
| Grant Award Number: |  | |

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| 1. Proposed Change/Modification/Amendment |
| In consideration of the terms and conditions listed; the Project location above, the Grantee hereby requests approval of the following change orders: |
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| --- | --- | --- | --- |
| 1. **Change Order Approval** | | | |
| This change order is hereby made a part of Grant Award Number listed above and agreed upon by the Arkansas Division of Environmental Quality.  In all other respects, this change order, and all relevant documents, shall remain in full force and effect. The parties hereto have executed this amendment as of the dates entered below. | | | |
| To the best of my knowledge, I certify the above information provided is true and correct. | | | |
| **Grantee:** Choose an item. | | | Click here to enter a date. |
| **By:** |  | | Date |
| Signature of Board Chairman | | | Typed/Printed Name of Board Chairman |
| **Arkansas Division of Environmental Quality** | | | |
| **By:** | |  | Click here to enter a date. |
| Signature of DEQ Director | | | Date Approved |
| Shane Khoury | | | |
| Typed/Printed Name of Director: | | | |