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**School Startup Grant Recipients**

**Grant Budget Amendment Request**

Grant #:

School Name:

Previous School Name (if applicable):

Address:

City: State: Zip:

Contact: Title/Position:

Phone: Email:

Date of Grant:

Amount of Grant:

Month/Year School Opened: \_\_\_\_\_\_ Current School Year Total Enrollment:

**Grant Budget Amendment Request**

Please provide a brief accounting of how you are requesting to amend your grant budget. Include all items from the approved budget, even if the amounts will stay the same. The total amount columns should equal the full amount of the grant awarded. You can insert additional lines for any new budget line items that were not included in your original grant budget.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Grant Budget Line Item** | **Description of Line Item** | **Original Amount Approved** | **New Amount Requested** | **Reason for Change** |
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|  | **Totals** |  |  |  |

**I hereby certify that the above and any attached statements are true and accurate:**

**Board Member Signature Date**

**Please return all pages via e-mail to: charterapps@wffmail.com**