



Georgia Department of Education
Office of Education Support and Improvement
21st Century Community Learning Centers
1862 Twin Towers East
205 Jesse Hill Jr. Drive
Atlanta, Georgia 30334

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

Please follow the directions shown below for each amendment made to your program.

Proposal: Please refer to sections and page(s) of the original grant application as well as clearly indicate the reason for the change. NOTE: If there is a Project Director change, please provide his/her contact information (telephone, fax, e-mail, and mailing address) and a copy of his/her resume.

1. **Indicate the page number and paragraph in the grant where the language proposed for change can be found.**
2. **State the current language in the most recently approved grant.**
3. **Write the amended language to reflect your changes.** This may include either deletion or addition to the original language, but should clearly state the intent of the change.
4. **Provide the rationale for the change to the grant.** Please provide background information that will explain why the change(s) are being made.
5. **Implementation:** Discuss how the amendment will be implemented and how it is consistent with the goals and objectives of the grant.
6. **Budget Justification:**
 - a. Provide a detailed/estimation of the cost associated with the amendment.
 - b. If the grant amendment results in an increase or decrease of 10% or more in the Function codes of your last approved budget, then a budget amendment is also required in addition to the program amendment and will need to be submitted through the Consolidated Application portal.
 - c. Describe from which line item(s) funds will be shifted in order to accommodate the change.
7. Grant Amendments **must be signed in blue ink** by the grant's Fiscal Agent, all Joint Applicants, Program Director, and Superintendent/CEO. This form may be used as the grant amendment cover sheet and **mailed to the address above.**

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

Signature of Fiscal Agent or Authorized Designee

Date

Signature of Joint Applicant or Authorized Designee

Date

Signature of Joint Applicant or Authorized Designee

Date

21st CCLC Program Director

Date

Superintendent /CEO

Date

Georgia Department of Education Action: Approved

Disapproved

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

Staff Approvals: _____