

Appendix B: BUDGET AND PROGRAMMATIC AMENDMENT FORM

Grantee Name:		Unit Number:	
Project Director:		Telephone Number:	
E-mail address:		Fax number:	

Complete the form for any proposed budget and/or programmatic amendments. Submit completed forms to the appropriate program consultant. **NOTE:** If there is a Project Director change, please provide his/her contact information including telephone, fax, e-mail, and mailing address with a copy of his/her resume.

<p>RFP REFERENCE: <i>Refer to section(s) and page(s) of the original grant application. Indicate the page number and paragraph in the grant where the language proposed for change can be found.</i></p>
<p>APPROVED RFP: <i>State the current language in the most recently approved grant.</i></p>
<p>PROPOSED AMENDMENT: <i>Describe the amendment to reflect proposed changes. This may include either deletion or addition to the original language, but should clearly state the intent of the change.</i></p>
<p>RATIONALE: <i>Provide the rationale for the change to the grant. Please provide background information that will explain why the change(s) are being made.</i></p>
<p>IMPLEMENTATION: <i>Discuss how the amendment will be implemented and how it is consistent with the goals and objectives of the grant.</i></p>
<p>BUDGET JUSTIFICATION: <i>LEAs and non-LEAs must submit an FPD 209 form. LEAs must not submit the</i></p>

amendment in the BUD system prior to an approval.

- If the grant amendment will increase or decrease a budget line item by 10% or more, a budget amendment and the program amendment is required.
- If applicable, provide a detailed/estimation of the cost associated with the amendment.
- Describe from which line item(s) funds will be moved in order to accommodate the change.

Grant Amendments **must be signed in blue ink** by the grant’s Fiscal Agent, Joint Applicants (if applicable), Program Director, and Superintendent/CEO.

My signature below indicates that I have read and approved the requested amendments being made to the most recently approved grant application.

_____	_____
<i>(Fiscal Agent or Authorized Designee)</i>	<i>(Date)</i>
_____	_____
<i>(21st CCLC Program Director)</i>	<i>(Date)</i>
_____	_____
<i>(Joint Applicant, if applicable)</i>	<i>(Date)</i>
_____	_____
<i>(Superintendent or CEO)</i>	<i>(Date)</i>

Submit completed form to Sylvia Moore at smoore@dpi.nc.gov or by mail to:

**North Carolina Department of Public Instruction
 Federal Program Monitoring Section
 21st Century Community Learning Centers
 MSC# 6351
 Raleigh, NC 27611-6351**

FOR STATE AGENCY USE ONLY

Request Status (check one) **Approved** **Disapproved**

21st CCLC Program Consultant: _____ **Date:** _____