



219 North Main Street, Suite 402  
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## Preschool Development Expansion Grant: Request for Amendment Form

### Contact Information

Legal Name of Subgrantee	
Date of Amendment Request	
Name/Phone/Email of Primary Contact	

### Grant Information

Grant Award #:
Original Grant Award Amount:
Start Date of Grant:
End Date of Grant:
Explain the reason(s) for amending your approved grant award and detail the program and budget changes that are being requested.

How will this amendment support your efforts in meeting the 12 program requirements of a PDEG program?

**Budget Modification Request(s)**

Budget Category	Original Approved Amount	Proposed Change (+ or -)	Resulting Amended Budget Category
Personnel			
Fringe Benefits			
Travel			
Equipment			
Supplies			
Contractual			
Training Stipends			
Other			
Indirect Costs			

**New Amended Budget (Total Grant Funds Requested)**

**Confirmation of Request Received**

_____ Signature of Subgrantee  Date Sent: _____	_____ Signature of AOE PDEG Program Manager  Date Received: _____
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