## **DELAWARE DEPARTMENT OF EDUCATION**

## **SUBGRANTEE AMENDMENT REQUEST**



Requestor Name:	Request Date:								
District/Agency/Organization:									
FY:	Appropriation #: Project #:								
Subgrant #:	Project Title:								
Describe the need for the amendment.									
Click here to enter text.									
Describe the impact of the amendment.									
Click here to enter text.									

If requesting reallocation of funds, complete the table below. Double-click anywhere in the table to enter information. Use the dropdown list to specify the Account Code(s) being modified. Totals will automatically be calculated.

	Account Code Name	Increase		Amount of	Decrease		Amount of
FSF Activity		From	То	Increase	From	То	Decrease
EXAMPLE: DOE_Homeless	Contractual	\$500,000	\$510,000	\$10,000			
EXAMPLE: Instruction	Travel			\$0	\$30,000	\$20,000	\$10,000
				\$0			\$0
				\$0			\$0
				\$0			\$0
				\$0			\$0
				\$0			\$0
				\$0			\$0
				\$0			\$0
				\$0			\$0
Total		\$0	\$0	\$0	\$0	\$0	\$0

Updated: 6/5/2017