### Appendix B: AMENDMENT FORMS

**Programmatic Amendment**

**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.**

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| **RFP REFERENCE:** *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.* |
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| **APPROVED RFP:** *State the current language in the most recently approved grant.* |
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| **PROPOSED AMENDMENT:** *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.* |
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| **RATIONALE:** *Provide the rationale for the change to the grant. Please provide background information that will explain why the change(s) are being made.* |
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| **IMPLEMENTATION:** *Discuss how the amendment will be implemented and how it is consistent with the goals and objectives of the grant.* |
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| **BUDGET JUSTIFICATION:** LEAs and non-LEAs must submit an FPD 209 form. LEAs must not submit the amendment in the BAAS 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.
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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.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Fiscal Agent or Authorized Designee) (Date)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(21st CCLC Program Director) (Date)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *(Joint Applicant, if applicable) (Date)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Superintendent or CEO) (Date)*

Submit completed form to Sylvia Moore at sylvia.moore@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: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**FPD 209**

**Budget Amendment Form**

**FPD 209 (R 5/01)**

|  |  |
| --- | --- |
|  |  |
| AMENDMENT REQUEST # |  |
| PROGRAM REPORT CODE # |  |
| PROGRAM: |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| LEA Name |  |  | LEA Number |
|  |  |  |
| Project Number |  |  | Approved Budget Amount |
|  |  |  |  |  |  |
| PROJECT PERIOD: | Beginning: |  |  | Ending: |  |
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|  | 1 | 2 | 3 | 4 | 5 |
| **ACCOUNT CLASSIFICATION** | **3-XXXX- XXX-XX****ACCOUNT CODE** | **APPROVED****BUDGET** | **INCREASES****AND/OR****DECREASES** | **+****or****-** | **APPROVED****REVISED****BUDGET** |
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| **COLUMN TOTALS** |  |  |  |  |  |

**FPD 209 (R 5/01)**

CHANGES TO BUDGETED POSITIONS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ACCOUNT CODE** | **Number of Positions** | **POSITION****DESCRIPTION** | **Percent****Assigned****To Project** | **Number of****Months Assigned****To Project** | **BUDGETED****DOLLARS** |
| **Old** | **Increase****(Decrease)** | **Revised** |
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 Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

Signature of LEA Superintendent or Finance OfficerDate

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| --- |
| **FOR STATE AGENCY USE ONLY** |
|  |  |
| Request Processed (Circle One): |  | Yes | No |
|  |  |
|  |  |  |
| Signature of Federal Grant Administrator |  | Date |
|  |  |

Please submit this amendment and all attachments directly to the Federal Program Monitoring Section 21stCCLC Consultant (<http://www.ncpublicschools.org/21cclc/directory/>)

For your convenience and benefit, the State of North Carolina offers payees the opportunity to receive future payments electronically, rather than by check. Your payments will be deposited into the checking or savings account of your choice. In addition to having the money deposited electronically, you also will be notified of the deposit either by fax or by e-mail. The fax or e-mail will provide you with all the information that would normally be on your check stub. To receive payments electronically, you must print, complete this form, attach a voided check and return both to the address above.