



MAF MINI GRANT AMENDMENT REQUEST FORM

District		School	
Superintendent		Principal	
Date Submitted		District Level Personnel (Supervisor/Director of Curriculum/Instruction)	

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	
District Level Personnel (Supervisor/Director of Curriculum/Instruction) Signature	

Please email a copy of the amendment with signatures: Erin Chavez via e-mail: kde.maf@education.ky.gov

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	