# Florida Department of Education

# Project Amendment Request

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| **Please return to:**  Florida Department of Education  Office of Grants Management  Room 332 Turlington Building  325 West Gaines Street  Tallahassee, Florida 32399-0400  Telephone: (850) 245-0735 | **A) Agency Name:** | | DOE USE ONLY Date Received | |
| **B) Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **TAPS Number: \_\_\_\_\_\_\_\_\_\_\_** | | |
| **Project Number (DOE Assigned)** | |
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| |  | | --- | | Amendment Type Program  Budget  **Amendment Number:** \_\_\_\_\_\_\_\_\_\_\_\_ | | | **D)** Amendment Request Contact Information | | |
| Contact Name: | | Telephone Numbers: |
| Mailing Address: | | E-mail Addresses: |
| E) Required Signature and Certification | | | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (*Please Type Name)* as the official who is authorized to legally bind the agency/organization, do hereby certify to the best of my knowledge and belief that all the information and attachments submitted in this application amendment are true, complete and accurate, for the purposes, and objectives, set forth in the RFA or RFP and are consistent with the statement of general assurances and specific programmatic assurances for this project. I am aware that any false, fictitious or fraudulent information or the omission of any material fact may subject me to criminal, or administrative penalties for the false statement, false claims or otherwise. Furthermore, all applicable statutes, regulations, and procedures; administrative and programmatic requirements; and procedures for fiscal control and maintenance of records will be implemented to ensure proper accountability for the expenditure of funds on this project. All records necessary to substantiate these requirements will be available for review by appropriate state and federal staff. I further certify that all expenditures will be obligated on or after the effective date and prior to the termination date of the project. Disbursements will be reported only as appropriate to this project, and will not be used for matching funds on this or any special project, where prohibited.  Further, I understand that it is the responsibility of the agency head to obtain from its governing body the authorization for the submission of this application amendment.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  Signature of Agency Head Title Date | | | | |
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| F) Narrative | | | | |

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| Instructions for Completion of DOE 150Project Amendment Request |
| 1. Enter Agency Name 2. Enter Program Name and TAPS number as listed on the original Project Award Notification. 3. Enter Amendment Type – Refer to Project Application and Amendment Procedures for Federal and State Programs (Green Book) for definitions of Program and Budget amendments. 4. Enter Amendment Request Contact Information for the person who is responsible for the project. 5. Complete Required Signature. **Note:** Application amendments 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 application amendment is submitted. 6. Provide sufficient narrative to describe and justify the type of amendment being requested. Narrative should include the purpose of the amendment and description of the amended services or budget changes – i.e. changes in scope or objectives, changes in deliverables or work tasks and how these changes affect the original application. Any budget change will require details on the increase/decrease and how the change affects the original application.   Attach Budget Amendment Narrative Form (DOE 151) if this amendment requires budget changes. |
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