

**Mississippi Department of Education  
School Improvement  
1003(g) Revision Form**

<b>District Name:</b>	
<b>School Name: (Please submit one REVISION FORM per school):</b>	

**DETAILED DESCRIPTION**

(Please provide the following responses in complete sentences):

<b>Why is the revision being requested?</b>	
<b>Did a focus area change?</b> Yes    No	
<b>If yes which area?</b>	
<b>Revision Number (e.g. Revision 1):</b>	
<b>Fiscal Year (e.g. FY22):</b>	
<b>Program Name (e.g. Title I, Part A; 1003(g)):</b>	

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**Required Signatures:**

<i>School Principal (1003(g) ONLY)</i>	<i>Date</i>
<i>Federal Programs Director/Project Coordinator</i>	<i>Date</i>
<i>Business Manager</i>	<i>Date</i>
<i>Superintendent/Executive Director</i>	<i>Date</i>

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**FOR MDE USE ONLY:**

**DATE RECEIVED:** \_\_\_\_\_ **DATE APPROVED:** \_\_\_\_\_

**Signatures:**

**Program Contact (OSI):** \_\_\_\_\_

**Bureau Director (OSI):** \_\_\_\_\_

**Executive Director (OSI):** \_\_\_\_\_

**Office Notes:** \_\_\_\_\_

**The School Budget Revision Summary must be completed for each school plan changed. In addition, please include a revised District Budget Narrative Summary (only one required if submitting for multiple schools).**

**School Name:** \_\_\_\_\_

**Project Year:** \_\_\_\_\_

<b>Category/Activity</b>	<b>Last Approved Amount</b>	<b>Amount Subtracted</b>	<b>Amount Added</b>	<b>New Amount</b>
e.g., 100 – Employee Salaries	\$25,000	\$12,481.23		<b>\$12,518.77</b>