

LOS RIOS COMMUNITY COLLEGE DISTRICT GRANTS OFFICE

GRANT AMENDMENT FORM

(Instructions provided on the opposite side of this form.)

Grants Office Use Only

Date Received Amendment # ____:____/____/____
Date Received Amendment # ____:____/____/____
District File Number: ____ - ____

PART I: GENERAL INFORMATION

Complete Part I. Use this form if you are requesting changes to an existing grant. This form may be used for two amendments for the same grant. If additional amendments are needed, use this form and indicate the number of the amendment on the form. Questions? Call the Grants Office, 568.3130.

College/Unit	<input type="checkbox"/> ARC <input type="checkbox"/> CRC <input type="checkbox"/> FLC <input type="checkbox"/> SCC <input type="checkbox"/> WEDC <input type="checkbox"/> DO	
Grant Program Name		
Project Title		
Project Director		Phone
Responsible Administrator		Phone
Funding Agency		Funding Agency Grant Number

PART II: FIRST GRANT AMENDMENT	PART III: SECOND GRANT AMENDMENT
Submission Deadline: _____	Submission Deadline: _____
Requested Amendment Change (Check All That Apply): <input type="checkbox"/> Budget Change (Attach Revised Budget) <input type="checkbox"/> Performance Period Change (Indicate Date Change) Original Performance Period: _____ New Performance Period: _____ <input type="checkbox"/> Workplan Change (Attach Revised Workplan) <input type="checkbox"/> Other (Please Describe & Attach Materials)	Requested Amendment Change (Check All That Apply): <input type="checkbox"/> Budget Change (Attach Revised Budget) <input type="checkbox"/> Performance Period Change (Indicate Date Change) Original Performance Period: _____ New Performance Period: _____ <input type="checkbox"/> Workplan Change (Attach Revised Workplan) <input type="checkbox"/> Other (Please Describe & Attach Materials)
Submit Amendment To: (Provide Contact Person & Address)	Submit Amendment To: (Provide Contact Person & Address)
Form of Delivery: <input type="checkbox"/> Mail <input type="checkbox"/> Hand-Delivery	Form of Delivery: <input type="checkbox"/> Mail <input type="checkbox"/> Hand-Delivery
Delivery of Amendment: <input type="checkbox"/> Grants Office Delivery Requested <input type="checkbox"/> College/Unit Will Pick Up & Deliver	Delivery of Amendment: <input type="checkbox"/> Grants Office Delivery Requested <input type="checkbox"/> College/Unit Will Pick Up & Deliver
Approval	Approval
College President _____ Date: _____	College President _____ Date: _____
Fiscal Services _____ Date: _____	Fiscal Services _____ Date: _____
Vice-Chancellor _____ Date: _____	Vice-Chancellor _____ Date: _____
(Fiscal Review Contact: _____)	
Grants Office Use Only - Distribution	Grants Office Use Only - Distribution
Funding Agency/Contact: _____ Date: _____	Funding Agency/Contact: _____ Date: _____
College/Unit Copy Sent To: _____ Date: _____	College Copy Sent To: _____ Date: _____
Fiscal Copy Sent To: _____ Date: _____	Fiscal Copy Sent To: _____ Date: _____
Comments:	Comments: