GRANT/GRANT AMENDMENT TRANSACTION REQUEST

IF REQUESTED, RETURN MATERIALS TO:

Office of Child Abuse Prevention (OCAP)
California Department of Social Services
744 P Street, Mail Station 8-11-82
Sacramento, CA 95814

Grant Type: ☐ New ☐ A			dment					
Project Type: ☐ Promote Family Engagement ☐ Research Study ☐ Other (see purpose/description)		☐ Pilot / Demonstration ☐ Training & Technical Assist.		☐ Promote E-B / Informed Pract ☐ Early Intervent/Treatment				
If Amendment, Type	Of Amendment:							
☐ Change scope of work ☐ Change grant form			☐ Increase ☐ Decrease Total Change \$					
Federal Funding So	urce(s) / CFDA#	ŧ(s):	State Funding Source(s):					
☐ CAPTA / 93.669			CAPIT					
☐ CBCAP / 93.590			SCTF					
☐ PSSF / 93.556			MHSF					
□ IV-E / 93.658			□ IV- E (Match)					
Special Grant /			Special /					
Bureau: Office Of Child Abuse Prevention			Code: 2544					
OCAP Project Consultant:			Phone Number:					
Grant Number:		Start Date:		End Date:				
Grantee:								
Dollars By Fiscal Ye	ear:							
S.F.Y/	/	AMT						
S.F.Y/	/	AMT						
S.F.Y	/	AMT						
S.F.Y	/							
S.F.Y	<i></i>	AMT						
		Total \$						

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Purpose Of G	Grant/Grant Amendr	ment (<i>Conc</i>	ise Descriptic	on)									
OFFICE OF CHILD ABUSE PREVENTION APPROVAL:													
Project Consultant:			Date:	□Ac	ceptable [Additional recom (attached)			mendations				
Project Manager:			Date:	□Ac	ceptable [Additional recommendations (attached)							
OCAP Bureau Chief:			Date:	□Ac	ceptable [☐ Additi (attac	mer	ndations					
		BUDG	ET BUREA	U APF	PROVAL:								
Budget Analyst:			Date:	Budget Bureau Chief:				Date:					
Fund Accounting and Reporting:				Fiscal Systems Bureau:									
I CERTIFY that upon my own knowledge that the budgeted funds for the current budget year are available for the period and purpose of the expenditure stated above.				Fiscal Systems Bureau Chief: Date:					ite:				
Accounting Officer's Signature:			Date:	Acceptable Additional r				commendations					
	Addi	tional Fun	d Notes (Fed	leral R	eporting Se	ection)							

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