



Grant Revision Request
 NORTH DAKOTA DEPARTMENT OF PUBLIC
 INSTRUCTION OFFICE OF FISCAL MANAGEMENT
 SFN 9035 (05-2016)

Basic Information and Signatory Sheet

Program Title	Project Number
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Grantor

Grantor Name and Address North Dakota Department of Public Instruction 600 E Boulevard Avenue, Bismarck ND 58505-0440	Grantor Contact Person
Grantor Telephone Number	Grantor Email Address

Grantee

Grantee Name	Grantee Contact Person			
Grantee Address	Grantee Email Address			
Grantee City	Grantee State	Grantee ZIP Code	Grantee Phone Number	Grantee DUNS Number

Budget Revision Information

Is this request to change the grant period? <input type="checkbox"/> YES <input type="checkbox"/> NO	Project Period (MM/DD/YYYY) From _____ To _____
Description of revision request and reasons why changes are needed (attach a narrative as necessary)	

Budget Revision Summary

Object Code	Budget Category	Grant Funds		
		As Awarded	Proposed Revision	Approved Amount
110	Certified Personnel Salary	\$	\$	\$
120	Non-certified Personnel Salary	\$	\$	\$
200	Employee Benefits	\$	\$	\$
300	Purchased Professional and Technical Services	\$	\$	\$
400	Purchased Property Services	\$	\$	\$
500	Other Purchased Services	\$	\$	\$
600	Materials and Supplies	\$	\$	\$
700	Property and Equipment	\$	\$	\$
800	Other Objects	\$	\$	\$
900	Other Use of Funds	\$	\$	\$
950	Unobligated	\$	\$	\$
Totals		\$	\$	\$

Evidence of Grantee's Acceptance *By signing this agreement, I agree to conduct this grant award within the guidelines issued by NDDPI and to abide by the requirements listed in the "Fiscal Requirements for Federal Programs" published by NDDPI and obtained on their website. I also agree to comply with reporting requirements for the specific grant program.*

Typed Name of Authorized Representative	Signature of Authorized Representative	Date
Typed Name of Business Manager	Signature of Business Manager	Date

Evidence of Grantor's Acceptance (Department Use Only)

Signature of DPI Program Manager	Date	Signature of Unit Director	Date
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