



Elsie Arntzen, Superintendent  
 Office of Public Instruction  
 Department of Education Services  
 PO Box 202501  
 Helena, Montana 59620-2501  
 www.opi.mt.gov

# Annual Budget and Program Modification Request for Federal Programs

**DIRECTIONS—Only a Prime Applicant should complete this form. Use a separate form for each program.**

- Budget** modifications are required when there is:
  - additional purchase of equipment costing \$5,000 or more per unit, or
  - a revision in the budget which results in a change in overall funding.
- Program** modifications are required when there is:
  - a change in the Program Components, or
  - a request to extend the project period to September 30 for projects scheduled to end June 30.
- Extensions must be requested if expenditures will be incurred during the period July 1-September 30. Extensions beyond September 30 cannot be approved.
- Requests for budget or program modifications must be submitted by June 1 for projects that end June 30, September 1 for projects that end September 30. Send to the Office of Public Instruction, Department of Education Services. Retain a copy for district files.

Prime Applicant/Fiscal Agent:

County:

- |                                |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/> Elem  | Legal Entity: _____ |
| <input type="checkbox"/> H.S.  | Legal Entity: _____ |
| <input type="checkbox"/> K-12  | Legal Entity: _____ |
| <input type="checkbox"/> Other | Legal Entity: _____ |

Fill in the program name and project number (from the approved budget page) for which this MODIFICATION is being requested.

**Federal Program Name**

**Project Number**

PN: \_\_\_\_\_

Expenditures for these modifications or extension must be made using the above project number. Check below to indicate a Budget or Program Modification or Extension.

- Budget Modification  
 •If a **budget** modification is requested, attach a copy of the revised budget. Give explanation for revision.

- Program Modification  
 •If a **program** modification is requested, describe the program change.

- Program Extension  
 •If eligible or necessary, give extension ending date: \_\_\_\_\_ (no later than September 30). Give reasons for extension for projects scheduled to end June 30.

**Authorized Representative Signature**

Authorized Representative: (Print or Type Name)

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OPI USE ONLY**

- Approved       Approved with conditions (see attached)       Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 OPI Program Representative

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 OPI Program Accountant