

GRANT AMENDMENT REQUEST

ACADEMIC AFFAIRS DIVISION

Please complete pages 1-6 and return (1) original and (2) copies of the Grant Amendment Request Form to the Chancellor's Office, Attn.: Jo Glenn, Grants and Contracts Coordinator, fourth floor, 1102 Q Street, Suite:4660 Sacramento, CA 95811.

MESA GRANT		GRANT NUMBER: 17-034-006
AMOUNT AWARDED: \$74,515		EXPENDITURES TO DATE: \$9,273
PROGRAM TITLE:	MATHEMATICS, ENGINEERING, SCIENCE ACHIEVEMENT PROGRAM	
MESA PROJECT DIRECTOR:	MARIA RODRIGUEZ-LARRAIN	PHONE: 510.723.7266
EMAIL ADDRESS:	MRODRIGUEZ-LARRAIN@CHABOTCOLLEGE.EDU	FAX: 510.723.7070
STATE PROJECT MONITOR:	ALICE PEREZ	PHONE: (916) 323-2768
EMAIL ADDRESS:	aperez@cccco.edu	FAX: (916) 445-6268

Please indicate the action requested below. Complete all applicable forms and note that all signatures required must be in blue ink only.

- Extension of the project performance completion date:** *Project Performance Completion Date Revision Form, Annual Workplan and Performance Indicators Revision Form, Application Budget Summary Revision Form and Budget Detail Sheet.*
- Revision of the project budget:** *Application Budget Summary Revision Form and detail sheet, and if applicable, Annual Workplan and Performance Indicators Revision Form.*
- Revision of the project work statement:** *Annual Workplan and Performance Indicators Revision Form, and if applicable, the Application Budget Summary Revision Form and detail sheet.*

Required Signatures:



Project Director's Signature (Blue ink only)

3/14/18

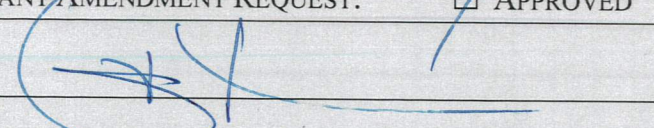
 Date



District Superintendent/President's Signature or Designee (Blue ink only)

3/14/18

 Date

FOR CHANCELLOR'S OFFICE USE ONLY	
GRANT AMENDMENT REQUEST:	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
 _____ CHANCELLOR'S OFFICE PROJECT MONITOR SIGNATURE	
DATE 3/19/2018	
COMMENTS:	