|  |  |  |
| --- | --- | --- |
| **CFDA Number** | **Title of Federal Program** | **Federal Award Number** |
| **#** | **Name of Grant** | **#** |
|  |  |  |

**THE MISSISSIPPI DEPARTMENT OF EDUCATION**

**GRANT MODIFICATION SIGNATURE SHEET**

**P. O. BOX 771**

**JACKSON, MISSISSIPPI 39205**

|  |  |
| --- | --- |
| **1. Subgrantee's Name and Address** |  **2. Subgrantee's Contact Person and Telephone** **Number**  **3. Grant Number \_\_\_\_\_ \_**  **4. CFDA No. \_** **5. Title of Federal Program**  **6. Federal Award No.**  **7. Modification Number \_\_** **8. Grant Beginning and Ending Dates include liquidations** \_\_**9. Page 1 of**  |

 **10. As a result of this modification, funds obligated is changed as follows:**

|  |  |  |  |
| --- | --- | --- | --- |
|  **SY** | **FROM**  | **CHANGE** | **TOTAL** |
| **All years awarded** | **$** | **$** | **$** |
| **FY** | **$** | **$** | **$** |
| **FY** | **$** | **$** | **$** |
| **GRAND TOTAL** |  |  |  |

**11. This grant is hereby modified as follows:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **12. Except as hereby modified, all terms and conditions of the grant remain unchanged.**

|  |  |
| --- | --- |
| **13. Approved for the MS Department of Education** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_** **Signature Date**  **Name:**  **Title:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_** **Signature Date** **Name: Monique Corley** **Title: Director, Office of Procurement** | **14. Approved for Subgrantee****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_** **Signature Date****Name:** **Title:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** **Signature Date****Name:** **Title:**  |

1. **INTRODUCTION**

The grant modification between the Mississippi Department of Education (hereinafter referred to as the "MDE") and (hereinafter referred to as the "Subgrantee") is for the purpose of . The time period of the grant will be to .

1. **STATEMENT OF WORK**

*\* Review prior GRANT to include any* ***additional attachment****(s) such as MOUs \* (Begin with next attachment number in this section).* If no additional attachments delete this section.

The Subgrantee will fulfill all conditions as outlined in the original grant.

Attachment: Please review previous grant to obtain the last attachment number and this attachment will follow the number suit.

1. **PRIORITY**

The contract consists of the original agreement and any modification thereafter, the MS Department of Education’s Request for Applications for Name of Solicitation including the Questions and Answers document (hereinafter referred to as “RFA” and/or “Attachment 1”), and the response Application by Name (hereinafter referred to as “Application” and/or “Attachment 2”). Any ambiguities, conflicts or questions of interpretations of this contract shall be resolved by first by reference to this agreement and its’ modifications in order of effective date and, if still unresolved, by reference to RFA and, if still unresolved, by reference to the Application. Omission of any term or obligation from this agreement, modifications, or incorporated attachments shall not be deemed an omission from this contract if such term or obligation is provided for elsewhere in this contract.

1. **PROGRAM REPORTING, COMPENSATION AND FINANCIAL REPORTS**

The Mississippi Department of Education will grant \_\_\_\_\_\_\_\_\_\_\_\_\_\_ an amount not to exceed $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the purpose of \_\_\_\_\_\_\_\_ Grant Awards. Reimbursements shall be made to the Subgrantee upon submission of request for funds form and any required documents as defined in the grant application or assurances.  Reimbursements shall be made to the Subgrantee for amounts that represent expenses, which have been incurred and/or obligated in the current period and are allowable for the above-mentioned grant program. In addition, the amount requested shall not cause the Cash Balance on Hand to exceed the amount needed for reimbursement of expenses and liquidation of obligations.   Requests should be submitted once a month prior to the established MDE School Payment deadline for that month.  Funds will be transferred according to the established MDE School Payment Calendar.

1. **BUDGET NARRATIVE**

An amount not to exceed $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall be paid on a reimbursement basis. A Request for Funds form should be submitted to request reimbursement. Travel expenses will be reimbursed in accordance with MDE Travel Policy for Subgrantee.

**MISSISSIPPI DEPARTMENT OF EDUCATION**

**GRANT MODIFICATION BUDGET SUMMARY**

**P. O. BOX 771**

**JACKSON, MISSISSIPPI 39205**

|  |  |
| --- | --- |
| **1. Subgrantee's Name and Address** | **2. Grant Number** **3. CFDA No.** **4. Title of Program** **5. Federal Award No.** **6. Grant Beginning and Ending Dates****7. Original /Modification Number** **8. Page of**  |

 **COST CATEGORY TOTAL FUNDS**

|  |  |
| --- | --- |
| **1. Salaries, Wages, Fees, and/or Fringe Benefits** | **1.**  |
| **2. Travel (see travel policy)** **a. in-state** **b. out-of-state** | **2.**  **a.**  **b.**  |
| **3. Contractual Services** **a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **3.**  **a.**  **b.**  **c.**  |
| **4. Commodities** | **4.**  |
| **5. Equipment** **a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **5.**  **a.**  **b.**  **c.**  |
| **6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **6.**  |
| **GRAND TOTAL** | **$ cumulative amount**  |