**FY2017 Perkins Budget Modification Request Form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Community College** | |  | | | | **Date** | |  | |
| **Contact** | |  | | | | **Phone/ Email** | |  | |
|  | **Activity Overview** | | | | | | | | |
| **Reason For Modification (i.e. change in scope, threshold, etc.)** | **Original Activity Description (Include Principle and Element)** | | **Original Amount** | **New Activity Description (Include Principle and Element)** | **New Amount** | | **Expected Outcomes** | | **Was it a PIP activity? If so, indicate the deficient measure.** |
|  |  | |  |  |  | |  | |  |
|  |  | |  |  |  | |  | |  |

Add lines where needed to address multiple revisions.

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| **Expenditure Accounts** | **Original Budget Amount** | **New Budget Amount** | **Difference** |
| 1. Leadership, Organization, and Support |  |  |  |
| 1. Access, Equity, and Opportunity |  |  |  |
| 1. Alignment and Transition |  |  |  |
| 1. Enhanced Curriculum and Instruction |  |  |  |
| 1. Professional Preparation and Development |  |  |  |
| 1. Program Improvement and Accountability |  |  |  |
| General Administration  (May not exceed 5%) |  |  |  |
| **TOTAL** |  |  |  |

**REVISED BUDGET MUST BE ATTACHED**

**BUDGET MODIFICATIONS:** Grantees are allowed to make modifications up to ten percent (10%) of their total allocation, less a major change in scope, prior to seeking approval. Modifications that require a major change in scope or are greater than ten percent (10%) of their total allocation require the submission of a budget modification request (2 C.F.R. 200.308). *All requests regarding budget modifications should be submitted to:* [cte@iccb.state.il.us](mailto:cte@iccb.state.il.us)*.*

**Authorized Signature:**

By submitting this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures and disbursements made with these funds are for the purposes and objectives set forth in the terms and conditions of the applicable Federal or State award or program participation agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (2 C.F.R. 200.415)