

# ARKANSAS CAREER COACH GRANT AMENDMENT REQUEST

## OFFICE OF CAREER AND TECHNICAL EDUCATION (CTE) SPECIAL PROJECTS

CAREER COACH PROGRAM GRANT		EFFECTIVE GRANT YEAR:	
AMOUNT AWARDED IN FY 2018:		AMOUNT OF AMENDED AWARD:	
HOST SITE:			
CONTACT PERSON:		PHONE:	
EMAIL ADDRESS:		FAX:	
HOST SITE DIRECTOR:		PHONE:	
EMAIL ADDRESS:		FAX:	

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

- Revision of the project budget:** *Application Budget Summary Revision Form and detail sheet, and if applicable, Budget Revision Form*
  
- Revision of the Plan of Operation:** *Plan of Operation Amendment Request Form, and if applicable, the Application Budget Summary Revision Form and detail sheet.*

**Required Signatures:**

<i>Contact Person's Signature (Blue ink only)</i>	Date
<i>Chancellor/President/Director's Signature or Designee (Blue ink only)</i>	Date

FOR OFFICE OF CTE SPECIAL PROJECTS USE ONLY	
GRANT AMENDMENT REQUEST:	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
ASSOCIATE DIRECTOR FOR CTE SPECIAL PROJECTS SIGNATURE	DATE
COMMENTS:	

CTE SPECIAL PROJECT'S OFFICE  
 ARKANSAS DEPARTMENT OF CAREER EDUCATION

DISTRICT(S):

HOST SITE:

CONTACT NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

## *Application Budget Summary Revision Form*

Note: \*Only enter the revised amounts  
 \*When entering dollar amounts, round off to nearest dollar.  
 \*Submit details explaining the reason for amending each line item on separate sheet of paper, as needed.

Expenditure	Major Line Item Classifications	Original Line Item Amount Awarded by Career Education	Requested Change	Revised Total Line Item Amount Requested from Career Education	District Match Funds (1)	Other Source(2)	Other Source(2)	Other Source(2)
1000	Personnel and Benefits							
2000	Career Exploration Camps							
3000	Arkansas College Application Campaign							
4000	ACT Academy							
5000	Computer and Equipment							
6000	Career Coach and Supervisor Travel/Accommodations for AR Career Approved Meetings and Trainings							
7000	Student Travel and Meals							
	<b>Total Direct Costs</b>							
	<b>Total Program Costs</b>							

CONTACT PERSON SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

CHIEF FISCAL OFFICER/AUTHORIZED SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**FOR CTE SPECIAL PROJECTS ASSOCIATE DIRECTOR'S OFFICE USE ONLY**

ASSOCIATE DIRECTOR'S APPROVAL SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_





## INSTRUCTIONS FOR COMPLETING THE PLAN OF OPERATION REVISION FORM

The *Plan of Operation Revision Form* is designed to display four critical areas of a project workplan. The four components of this form are:

- COMPONENTS
- ACTIVITIES
- RESPONSIBLE PERSON(S)
- TIMELINES

**COMPONENTS:**

Write each Plan of Operation component in this column. The components are identified in the Plan of Operation section of the grant application and are what has to be done in order to make the project a success. (Example: Plan to use resources and personnel to achieve objectives and to coordinate the Arkansas College and Career Coach with other college and career planning programs located within the college, school district, and community)

**ACTIVITIES:**

List each major activity associated with each component that you would like to amend. (Example: Career Coaches will meet with Career Development Facilitators working in their school district and communities for planning and implementation of programs and services)

**RESPONSIBLE PERSON(S):**

Identify by position, the personnel responsible for the completion of each activity listed. (Example: 2 currently employed and 1 additional (new) Career Coach)

**TIMELINES:**

Identify the start date and the ending date for each activity listed.  
(Example: September)