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| **INDIANA DEPARTMENT OF EDUCATION** |  | **Fund 6840 series** |
| **Grants Management, Monitoring, and Reporting** |  |  |  | **Receipt 4990** |
| **Title II-A Improving Teacher Quality** |  | **CFDA# 84.367** |
| **115 West Washington Street** |  |   |
| **Indianapolis, IN 46204** |  |   |
| **(317) 232-0540** |  |   |
|  **Federal Program Title: Title II, Part A: Improving Teacher Quality and Effectiveness** **Federal Agency: U.S. Department of Education** **Pass Through Agency: Indiana Department of Education** **CFDA Number: 84-367A** **Award Name: FFY 2016 Title II, Part A: Improving Teacher Quality and Effectiveness** **Award Number: S367A160013****REQUEST FOR AMENDMENT TO TITLE II, PART A GRANT APPLICATION** |
| **Title II-A Improving Teacher Quality– FFY2016** |
| Project Period: July 1, 2016 - September 30, 2018 |
|  School Corporation: |       |
|  LEA Code No.: \_\_\_\_\_\_\_ |  Monetary change Yes or No       | Programmatic changeYes or No       |  Allocation:  |  |
| Person Requesting Amendment:  |        | Project No.:  | 16 | -  |
| **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** |
| Training on Teacher Evaluation Systems |   |        |   |        |   |       |
| Category One:Recruitment, Retention, Incentives,Differentiated Pay |   |        |   |        |   |       |
| Category Two:Professional Development |   |  LEA | Non-Public |   |  LEA | Non-Public | LEA  |  | Non-Public |
|  |       |       |  |       |       |       |  |       |
| Category Three:Class Size Reduction |   |       |   |        |        |
| Administration (maximum 3%) |       |
| Restricted Indirect (see table located in “IDOE – Title II, Part A: Improving Teacher Quality and Effectiveness” learning community in Learning Connection)  |       |
| **GRAND TOTAL** |       |
| **PLEASE DESCRIBE PROGRAMATIC ACTIVITY CHANGES (USE ADDITIONAL PAGES IF NECESSARY)** |
|        |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |        |  |  |
| LEA Superintendent Signature |   | Date |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |        |   |   |
| LEA Treasurers Signature |   | Date |   |   |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |        |   |   |
| Indiana Department of Education Approval |   | Date |   |   |
| **Please submit this request digitally to** **t2a@doe.in.gov****.** |