

## Request for Amendment to LSTA Grant Contract

Missouri State Library--LSTA Grant Program

- Any request for amendment must be submitted at least 3 weeks before the end of the grant period.
- The minimum amount of additional funds that can be requested is \$1,000.
- Fill out this Request for Amendment completely including reasons/justifications for change.
- After review, we will draft the Amendment to your Agreement. Both the library and the Executive Deputy Secretary of State must sign the Amendment prior to placing any orders.

Grant Project Number: \_\_\_\_\_

Grant Period Dates: from \_\_\_\_\_ to \_\_\_\_\_

Library: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_ Request substantial change in the project scope

\_\_\_\_ Request extension of the grant period to: \_\_\_\_\_ (date)

\_\_\_\_ Request additional funds in the amount of: \$ \_\_\_\_\_

\_\_\_\_ Request changes to the budget as shown below:

Budget Category	Original LSTA Budget (old)	Amended LSTA Budget (new)
Equipment		
Technology and Supplies		
Furniture for Accessibility Purposes		
Library Materials		
Personnel, including salaries, wages, and benefits		
Software and Services		
Indirect Cost Rate		
<b>TOTAL</b>		

### Fund transfer details if applicable

Request to transfer \$ \_\_\_\_\_ from \_\_\_\_\_ category to \_\_\_\_\_ category.  
 Request to transfer \$ \_\_\_\_\_ from \_\_\_\_\_ category to \_\_\_\_\_ category.  
 Request to transfer \$ \_\_\_\_\_ from \_\_\_\_\_ category to \_\_\_\_\_ category.

Request to transfer \$\_\_\_\_\_ from \_\_\_\_\_ category to \_\_\_\_\_ category.

**Reasons/Justifications for Change**

**FAX TO:**  
LSTA Grants Officer  
Missouri State Library  
(573) 751-3612

**EMAIL TO:**  
[LSTA@sos.mo.gov](mailto:LSTA@sos.mo.gov)

**OR MAIL TO:**  
LSTA Grants Officer  
Missouri State Library  
600 W. Main St., P.O. Box 387  
Jefferson City MO 65102-0387

Signatures:

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Grant Project Manager signature

Date

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Library Director signature

Date