

## **Title I Part C MEP Local Plan Amendment Form**

Please submit one form with each Amendment request. Complete sections A and B.		
District		
Fund code	24103	
Please provide sufficient justification to ensure that funds are being used to meet New Mexico's Migrant Education Program Comprehensive Needs Assessment (CNA) and State Delivery Plan (SDP). Please see <a href="Appendix C in the CNA">Appendix C in the CNA</a> and <a href="pg.13">pg.13</a> of the SDP for additional information.		
<b>Note: Costs must be reasonable, allocable, and allowable</b> . Failure to submit sufficient descriptions will delay approval.		
A. Accounting What is the approximate dollar amount?		
Will you be transferring funds between two different line items? Yes $\Box$ No $\Box$		
If applicable, which line items?  Staff Budget □ Miscellaneous Expenditures □		
What is the name of the requested activity/purchase if applicable?		
B. Description/Justification:		
Which goal will you be amending?		
What is the proposed language for the amendment?		
Please give a detailed description regarding how the funds will be used. Please describe how and which students will be served. Attach any supporting documentation (vendor quotes, product descriptions, professional development agenda, etc.).		
□ Approved		
□ Denied		
Approval/De	nial Signature:	Date:

<sup>\*</sup> Please submit the completed form by email to <a href="mailto:marvin.nogueda@ped.nm.gov">marvin.nogueda@ped.nm.gov</a> and <a href="mailto:leah.jimenez@ped.nm.gov">leah.jimenez@ped.nm.gov</a>