**Improving Teacher Quality GRANT**

**Budget Amendment Request Form**

Approval is required when you need to change any line item on your previously approved budget that meets the following criteria:

1. Item being changed results in increase to an approved budget category of 10% or greater.
2. Budget amendment results in a significant program change i.e. grantee is moving funding into a budget category that was not on the original approved budget.

***Directions:***

1. All sections of this budget amendment request must be completed, including amendment spreadsheets, and the request submitted at least 30 days prior to the proposed change and before the annual project completion date.

2. Sign this request and send it to ITQ/ MA Dept Higher Education/One Ashburton Place, Suite 1401/ Boston MA 02108. Include required amendment spreadsheets. Send an electronic version of all documents to whagan@bhe.mass.edu and alandry@bhe.mass.edu.

1. Amendment requests must be approved in writing by the Program Director **prior** to implementation.

**PART I**

Date

 Grant Recipient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Grant Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Completing this Request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PART II

1. *Justify the requested budget amendment.*

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# *Complete the Budget Amendment Request Spreadsheet and include with this request*

1. *Complete the Sub-grantee Amendment Request Spreadsheet (using a separate budget schedule for each sub-grantee) and include with this request*

**Part III**

1. I certify that all the information contained in this amendment is true and correct:

***Signature of Project Director Typed or Printed Name***

***Title Date Request Submitted***

1. **Send electronic version to:** **whagan@bhe.mass.edu** **and cc** **alandry@bhe.mass.edu**
2. **Send signed hardcopy to: ITQ / MA Department of Higher Education / One Ashburton Place, Suite 1401 / Boston, MA 02108**

**PART IV** *(To be completed by the MA Department of Higher Education)*

**A)**  **[ ]  APPROVED Effective date of approval: \_\_\_\_\_\_\_**

**B)** **[ ]  NOT APPROVED Reason not approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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MA Department of Higher Education Date

ITQ Grant Program Director