



PROJECT MODIFICATION
 Safe Routes to School
 State Highway Administration - OPPE/RIPD
 707 N. Calvert Street, C-502, Baltimore, MD 21202
 PHONE 410 545 8042/FAX 410 209 5025



Project Title: _____
Project Agency: _____
Project #: _____

Fund Recipient: _____
Street Address: _____
City, State, Zip Code: _____

Type of Modification(s): Extension of Grant Period to: _____
 Change in Category Limitation Additional Funding Change in Type of Funding

Purpose of Modification:

Cost Category	Previously Approved Category Limitation	Additional or Modified Funding	Modified Category Limitations
Salaries & Benefits	\$0	\$0	\$0
Trvl, Trng & Conf Fees	\$0	\$0	\$0
Contractual Services	\$0	\$0	\$0
Equipment	\$0	\$0	\$0
Other Direct Costs	\$0	\$0	\$0
Indirect Costs	\$0	\$0	\$0
Total	\$0	\$0	\$0

After appropriate officials sign below return form to the SRTS Grants Manager. The SRTS team will then review this form for approval. If approved, a copy will be sent to you. If denied, you will be notified in writing. All provisions of the Project Agreement are extended until the End date listed below.

Project Director:	Authorizing Official:
Name: _____	Name: _____
Title: _____	Title: _____
Phone #: _____	Phone #: _____
E-Mail: _____	E-Mail: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

FOR SRTS USE ONLY

Project Period: Start: _____ End: _____

Total Amount of Funds Obligated from SRTS: \$ _____

OPPE/RIPD Approval: _____ Date: _____
 Jessica Silwick, Program Coordinator

OOF/Fund Approval: _____ Date: _____
 Guy Talerico, Chief, Fianance

