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| **For TEA Use Only**  Adjustments and/or annotations made  on this page have been confirmed with | | | | | | | **TEXAS EDUCATION AGENCY**  **Standard Application System (SAS)** | | | | | |  |  | |  | |
|  | | | | | | |  | | | | | | County-District No. or Vendor ID | | | | |
| by telephone/email/FAX on | | | | | |  |  | | | | | |  |  | |  | |
| by | | | |  | of TEA. | |  | | | | | | Amendment No. | | | | |
| **Schedule #3—Request for Amendment** | | | | | | | | | | | | | | | | |
| **Full name of grant, as it appears on Schedule #1 of original application:** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **SAS number (can be found on NOGA):** | | | | | | | | | | | | | | | | |
| This schedule is used to amend a grant application that has been approved by TEA and issued a Notice of Grant Award (NOGA).  An amendment may be submitted by mail ***or*** by fax. **Do not** submit the same amendment by both methods. Amendments submitted via email will not be accepted.  If the amendment is mailed, submit three copies of each schedule pertinent to the amendment to the following address: Document Control Center, Room 1-108, Texas Education Agency, 1701 N. Congress Ave., Austin TX 78701.  If the amendment is faxed, submit one copy of each schedule pertinent to the amendment to either of the following fax numbers: (512) 463-9811 or (512) 463-7915.  The last day to submit an amendment to TEA is listed on the [TEA Grant Opportunities](http://burleson.tea.state.tx.us/GrantOpportunities/forms/GrantProgramSearch.aspx) page. An amendment is effective on the day TEA receives it in substantially approvable form. All amendments are subject to review and approval by TEA.  Include in the amendment the supporting budget schedules (i.e., Schedules #5B-5G), as well as any narrative schedules affected by the amendment. All additions should be indicated with underlining. Deletions should be indicated with strikethrough. | | | | | | | | | | | | | | | | |
| **Part 1: Schedules Amended (Check all schedules that are being amended.)** | | | | | | | | | | | | | | | | |
|  | Schedule #1—General Information (required) | | | | | | | |  | | Schedule #4E—Private Nonprofit Schools | | | | | |
|  | Schedule #2—Certification of Shared Services Arrangement | | | | | | | |  | | Schedule #5—Program Budget Summary | | | | | |
|  | Schedule #3—Purpose of Amendment (required) | | | | | | | |  | | Schedule #5B—Payroll Costs 6100 | | | | | |
|  | Schedule #4—Program Requirements | | | | | | | |  | | Schedule #5C—Professional and Contracted Services 6200 | | | | | |
|  | Schedule #4A—Program Abstract | | | | | | | |  | | Schedule #5D—Supplies and Materials 6300 | | | | | |
|  | Schedule #4B—Program Description | | | | | | | |  | | Schedule #5E—Other Operating Costs 6400 | | | | | |
|  | Schedule #4C—Performance Assessment and Evaluation | | | | | | | |  | | Schedule #5G—Capital Outlay 6600/15XX (Exclusive of 6619 and 6629) | | | | | |
|  | Schedule #4D—Equitable Access and Participation | | | | | | | |  | |  | | | | | |
| **Part 2: Revised Budget** | | | | | | | | | | | | | | | | |
| Complete this part if there are any budgetary changes. | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | A | | B | | C | | | D | |
| Line No. | | Sch. No. | Class/ Object Code | | | | | Grant Project Costs  Previously Approved Budget | | Amount Deleted | | Amount Added | | | New Budget | |
| 01 | | 5B | 6100 | | | | | $ | | $ | | $ | | | $ | |
| 02 | | 5C | 6200 | | | | | $ | | $ | | $ | | | $ | |
| 03 | | 5D | 6300 | | | | | $ | | $ | | $ | | | $ | |
| 04 | | 5E | 6400 | | | | | $ | | $ | | $ | | | $ | |
| 05 | | 5G | 6600/15XX | | | | | $ | | $ | | $ | | | $ | |
| 06 | | Total Direct Costs | | | | | | $ | | $ | | $ | | | $ | |
| 07 | | Indirect Cost (     %) | | | | | | $ | | $ | | $ | | | $ | |
| 08 | | Total Costs | | | | | | $ | | $ | | $ | | | $ | |

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|  | | | | |  | County-District No. or Vendor ID | | |
| by telephone/email/FAX on | | | |  |  |  |  |  |
| by | |  | of TEA. | |  | Amendment No. | | |
| **Schedule #3—Request for Amendment** | | | | | | | | |
| **Full name of grant, as it appears on Schedule #1 of original application:** | | | | | | | | |
|  | | | | | | | | |
| **SAS number (can be found on NOGA):** | | | | | | | | |
| **Part 4: Reason for Amendment Request.** For all grants, regardless of dollar amount, check the appropriate box to indicate reason for amendment request. | | | | | | | | |
|  | 1. Add a class/object code not previously budgeted on Schedule #5—Budget Summary. | | | | | | | |
|  | 2. Increase or decrease the amount of funds approved in a class/object code by more than 25% of the total budgeted amount. | | | | | | | |
|  | 3. Add a new line item on any of the supporting budget schedules (i.e., Schedules #5B–5G). | | | | | | | |
|  | 4. Increase or decrease the number of positions budgeted on Schedule #5B—Payroll Costs. | | | | | | | |
|  | 5. Add a new item of computer hardware/equipment (not capitalized) approved on Schedule #5C—Supplies and Materials. | | | | | | | |
|  | 6. Add a new item or increase in quantity of capital outlay item(s) ‬‬‬≥ $5,000 approved on Schedule #5G—Capital Outlay for articles costing $5,000 or more. | | | | | | | |
|  | 7. Add a new item of capital outlay items approved on Schedule #5G—Capital Outlay for articles costing less than $5,000. | | | | | | | |
|  | 8. Reduce funds allotted for training costs, where such costs are direct payments or reimbursements to trainees, primarily travel and lodging for trainees, workshop or conference registration fees, tuition, books, and related fees. | | | | | | | |
|  | 9. Request additional funding, as applicable to the grant program. | | | | | | | |
|  | 10. Change program scope or objectives. | | | | | | | |
| **Part 5: Amendment Justification** | | | | | | | | |
|  | | | | | | | | |