

GRANT AMENDMENT REQUEST

ACADEMIC AFFAIRS DIVISION

Please complete pages 1-6 and return (1) original and (2) copies of the Grant Amendment Request Form to the Chancellor's Office, Attn.: Jo Glenn, Grants and Contracts Coordinator, 4th Floor, Suite 4600, 1102 Q Street, Sacramento, CA 95811.

ZERO TEXTBOOK COST DEGREE GRANT		GRANT NUMBER: 16-066-	
AMOUNT AWARDED: \$		EXPENDITURES TO DATE: \$	
PROGRAM TITLE: ZERO TEXTBOOK COST DEGREE - PLANNING GRANT			
PROJECT DIRECTOR:		PHONE:	
EMAIL ADDRESS:		FAX:	
STATE PROJECT MANAGER: STEPHANIE RICKS-ALBERT		PHONE: (916) 323-3093	
EMAIL ADDRESS: SRICKSAL@cccco.edu		FAX: (916) 327-8232	

Please indicate the action requested below. Complete all applicable forms and note that all signatures required must be in blue ink only.

- Extension of the project performance completion date:** *Project Performance Completion Date Revision Form, Annual Workplan and Performance Indicators Revision Form, Application Budget Summary Revision Form and Budget Detail Sheet.*

- Revision of the project budget:** *Application Budget Summary Revision Form and detail sheet, and if applicable, Annual Workplan and Performance Indicators Revision Form.*

- Revision of the project work statement:** *Annual Workplan and Performance Indicators Revision Form, and if applicable, the Application Budget Summary Revision Form and detail sheet.*

Required Signatures:

<i>Project Director's Signature</i> (Blue ink only)	Date
<i>District Superintendent/President's Signature or Designee</i> (Blue ink only)	Date

FOR CHANCELLOR'S OFFICE USE ONLY	
GRANT AMENDMENT REQUEST: <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	
CHANCELLOR'S OFFICE PROJECT MONITOR SIGNATURE	DATE
COMMENTS:	

PROJECT PERFORMANCE COMPLETION REVISION FORM

CHANCELLOR'S OFFICE
CALIFORNIA COMMUNITY COLLEGE

DISTRICT:	
COLLEGE:	
GRANT NUMBER:	16-066-

EXTENSION OF THE PROJECT COMPLETION DATE

Please include: Project Performance Completion Date Revision Form, Annual Workplan and Performance Indicators Revision Form, Application Budget Summary Revision Form and Budget Detail Sheet. Use additional pages if needed.

1. Original Grant Performance Dates: Start Date: _____ Ending Date: _____
2. Requested new grant performance period ending date: New Ending Date: _____
3. Provide the reason(s) this extension of the performance completion date is being requested.

4. Explain the impact this extension request would have on the project budget and work statement if approved.

5. If applicable, provide the reason(s) this budget revision is being requested.

6. If applicable, provide the reason(s) this workplan (statement) revision is being requested.

CHANCELLOR'S OFFICE CALIFORNIA COMMUNITY COLLEGE	DISTRICT:	
	COLLEGE:	
	GRANT NUMBER:	16-066-

CONTACT NAME: _____ EMAIL: _____ PHONE: _____ FAX: _____

Application Budget Summary Revision Form

Note: *When entering dollar amounts, round off to nearest dollar.
*Submit detail explaining the expenditures by category for each source on separate sheet of paper, as needed.

Object of Expenditure	Classifications	Line	Project Approved Budget	Project Revised Budget	District Match Funds (1)	Other Source(2)	Other Source(2)	Other Source(2)	Other Source(2)
1000	Instructional Salaries	1							
2000	Noninstructional Salaries	2							
3000	Employee Benefits	3							
4000	Supplies and Materials	4							
5000	Other Operating Expenses and Services	5							
6000	Capital Outlay	6							
7000	Other Outgo	7							
Total Direct Costs		8							
Total Indirect Costs (4% of line 8) See specific RFA		9							
Total Program Costs		10							

- 1 District General Funds = Line item match not required.
2 Other Sources = List funds per project (provide a detail sheet for each funding source.)

PROJECT DIRECTOR SIGNATURE: _____ DATE: _____
DISTRICT CHIEF BUSINESS OFFICER/AUTHORIZED SIGNATURE: _____ DATE: _____

FOR CHANCELLOR'S OFFICE USE ONLY

GRANTS AND CONTRACTS UNIT APPROVAL SIGNATURE:		DATE:	
CHANCELLOR'S OFFICE PROJECT MONITOR APPROVAL SIGNATURE:		DATE:	

DISTRICT:	
COLLEGE:	
GRANT NUMBER:	16-066-

Application Budget Detail Sheet Revision

Object of Expenditure	Classifications	Amount
Total Direct Costs		
Total Indirect Costs (4% of line 8) <i>See specific RFA</i>		
Total Program Costs		

CHANCELLOR'S OFFICE
CALIFORNIA COMMUNITY COLLEGE

DISTRICT:	
COLLEGE:	
GRANT NUMBER:	16-066-

ANNUAL WORKPLAN AND PERFORMANCE INDICATORS REVISION FORM

(Use one page per objective)

OBJECTIVES	ACTIVITIES	RESPONSIBLE PERSON(S)	TIMELINES

INSTRUCTIONS FOR COMPLETING THE ANNUAL WORKPLAN AND PERFORMANCE INDICATORS REVISION FORM

The *Annual Workplan and Performance Indicators Revision Form* is designed to display four critical areas of a project workplan. The four components of this form are:

- OBJECTIVES
- ACTIVITIES
- RESPONSIBLE PERSON(S)
- TIMELINES

OBJECTIVES:

Write each objective in this column. The program objectives identify the major milestones of the project and what has to be done in order to make the project a success. State objectives in performance terms in a clear and concise manner.

ACTIVITIES:

List each major activity associated with an objective. Ideally this column should contain between four to seven (4-7) activities. Write activities in a decimal format. The whole number should refer to the number of the objective; the number behind the decimal point should refer to the number of the activity. Activity 2.3 refers to the third activity in objective number two, write activities in chronological sequence.

RESPONSIBLE PERSON(S):

Identify by position, the personnel responsible for the completion of each activity listed.

TIMELINES:

Identify the start date and the ending date for each activity listed.

Example: 12/15/02 to 3/7/03.