

FLORIDA DEPARTMENT OF EDUCATION PROJECT AMENDMENT REQUEST

Please return to: Florida Department of Education GRANTS MANAGEMENT Room _____ Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 (850) _____	DOE USE ONLY Date Received: _____ PROGRAM NAME _____
A) Agency Name Monroe County/ XYZ Charter School	B) Amendment Number _____
C) Amendment Type <input type="checkbox"/> Program <input checked="" type="checkbox"/> Budget	D) Project Number TAPS Number _____

E) Amendment Request Contact Information

Name: James Monroe	Address: 2500 Truman Avenue Key West, FL 33040
Telephone: (305) 296-4281	SunCom: _____
Fax: (305) 296-4282	E-mail: james.monroe@xyzcharterschool.org

F) Required Signature

F) _____ Signature of Agency Head	_____ Signature of Charter Head
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G) Narrative



Instructions

Project Amendment Request

DOE 150

- A.** Enter Agency Name.
- B.** Enter Amendment Number.
- C.** Enter Amendment Type – Refer to Project Application and Amendment Procedures for Federal and State Programs (Green Book) for definitions of Program and Budget amendments.
- D.** Enter Project Number and TAPS Number as listed on the original Project Award Notification.
- E.** Enter Amendment Request Contact Information for the person who is responsible for the project.
- F.** Complete Required Signature. **Note:** Amendment applications signed by officials other than the Superintendent, or President/Chairman of the Board, must have a letter of authorization to sign on the behalf of said official, attached to the DOE 150 when the amendment application is submitted.
- G.** Provide sufficient narrative to describe and justify the type of amendment being requested.

Attach Budget Amendment Narrative Form (DOE 101) if this amendment requires budget changes.

