

LOS RIOS COMMUNITY COLLEGE DISTRICT GRANTS OFFICE

GRANT AUGMENTATION FORM

(Instructions provided on the opposite side of this form.)

Grants Office Use Only

Date Received Augment # ____:____/____/____

Date Received Augment # ____:____/____/____

District File Number: ____-____

PART I: GENERAL INFORMATION		
Complete Part I. Use this form if receiving additional dollars for an existing grant. This form may be used for two augmentations for the same grant. Questions? Call the Grants Office at 568.3044.		
College/Unit	<input type="checkbox"/> ARC <input type="checkbox"/> CRC <input type="checkbox"/> FLC <input type="checkbox"/> SCC <input type="checkbox"/> BEDC <input type="checkbox"/> DO	
Grant Program Name		
Project Title		
Project Director		Phone
Responsible Administrator		Phone
Funding Agency		Funding Agency Grant Number

PART II: FIRST GRANT AUGMENTATION Submission Deadline: _____ Amount of Augmentation: Direct Costs: \$ _____ Indirect Costs: \$ _____ Indirect Cost Rate: _____ % Total Costs: \$ _____ ATTACH REVISED BUDGET Augment Start Date: _____ Augment End Date: _____ Comments: _____ Submit Augment To: (Provide Contact Person & Address) _____ Form of Delivery: <input type="checkbox"/> Mail <input type="checkbox"/> Hand-Delivery Delivery of Augment: <input type="checkbox"/> Grants Office Delivery Requested <input type="checkbox"/> College/Unit Will Pick Up & Deliver Approval : College President _____ Date: _____ Fiscal Services _____ Date: _____ Vice Chancellor _____ Date: _____ (Fiscal Review Contact: _____) Grants Office Use Only - Distribution Funding Agency/Contact: _____ Date: _____ College Copy Sent To: _____ Date: _____ Fiscal Copy Sent To: _____ Date: _____ Delivery Receipt on File: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____	PART III: SECOND GRANT AUGMENTATION Submission Deadline: _____ Amount Requested: Direct Costs: \$ _____ Indirect Costs: \$ _____ Indirect Cost Rate: _____ % Total Costs: \$ _____ ATTACH REVISED BUDGET Augment Start Date: _____ Augment End Date: _____ Comments: _____ Submit Augment To: (Provide Contact Person & Address) _____ Form of Delivery: <input type="checkbox"/> Mail <input type="checkbox"/> Hand-Delivery Delivery of Augment: <input type="checkbox"/> Grants Office Delivery Requested <input type="checkbox"/> College/Unit Will Pick Up & Deliver Approval: College President _____ Date: _____ Fiscal Services _____ Date: _____ Vice Chancellor _____ Date: _____ (Fiscal Review Contact: _____) Grants Office Use Only - Distribution Funding Agency/Contact: _____ Date: _____ College Copy Sent To: _____ Date: _____ Fiscal Copy Sent To: _____ Date: _____ Delivery Receipt on File: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____
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INSTRUCTIONS FOR PREPARATION OF GRANT AUGMENTATION FORM

PART I: GENERAL INFORMATION

College/Unit	Indicate the name of the college/unit receiving the augment. If the grant includes multiple campuses/centers, indicate all that are involved.
Grant Program Name	Indicate the name of the program which funded the proposal. The name should be the same as that used on the Grant Submission & Acceptance Form. Example: Fund for Student Success (FSS)
Project Title	Indicate the title given for the project at the time the proposal was submitted. The name should be the same as that used on the Grant Submission & Acceptance Form.
Project Director	Indicate the name of the person who is in charge of the project. This will likely be the same as the name that appeared on the Grant Submission & Acceptance Form.
Responsible Administrator	Indicate the name of the administrator responsible for overseeing the project.
Funding Agency	Indicate the name of the agency which funded the grant.
Funding Agency Grant Number	Indicate the grant number assigned by the funding agency.

PART II: FIRST GRANT AUGMENTATION

Submission Deadline	Indicate the date the augment acceptance is due to the funding agency or must be postmarked.
Amount of Augmentation	Indicate the amount of the augmentation, including direct, indirect, and total costs. Attach revised budget.
Indirect Cost Rate	Indicate the percentage rate used in calculating indirect costs; if none, use "0."
Augment Start/End Dates	Indicate the start and end dates (month/day/year) for the augment.
Submit Augment To	Indicate the contact person and address to which the augment acceptance is to be submitted.
Form of Delivery & Delivery of Augment	Indicate if augment needs to be mailed, hand-delivered and preferred entity responsible for mailing/delivery.
Approval	Approval for submission and acceptance is required from the college and district levels. If a grant involves more than one college/unit, the lead college/unit is responsible for obtaining signatures from all participating colleges/units. If Board approval for the augment is required, attach completed form for Board Consent Consideration.

PART III: SECOND GRANT AUGMENTATION

Part III is to be completed if there is a second augmentation to the grant. If there are more than two augmentations, submit a second augmentation form and note the number of the augmentation on the form in Part II or III.
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