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