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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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