

# FLORIDA DEPARTMENT OF EDUCATION PROJECT AMENDMENT REQUEST

<b>Please return to:</b>  Florida Department of Education Office of Grants Management Room 332, Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 (850) 245-0496	<b>DOE USE ONLY</b>  <b>Date Received:</b> _____  <b>PROGRAM NAME</b>  _____
<b>A) Agency Name</b>  _____	<b>B) Amendment Number</b>  _____
<b>C) Amendment Type</b>  <input type="checkbox"/> Program <input type="checkbox"/> Budget	<b>D) Project Number</b> <b>TAPS Number</b>  _____                      _____

### E) Amendment Request Contact Information

Name: _____	Address: _____
Telephone: _____	SunCom: _____
Fax: _____	E-mail: _____

### F) Required Signature

Superintendent/Agency Head \_\_\_\_\_

### G) Narrative



# Instructions Project Amendment Request DOE 150

- A.** Enter Agency Name.
- B.** Enter Amendment Number.
- C.** Enter Amendment Type – Refer to Project Application and Amendment Procedures for Federal and State Programs (Green Book) for definitions of Program and Budget amendments.
- D.** Enter Project Number and TAPS Number as listed on the original Project Award Notification.
- E.** Enter Amendment Request Contact Information for the person who is responsible for the project.
- F.** Complete Required Signature. **Note:** Amendment applications signed by officials other than the Superintendent, or President/Chairman of the Board, must have a letter of authorization to sign on the behalf of said official, attached to the DOE 150 when the amendment application is submitted.
- G.** Provide sufficient narrative to describe and justify the type of amendment being requested.

**Attach Budget Amendment Narrative Form (DOE 151) if this amendment requires budget changes.**

