

Mississippi Department of Education  
Revision Form (Applications **NOT** in MCAPS)

District Name	
Reason for Revision (Please provide detailed description)	
Revision Number (e.g. Revision 3)	
Fiscal Year (e.g. FY17)	
Program Name (e.g. Homeless)	
Project Number: (e.g. HC 18-####)	

Required Signatures:

School Principal (SIG and 1003(a) ONLY)	Date
Federal Programs Director/Project Coordinator	Date
Business Manager	Date
Superintendent/Executive Director	Date

**FOR MDE USE ONLY**

<b>DATE RECEIVED:</b> _____	<b>DATE APPROVED:</b> _____
<b>Signatures:</b>	
<b>Program Coordinator:</b> _____	
<b>Director:</b> _____	
<b>Bureau Director:</b> _____	
<b>Grants Manager:</b> _____	
<b>Bureau Manager:</b> _____	

Mississippi Department of Education  
Budget Revision Summary Form

School District \_\_\_\_\_ Project Year \_\_\_\_\_

Category/Activity	Last Approved Amount	Amount Subtracted	Amount Added	New Amount	Modification Description (Reason for revised amount)
e.g. Salaries	\$25,000	\$12,481.23		\$12,518.77	Tutor only worked part of the year