

DELAWARE DEPARTMENT OF EDUCATION

LEA SUBGRANTEE AMENDMENT REQUEST FORM

- CRITERIA, PROCESS, FORM INSTRUCTIONS, FORM



Criteria

Grant amendments are required for:

- All major programmatic changes;
- Any movement of funds between budget account codes that exceeds the Amendment Threshold, (any change greater than 15% of the individual account code or greater than \$5,000).
 - Salaries and OECs will be viewed together, rather than as two separate account codes.
- Adding a **NEW** Activity or Account Code that was not indicated in the original grant budget - regardless of amount.

Process

1. LEA/agency requestor completes a form and transmits via email to the Amendment mailbox at Amendment@doe.k12.de.us and copies the LEA/agency business manager.
2. A member of the Delaware Department of Education team will forward the email to the assigned DDOE Program Manager.
3. DDOE Program Manager will review the request within 7 business days.
 - a. If the Amendment is approvable, the DDOE Program Manager will forward the original email request and Amendment form back to the requestor, the business manager, Amendment@doe.k12.de.us, and a representative from the Finance Department (Cathy.Wolfe@doe.k12.de.us).
 - b. If the request is denied, the DDOE Program Manager will forward the original email request and Amendment form to the requestor, the business manager, and Amendment mailbox at Amendment@doe.k12.de.us.
4. The requestor has 5 business days to submit an appeal to the Amendment mailbox at (Amendment@doe.k12.de.us).

Form Instructions

To complete the top portion of the form, click in the underlined shaded area next to each heading and enter the information as follows:

1. To indicate the reason for the amendment, check the condition that applies.
2. *Requestor Name*: Name of the individual requesting the amendment.
3. *Request Date*: Date the request is submitted to DDOE.
4. *District/Agency/Organization*: Name of the entity to which the subgrant was issued and for which the amendment change will apply (located on the Subgrant Award Notice).
5. *FY*: Budget reference of the subgrant fiscal year for which the request is being made (located on the Subgrant Award Notice).
6. *Appropriation #*: The grant's five-digit, FSF-assigned appropriation number (located on the Subgrant Award Notice).

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7. *Project #:* FSF-assigned project number. The preceding zeros may be replaced with a percent sign (%) or excluded (located on the Subgrant Award Notice). Leave this field blank for state funds.
8. *Subgrant #:* Typically a four-digit number, the last two digits of which indicate the fiscal year of the funds (located on the Subgrant Award Notice).
9. *Project Title:* Name of the project (located on the Subgrant Award Notice).
10. *Describe the need for the amendment of the amendment and the programmatic and/or financial impact of the amendment:* Provide in detail any necessary background information, the need for the request, and the financial and/or programmatic impact the amendment will have. For IDEA 611 and IDEA 619 amendments, please explain how the requested amendment will support students with disabilities. The textbox does not expand, so if extra space is required, please include the additional information on a separate page.

To complete the funding chart at the bottom of the form, if requesting new or reallocation of funds, enter the information as follows:

1. *Activity:* Type in the FSF Activity name.
2. *Account Code Name:* Type in the appropriate account code name.
3. If the budget change is for an increase,
 - a. *Increase From:* Enter the current budget amount for the indicated Activity and Account Code Name.
 - b. *Increase To:* Enter the *NEW* budget amount that reflects the increased amount.
4. *Amount of Increase:* Enter the amount of the TOTAL increase.
5. If the Budget change is for a decrease,
 - a. *Decrease From:* Enter the current budget amount for the indicated Activity and Account Code Name.
 - b. *Decrease To:* Enter the *NEW* budget amount that reflects the decreased amount.
6. *Amount of Decrease:* Enter the amount of the TOTAL decrease.
7. The total **Amount of Increase** must equal the total **Amount of Decrease**.
8. IF the request is to add **NEW** Activity/Account Code(s) with a new budget, the *Increase From* will be zero (0.00)

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Reason for the Amendment (check the condition that applies):

- Major Programmatic Change only. (No change to budget amount or Activity/Account Code)
- Budgetary Change only where the amount exceeds the amendment threshold – see criteria above.
(No programmatic change or change to Activity/Account Code)
- Programmatic Change and Budgetary Change where the amount exceeds amendment threshold – see criteria above.
- Add **NEW** Budget with Add **NEW** Activity/Account Code. (Any amount)

Requestor Name: _____		Request Date: _____	
District/Agency/Organization: _____			
FY: _____	Appropriation #: _____	Project #: _____	
Subgrant #: _____	Project Title: _____		

Describe the need for the amendment and the programmatic and/or financial impact of the amendment.

If request is to reallocate funds, complete the table below. Requestor will need to calculate the total amounts for columns.

Activity	Account Code Name	Increase		Amount of Increase	Decrease		Amount of Decrease
		From	To		From	To	
<i>EXAMPLE: DOE Homeless</i>	<i>Contractual</i>	<i>\$500,000</i>	<i>\$510,000</i>	<i>\$10,000</i>			
<i>EXAMPLE: Instruction</i>	<i>Travel</i>			<i>\$0</i>	<i>\$30,000</i>	<i>\$20,000</i>	<i>\$10,000</i>
Total				\$10,000			\$10,000