

OREGON STATE LIBRARY

Library Services and Technology Act  
Grant Modification Request

*submit two signed copies*

Project Name:

Grant Project Number:

Performing Agency:

Date Submitted:

Submitted by:

Phone:

Fax:

Email:

Return to:

1. Type of modification to the grant contract:

\_\_\_ Change the approved budget to transfer more than 10% of the total LSTA award to different budget lines.  
(complete nos. 2, 3, and 4 below)

\_\_\_ Ask Oregon State Library for approval for creating subgrants or contracting for a planning consultant.  
(complete nos. 2 and 4 below)

\_\_\_ Change the scope or objectives of the approved project  
(complete nos. 2 and 4 below).

\_\_\_ Change the ending date of the grant to : \_\_\_\_\_  
(complete nos. 2 and 4 below; under number 2, estimate the unobligated grant balance as of the last day of the current grant period).

\_\_\_ Other:

2. Description/Justification of Modification Request  
(attach pages if needed)

3. Budget Amendment

*double click table to enter data, single click elsewhere on form to close table*

<b>Budget Categories</b>	<b>Approved Budget</b>	<b>Requested Adjustment</b>	<b>Amended Budget</b>
Personnel			
Fringe Benefits			
Travel			
Equipment			
Supplies			
Contractual			
Library Materials			
Other			
<b>Total Direct Charges</b>			
Indirect Charges			
<b>Total Grant</b>			

4. Authorization of Performing Agency for Modification Request

\_\_\_\_\_  
Signature of official authorized to enter into contracts

\_\_\_\_\_  
Typed name and title

5. Oregon State Library Approval

\_\_\_\_\_  
Library Development Program Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Oregon State Librarian

\_\_\_\_\_  
Date

This document amends the grant award contract upon approval by the state librarian. Keep this document with all existing copies of the grant award contract.

6. Change in reporting structure in cases of extensions

Activity report for period:

Due:

Activity report for period:

Due:

Activity report for period:

Due:

Financial report for period:

Due:

Financial report for period:

Due:

Financial report for period:

Due:

Send **TWO** completed, signed copies of this form to:  
Library Development Services  
Oregon State Library  
250 Winter St. NE  
Salem, Oregon 97301-3950