

**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

Submission Deadline: _____

Requested Amendment Change (Check All That Apply):

- Budget Change (Attach Revised Budget)
- Performance Period Change (Indicate Date Change)
Original Performance Period: _____
New Performance Period: _____
- Workplan Change (Attach Revised Workplan)
- Other (Please Describe & Attach Materials)

Submit Amendment To: (Provide Contact Person & Address)

Form of Delivery: Mail Hand-Delivery

Delivery of Amendment: Grants Office Delivery Requested
 College/Unit Will Pick Up & Deliver

Approval

College President _____ Date: _____

Fiscal Services _____ Date: _____

Vice-Chancellor _____ Date: _____

(Fiscal Review Contact: _____)

Grants Office Use Only - Distribution

Funding Agency/Contact: _____ Date: _____
College/Unit Copy Sent To: _____ Date: _____
Fiscal Copy Sent To: _____ Date: _____

Comments:

PART III: SECOND GRANT AMENDMENT

Submission Deadline: _____

Requested Amendment Change (Check All That Apply):

- Budget Change (Attach Revised Budget)
- Performance Period Change (Indicate Date Change)
Original Performance Period: _____
New Performance Period: _____
- Workplan Change (Attach Revised Workplan)
- Other (Please Describe & Attach Materials)

Submit Amendment To: (Provide Contact Person & Address)

Form of Delivery: Mail Hand-Delivery

Delivery of Amendment: Grants Office Delivery Requested
 College/Unit Will Pick Up & Deliver

Approval

College President _____ Date: _____

Fiscal Services _____ Date: _____

Vice-Chancellor _____ Date: _____

Grants Office Use Only - Distribution

Funding Agency/Contact: _____ Date: _____
College Copy Sent To: _____ Date: _____
Fiscal Copy Sent To: _____ Date: _____

Comments: