**Technology Grant Change Form**

**□ Accepted □ Denied**

**School: District:**

**Teacher: Date:**

**Fax #: Phone: email:**

*I am requesting the following changes to my original grant application. I understand I cannot purchase any items prior to approval.*

**Original request:**

**Replacement request:**

**Reason for change:**

**Date Local Administrator**

**Date Signature of Program Specialist**

**Date Signature of State Program Manager**

**Office Use Only**