**Appendix 12C – Revision Request (Corrections)**

**Perkins Local Grant Revision Request FY 20\_\_\_\_**

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Revision #: \_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fiscal/Accounting notified [ ] yes [ ]  no

|  |  |  |
| --- | --- | --- |
| Goal # 10Line # 1 | **Current Activity or Expenditure**No current activity | **Funding****$ 0** |
| Goal # 10Line # 1 | **Revised Activity or Expenditure**

|  |
| --- |
| Facility Name: |
| List Participating CTE Programs at each Facility: |
| Summary of the Project: |
| Budget: |
| *CTE Salaries* | $ |
| *Career Guidance Services* | $ |
| *CTE Equipment* | $ |
| *Professional Development* | $ |
| *Travel* | $ |
| *Instructional resources/materials (non-consumable)* | $ |
| *Other (add rows as needed)* | $ |
| Total | $ |
| Budget narrative: |

 | **Funding****$** |
|  |  |  |

**NOTE: If transferring $500 or more from one goal to another:**

1. **Must include a revised Budget Breakdown with Preparer’s signature**
2. **Check box above to confirm that institutional fiscal/accounting has been notified of revision**
3. **Update all relevant Appendices prior to the next Progress Report (December 1, March 1 or Final Report)**

Approved [ ]

Denied [ ]  Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 KBOR Signature Date