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| **INDIANA DEPARTMENT OF EDUCATION** | | | | | | | | |  | **Fund 6840 series** | | | | | | | |
| **Office of Federal Grants and Support** | | |  | |  | | | |  | **Receipt 4990** | | | | | | | |
| **Title IIA-Supporting Effective Instruction** | | | | | | | | |  | **CFDA# 84.367** | | | | | | | |
| **115 West Washington Street** | | | | | | | | |  |  | | | | | | | |
| **Indianapolis, IN 46204** | | | | | | | | |  |  | | | | | | | |
|  | | | | | | | | |  |  | | | | | | | |
| **Please submit this request digitally to** [**t2a@doe.in.gov**](mailto:t2a@doe.in.gov)**.** | | | | | | | | | | | | | | | | | |
| **Title IIA-Supporting Effective Instruction** | | | | | | | | | | | | | | | | | |
| Project Period: July 1, 2018 - September 30, 2020 | | | | | | | | | | | | | | | | | |
| School Corporation: |  | | | | | | | | | | | | | | | | |
| LEA Code No.: \_\_\_\_\_\_\_ | Monetary change  Yes or No | | | | | Programmatic change  Yes or No | | | | | Allocation: | | |  | | | |
| Person Requesting Amendment: |  | | | | | | | | | | Project No.: | | | 18 | | | - **20** |
| **Transferability Section** | | | | | | | | | | | | | | | | | |
| Original Title IIA Allocation: | | $ | |  | | | | | | | | | | | | | |
| Funds Transferred out of Title II-A to Title I-A: | | $ | |  | | | | | | | | | | | | | |
| Final Title II-A Allocation: | | $ | |  | | | | | | | | | | | | | |
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| **Title II, Part A Categories** | |  | | **Original Budget** | | | **Increase (+) or**  **Decrease (-)** | | | | | **New Budget** | | | | | |
| Category One: Recruitment, Retention, Incentives, Differentiated Pay | |  | |  | | |  |  | | | |  | | | |  | |
| Category Two: Professional Development | |  | |  | | |  |  | | | |  | | | | | |
|  | |  |
| Nonpublic Equitable Share | |  | |  | | |  |  | | | |  | | | | | |
| Category Three: Class Size Reduction | |  | |  | | |  |  | | | |  | | | | | |
| Administration (maximum 3%) | | | | | | | | | | | |  | | | | | |
| Restricted Indirect | | | | | | | | | | | |  | | | | | |
| **GRAND TOTAL** | | | | | | | | | | | |  | | | | | |
| **PLEASE DESCRIBE PROGRAMATIC ACTIVITY CHANGES (USE ADDITIONAL PAGES IF NECESSARY)** | | | | | | | | | | | | | | | | | |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  |  | | |  | |  | | |
| LEA Superintendent Signature | | | | | | | | |  | Date | | |  | |  | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  |  | | |  | |  | | |
| LEA Treasurers Signature | | | | | | | | |  | Date | | |  | |  | | |
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