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# **Postsecondary Perkins Change Request**

INSTRUCTIONS: Complete this form and submit it via email to karl.ohrn@minnstate.edu.

Name of consortium:

Requested and submitted by:

Date:

**Request for Budget Changes:**

1. From the Approved Local Application:
2. Narrative Area of Original Budget:

Narrative # \_\_\_\_\_\_\_

1. Description of Original expenditure:
2. Amount of Original expenditure:
3. The proposed change in budget
4. New usage (if the request is over $10,000 within the same Goal) or New Narrative # of the proposed change

Narrative # \_\_\_\_\_\_\_

1. Description of expenditure change request (item, salary, service):
2. Amount of change request:

**The rationale for change request**: As applicable, please reference any or all of the following: Program of Study, CLNA need or application narrative to which this rationale applies. Cross-check your request with Perkins V Section 135.

**If more than one request is being made or dollars are moved from more than one area, simply repeat the information for that second request and/or that second area.**