STATE LIBRARY of OREGON

Library Services and Technology Act
Grant Modification Request

This form, with signature, may be scanned, faxed or emailed to lsta.grants@state.or.us.

Library Support and Development Services
State Library
250 Winter St. NE
Salem, OR 97301-3950
FAX 503-378-6439

Grant Project Number: ____________________________________________________________

Project Title: __________________________________________________________________

Grantee: ______________________________________________________________________

Submitted by: ________________________________

Return to (address): _____________________________________________________________

1. Type of modification to the grant contract: (can be more than one)

☐ Change the approved budget to transfer more than 10% of the total LSTA award to a different budget line. (Complete numbers 2, 3, and 4 below)

☐ Ask the State Library for approval for creating sub-grants or contracting for a planning consultant. (Complete numbers 2 and 4 below)

☐ Change the scope or objectives of the approved project. (Complete numbers 2 and 4 below)

☐ Other: ______________________________________________________________________

2. Description/Justification of Modification Request (attach additional pages if needed)
3. Budget Amendment

<table>
<thead>
<tr>
<th>Category</th>
<th>Original approved amount (LSTA only)</th>
<th>Requested adjusted amount (LSTA only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries/Wages/Benefits</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Equipment (&gt;5,000 per unit)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Library Materials</td>
<td></td>
<td></td>
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<tr>
<td>Consultant Fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td></td>
<td></td>
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<tr>
<td>Supplies/Other</td>
<td></td>
<td></td>
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<tr>
<td>Contracted Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Project total</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Indirect costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

4. Authorization of Grantee for Modification Request

___________________________________________
Signature of authorized official

___________________________________________
Typed name and title

5. State Library of Oregon Approval

___________________________________________
Library Support & Development Program Manager       Date

___________________________________________
State Librarian                                    Date

This document amends the grant award contract upon approval by the State Librarian. Keep this document with all existing copies of the grant award contract.