MAF Amendment Request

District		School	
Superintendent		Principal	
Date submitted		MAF Teacher	

The rationale must include a clear and concise justification of the request for amendment. Please reference the applicable **section number** from the original proposal for which you are requesting amendment.

Change from (*use original grant language*):

Change to:

What is the rationale for requested amendment? (*Attach additional sheets if the space provided is insufficient.*)

I certify that all the information contained in the **AMENDMENT REQUEST** is true and correct.	
Superintendent's Signature	
Principal's Signature	
MAF Teacher's Signature	

Please mail, fax or email a copy of the amendment with signatures:
Kentucky Department of Education
Pamela Pickens
500 Mero Street, 19th Floor-CPT
Frankfort, KY 40601
Fax: 502.564.6470
Email: pamela.pickens@education.ky.gov

Revised 8/10/2015

To be completed by the Kentucky Department of Education

The grant amendment was:

Approved ☐

If the amendment was approved, attach a copy of this amendment with the approval to the original grant proposal and maintain copies of the grant and amendment at your school. The same process will be completed at the KDE.

Denied ☐

Rationale for decision to deny the amendment request:

Signature of Authorized KDE Representative	
Printed Name	
Title	
Date	

Revised 8/10/2015