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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INDIANA DEPARTMENT OF EDUCATION** | | | | | | | |  | **Fund 6840 series** | | | | | |
| **Office of Federal Grants and Support** | | |  | |  | | |  | **Receipt 4990** | | | | | |
| **Title II-A - 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 II-A - Supporting Effective Instruction** | | | | | | | | | | | | | | |
| Project Period: July 1, 2020 - September 30, 2022 | | | | | | | | | | | | | | |
| **School Corporation:** |  | | | | | | | | | | | | | |
| **LEA Corp No.:** \_\_\_\_\_\_\_ | **Monetary change:**  Choose an item. | | | | | **Programmatic change:**  Choose an item. | | | | |  | | |  |
| **Person Requesting Amendment:** |  | | | | | | | | | | **Project No.:** | | | 20-22 |
| **Transferability Section** | | | | | | | | | | | | | | |
| Original Title II-A Allocation: | | $ | |  | | | | | | | | | | |
| Final Title II-A Allocation: | | $ | | *(applies to Significantly Expanded Charter LEAs only)* | | | | | | | | | | |
| Transfer into Title II-A from: N/A | | $ | |  | | | | | | | | | | |
| Total Title II-A Available to Budget: | | $ | |  | | | | | | | | | | |
|  | |  | | |  | | --- | |  | | | |  | | | | | | | |
| **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 | |  | | | | |  | | | | | |  | |
| **TIIA Funds Transferred to**: Choose an item. | |  | | | | |  | | | | | |  | |
| Administration (maximum 3%) | | | | | | | | | | | | |  | |
| Restricted Indirect | | | | | | | | | | | | |  | |
| **GRAND TOTAL** | | | | | | | | | | | | |  | |
| **PLEASE DESCRIBE PROGRAMATIC ACTIVITY CHANGES (USE ADDITIONAL PAGES IF NECESSARY)** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **LEA Superintendent Signature** | | | | | | | | | | **Date:** | | Click or tap to enter a date. | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **LEA Treasurer Signature** | | | | | | | | | | **Date:** | | Click or tap to enter a date. | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **IDOE Approval** | | | | | | | | | | **Date:** | |  | | |