



DOVER SHERBORN  
EDUCATION FUND

**DUE NO LATER THAN MAY 1st**

***AMENDMENT REQUEST:*** This form must be submitted when the original intent of an approved grant has changed and the recipient wishes DSEF to consider an alternative use of the funds.

GRANT #

Date:

School:

Grade(s) Involved:  K  1  2  3  4  5  6  7  8  9  10  11  12

Applicants:

Title of Grant:

Total Amount of Original Grant: \$

Total Amount of Amendment Request: \$

(Provide breakdown on the next page)

All sections of this report must be completed, and the request submitted at least 30 days prior to the proposed change and not later than April 30<sup>TH</sup>.

Justification: Explain and justify why the proposed amendment should be implemented.

**Amended Budget: Our goal is to provide the funds to implement an exciting and well-executed program. Please provide the following information as accurately as possible.**

- A) Leave Column C blank, if the budget approved originally has not been previously amended.
- B) Under Column D, indicate the amount of increase (+) or decrease (-) for the affected line items.
- C) Under Column E, indicate revised cumulative totals for all line items.

	<b>Column A</b>	<b>Column B</b>	<b>Column C</b>	<b>Column D</b>	<b>Column E</b>
<b>Line Item</b>	<b>Original Approved Grant Amount</b>	<b>Grant Amount Spent</b>	<b>Approved Amended Budget (If Applicable)</b>	<b>Grant Amendment Amount</b>	<b>Grant Revised Amount</b>
<b>Equipment</b>					
<b>Consumables</b>					
<b>External Consulting/ Professional Fees</b>					
<b>Expenses (provide details)</b>					
<b>Other (provide details)</b>					
<b>TOTAL REQUEST \$</b>					

**Explanation/Details:**

**TO BE COMPLETED BY DSEF**

**ACTION TAKEN:**

A) APPROVED \_\_\_\_\_ EFFECTIVE DATE OF APPROVAL: \_\_\_\_\_

B) DISAPPROVED \_\_\_\_\_ REASON FOR DISAPPROVAL: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date