Grant Amendment Request

 Academic Affairs Division

Please complete pages 1-6 and return (1) original and (1) copy of the Grant Amendment Request Form to the Chancellor’s Office, Intersegmental Services & Support:, 4th Floor, Suite 4400, 1102 Q Street, Sacramento, CA 95811.

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| MATHEMATICS, ENGINEERING AND SCIENCE ACHIEVEMENT GRANT | Grant Number: 18-034- |
| Amount Awarded: $ | Expenditures to date: $ |
|  |
| Program Title: | MATHEMATICS, ENGINEERING AND SCIENCE ACHIEVEMENT GRANT |
| Project Director: |  | Phone: |
| Email Address: |  | Fax: |
|  |  |  |
| State Project Manager: | STEPHANIE RICKS-ALBERT | Phone: (916) 323-3093 |
| Email Address: | SRICKSAL@cccco.edu | Fax: (916) 327-8232 |

Please indicate the action requested below. Complete all applicable forms and note that all signatures required must be in blue ink only.

**□ Extension of the project performance completion** **date:** *Project Performance Completion Date Revision Form, Annual Workplan and Performance Indicators Revision Form, Application Budget Summary Revision Form and Budget Detail Sheet.*

**□ Revision of the project budget**: *Application Budget Summary Revision Form and detail sheet, and if applicable, Annual Workplan and Performance Indicators Revision Form.*

**□ Revision of the project work statement**: *Annual Workplan and Performance Indicators Revision Form, and if applicable, the Application Budget Summary Revision Form and detail sheet.*

**Required Signatures:**

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| ***Project Director's Signature*** *(Blue ink only)* |  |  Date |
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| ***District Superintendent/President's Signature or Designee*** *(Blue ink only)* |  |  Date |

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| **For Chancellor’s Office Use Only** |
| Grant Amendment Request: □ Approved □ Not Approved |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chancellor’s Office Project Monitor Signature Date |
| Comments: |

***PROJECT PERFORMANCE COMPLETION REVISION FORM***

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| Chancellor's Office | DISTRICT: |  |
| California Community College | COLLEGE: |  |
|  | GRANT NUMBER: | **18-034-** |
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| **Extension of the Project Completion Date*****Please include:*** *Project Performance Completion Date Revision Form, Annual Workplan and Performance Indicators Revision Form, Application Budget Summary Revision Form and Budget Detail Sheet.* ***Use additional pages if needed****.* |
| 1. Original Grant Performance Dates: | Start Date: |  |  | Ending Date: |  |
| 2. Requested new grant performance period ending date: |  |  | New Ending Date: |  |
| 3. Provide the reason(s) this extension of the performance completion date is being requested. |
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| 4. Explain the impact this extension request would have on the project budget and work statement if approved. |
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| 5. If applicable, provide the reason(s) this budget revision is being requested. |
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| 6. If applicable, provide the reason(s) this workplan (statement) revision is being requested. |
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| Chancellor's Office | District: |  |
| California Community College | College: |  |
|  | Grant Number: | **18-034-** |
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CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***Application Budget Summary Revision Form*** |

Note: \*When entering dollar amounts, round off to nearest dollar.

 \*Submit detail explaining the expenditures by category for each source on separate sheet of paper, as needed.

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| **Object of Expenditure** | **Classifications** | **Line** | **Project Approved****Budget** | **Project****Revised Budget** | **District Match Funds (1)** | **Other Source(2)** | **Other Source(2)** | **Other Source(2)** | **Other Source(2)** |
| **1000** | **Instructional Salaries** | **1** |  |  |  |  |  |  |  |
| **2000** | **Noninstructional Salaries** | **2** |  |  |  |  |  |  |  |
| **3000** | **Employee Benefits** | **3** |  |  |  |  |  |  |  |
| **4000** | **Supplies and Materials** | **4** |  |  |  |  |  |  |  |
| **5000** | **Other Operating Expenses and Services** | **5** |  |  |  |  |  |  |  |
| **6000** | **Capital Outlay** | **6** |  |  |  |  |  |  |  |
| **7000** | **Other Outgo** | **7** |  |  |  |  |  |  |  |
| **Total Direct Costs** | **8** |  |  |  |  |  |  |  |
| **Total Indirect Costs (4% of line 8)** *See specific RFA* | **9** |  |  |  |  |  |  |  |
|  **Total Program Costs** | **10** |  |  |  |  |  |  |  |

*1 District General Funds = Line item match not required.*

*2 Other Sources = List funds per project (provide a detail sheet for each funding source.)*

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| **Project Director Signature:** |  | **Date:** |  |
| **District Chief Business Officer/Authorized Signature:** |  | **Date:** |  |

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| **FOR CHANCELLOR'S OFFICE USE ONLY** |
| **Grants and Contracts Unit Approval Signature:** |  | **Date:** |  |
| **Chancellor’s Office Project Monitor Approval Signature:** |  | **Date:** |  |

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| Chancellor's Office | District: |  |
| California Community College | College: |  |
|  | Grant Number: | **18-034-** |
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| ***Application Budget Detail Sheet Revision*** |
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| **Object of Expenditure** | **Classifications** | **Amount** |
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|  | **Total Direct Costs** |  |
|  | **Total Indirect Costs (4% of line 8)** *See specific RFA* |  |
|  | **Total Program Costs** |  |

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| ***annual workplan and performance indicators revision form*** |

**(Use one page per objective)**

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|  **OBJECTIVES** | **ACTIVITIES** | **RESPONSIBLE PERSON(S)** | **TIMELINES** |
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| **Instructions for completing the****Annual Workplan and Performance Indicators Revision Form** |
| The *Annual Workplan and Performance Indicators Revision Form* is designed to display four critical areas of a project workplan. The four components of this form are:* Objectives
* Activities
* Responsible Person(s)
* Timelines

**Objectives:**Write each objective in this column. The program objectives identify the major milestones of the project and what has to be done in order to make the project a success. State objectives in performance terms in a clear and concise manner. **Activities:**List each major activity associated with an objective. Ideally this column should contain between four to seven (4-7) activities. Write activities in a decimal format. The whole number should refer to the number of the objective; the number behind the decimal point should refer to the number of the activity. Activity 2.3 refers to the third activity in objective number two, write activities in chronological sequence.**Responsible Person(s):**Identify by position, the personnel responsible for the completion of each activity listed.**Timelines:**Identify the start date and the ending date for each activity listed.Example: 12/15/02 to 3/7/03. |