**Appendix 12 – Revision Request**

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

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

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

Fiscal/Accounting notified yes  no

|  |  |  |
| --- | --- | --- |
| **Goal #**  **Line #** | **Current Activity or Expenditure** | **Funding**  **$** |
| **Goal #**  **Line #** | **Revised Activity or Expenditure** | **Funding**  **$** |
|  |  |  |
| **Goal #**  **Line #** | **Current Activity or Expenditure** | **Funding**  **$** |
| **Goal #**  **Line #** | **Revised Activity or Expenditure** | **Funding**  **$** |

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)

Allowable

Unallowable Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Staff Date

*Rev. April 2023*