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.

FSF Activity	Account Code Name	Increase		Amount of Increase	Decrease		Amount of Decrease
		From	To		From	To	
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