

LEA Name:

Date:

**FY 17
INDIVIDUALS WITH DISABILITIES EDUCATION IMPROVEMENT ACT (IDEA '04)
IDEA Part B**

SSIP Spending Plan: Budget Amendment

Local Educational Agency (LEA):	
Address:	
City, State, Zip code:	
Allocation Amount:	Total Amendment Amount:

*The district must clearly explain why the changes are being made, including any supporting data that is available.
The amendment request must be approved by the Office of Special Education Services prior to the budget/plan being changed. Please send all amendment requests to Beckie Davis at rcdavis@ed.sc.gov.*

Increases			
RDA Essential Component/ Use of Funds	Function/Object	Amount	Explanation

Decreases			
RDA Essential Component/ Use of Funds	Function/Object	Amount	Explanation

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Business Official's Signature

Date

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Director of Special Education's Signature

Date

Increase Total:

Decrease Total:

Difference:

Amendment #