

**LOS RIOS COMMUNITY COLLEGE DISTRICT  
GRANTS OFFICE**

**Grants Office Use Only**

Date Received Amendment # \_\_\_\_\_ : \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date Received Amendment # \_\_\_\_\_ : \_\_\_\_/\_\_\_\_/\_\_\_\_  
 District File Number: \_\_\_\_\_ - \_\_\_\_\_

**GRANT AMENDMENT FORM**

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

<b>PART I: GENERAL INFORMATION</b>		
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 checked="" 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

<b>PART II: FIRST GRANT AMENDMENT</b>	<b>PART III: SECOND GRANT AMENDMENT</b>
Submission Deadline: _____	Submission Deadline: _____
<b>Requested Amendment Change (Check All That Apply):</b> <input type="checkbox"/> Budget Change (Attach Revised Budget) <input checked="" 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)	<b>Requested Amendment Change (Check All That Apply):</b> <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 <input checked="" type="checkbox"/> Electronic Delivery of Amendment: <input type="checkbox"/> Grants Office Delivery Requested <input type="checkbox"/> College/Unit Will Pick Up & Deliver	Form of Delivery: <input type="checkbox"/> Mail <input type="checkbox"/> Hand-Delivery Electronic Delivery of Amendment: <input type="checkbox"/> Grants Office Delivery Requested <input type="checkbox"/> College/Unit Will Pick Up & Deliver
Approval College President _____ Date: _____ Fiscal Services _____ Date: _____ Vice-Chancellor _____ Date: _____ (Fiscal Review Contact: _____)	Approval College President _____ Date: _____ Fiscal Services _____ Date: _____ Vice-Chancellor _____ Date: _____
<b>Grants Office Use Only - Distribution</b> Funding Agency/Contact: _____ Date: _____ College/Unit Copy Sent To: _____ Date: _____ Fiscal Copy Sent To: _____ Date: _____	<b>Grants Office Use Only - Distribution</b> Funding Agency/Contact: _____ Date: _____ College Copy Sent To: _____ Date: _____ Fiscal Copy Sent To: _____ Date: _____
<b>Comments:</b>	<b>Comments:</b>