**[Your LEA’s letterhead]**

**[Date]**

Office of Public Charter School Financing and Support

Office of the State Superintendent of Education

1050 First Street, NE

Washington, DC 20002

Dear OPCSFS team,

**[Insert LEA name]** is writing this letter of rationale to accompany its SOAR Formula Combined Amendment to incorporate an ESSER II Equivalent allocation into the grant budget. Below are the line items that were added or changed in light of this allocation, along with the rationale behind each.

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| --- | --- | --- | --- | --- | --- |
| **Budget Category (Salaries & Benefits, Professional Services, etc.)** | **Program Category (Instruction, Support Services, etc.)** | **Name/Item** | **Original amount in Amendment 1 (put $0 if a new item to the budget)** | **New amount in Amendment 2 (put $0 if item was removed from the budget)** | **Describe the proposed budget addition or change in further detail and the rationale behind it.** |
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Please let me know if you have any questions about the amendment.

Sincerely,

**[Your name]**

**[Title]**

**[Email address]**

**[Phone number]**