

1. **Subgrantee/Program Name**: **Cohort**: **FY** (15, 16, or 18) \_\_\_
2. **Project Director**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\* **Phone No**.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please Check One**: **Program Amendment** \_\_\_\_\_ **Budget Amendment** \_\_\_\_\_ **Both** \_\_\_\_\_
2. **Amendment No.**: a.(Program) PA/ b. (Budget) FY19B/ c. (Program & Budget) PA/ FY19B/

|  |  |  |  |
| --- | --- | --- | --- |
| 6. **Current Grant Language:** State **current language** in most recently approved grant/amendment and page number that it can be found. | **7. Amended Language:** Write **amended language** to reflect requested changes. \*\* | **8. Rationale:** Provide justification for the proposed change. | **9. Implementation:** Discuss how the proposed changes will be implemented in line with the approved goals and objectives.  |
|  |  |  |  |

\* If there is a Project Director change, please provide his/her contact information (phone, fax, email, and mailing address) and a copy of his/her resume.

\*\* If there is a change pertaining to a spreadsheet (i.e., budget, site profile form, funding request worksheet), please state “Refer to attached spreadsheet” in Column 7; there is no need to provide a narrative detailing each change within this chart.

**10.** List name and contents of attachments accompanying this amendment, if not already listed in Column 7.

**11.** Please email a copy to your Region’s Education Research and Evaluation Specialist or Fiscal Analyst for approval prior to mailing to GaDOE.

**12.** My signature below indicated that I have read and approved the amended changes to the most recently approved grant application.

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

Signature of Fiscal Agent Date

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

Signature of Joint Applicant or Authorized Designee Date

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

Signature of Program Director Date

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

Signature of Superintendent/CEO Date

Georgia Department of Education Action:

* Approved
* Not Approved

21st CCLC Education Research and Evaluation Specialist­­­­­­­­­­­­­­­­­ (signature, date)

21st CCLC Fiscal Analyst (signature, date)

21st CCLC Program Manager (signature, date)