

## **ESSER Application Amendment**

District/State Charter School:	Date:	
Amendment #:		
Directions		
<ul> <li>approved.</li> <li>Fill out and submit the form for each individ</li> <li>Please provide sufficient justification. Attack descriptions, etc.) Additional approvals (5K)</li> <li>Purchases may not be made prior to receiving</li> </ul>	n supporting documentation (quotes, product forms) must also be submitted as required.	
Required Information*		
1. Describe the proposed expenditure. How does it	t meet the purpose of the ESSER funds?	
2. What is the cost (estimated or exact)?		
3. Will other funds be utilized or is there a change i	in funding source?	
4. Please describe why the changes are needed.		



## **Stipulations for the use of the Federal Grant Funds**

- Costs must be allowable, necessary, and allocable to safely reopen schools, maximize in-person
  instructional time for all students, and provide opportunities to address the impacts of lost
  instructional time resulting from the COVID-19 pandemic.
- For further information on the purpose of ESSER funding as well as allowable uses, please see the ESSER and GEER Use of Funds FAQ dated December 7, 2022.
- Any amendment requests follow the same procedures that the district and state charter school
  used to develop the original ESSER Use of Funds Plan. Please ensure that the most current APR
  ESSER Use of Funds Plan and Amendments are posted on the district or state charter school's
  website.
- Please note, the time available to spend the applicable ESSER funds has not changed.

Submitter:	Date:	
Approved Denied SSFS Signature:	<i>₩</i> Date:	

\*If additional space is needed for responses, please submit further description with this amendment form and reference the amendment number.