

Mike DeWine, Governor  
Paolo DeMaria, Superintendent of Public Instruction

**Office of Community Schools Charter School Program  
CSP Grant Modification Form**

Name of School: \_\_\_\_\_ School's IRN \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_ Sponsor's IRN \_\_\_\_\_

**(Required if submitting a modification or requesting a change in funding)**

Please describe the requested modification to the approved budget. Please include the rationale for the request.

What activity in the approved budget will no longer be completed? What is the rationale for not needing the activity budgeted amount?

Which project goal(s) will the activity support?

Does the proposed modification change the scope of the original application? If not, what is the rationale to support that determination? Please remember that the CSP fund is a competitive application and modifications that would dramatical change the scope of the application could be deemed not permissible.

Please explain why state and/or local funds are unavailable.

Will any other federal fund be used in conjunction with this activity?

School administrator \_\_\_\_\_ Date \_\_\_\_\_

Governing authority \_\_\_\_\_ Date \_\_\_\_\_

**Note:** Please provide a governing authority signature if the newly modified activity was not included at the time of the original application submission process.