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| **Competitive Grant Amendment Form** |
| Today’s Date |  |
| FY/Title/Amount of Competitive Grant |  |
| Date of Approved Original Budget |  |
| Awardee District |  |
| Full Name of School |  |
| School Principal Name/Email/Phone |  |
| Awardee Program Contact Name/Email/Phone |  |
| Amendment Requested |  |
| Rationale for Amendment |  |
| **Current Grant Language in SBOE Approved RFA and/or Budget** | **Amended Language** | **Describe changes in Implementation and/or budgeting** |
|  |  |  |
| **Required Signature** | **Signature** | **Date** |
| Program/Project Manager |  |  |
| School Principal |  |  |
| **GaDOE Actions** |
| Grant Organizer | APPVD/NOT APPVD |  |  |
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