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| **Program Name:** |  |
| **Project Number:** |  |
| **Year Awarded:** |  |
| **Today’s Date:** |  |

**Directions:** Please complete the section below providing a detailed description of the requested change in the 21st CCLC program that is currently approved by SCDE. Be advised that additional information may be requested and that no program change can be put into effect until you receive an approved copy of this program modification signed by your SCDE Regional Grant Manager or until a written confirmation is received by e-mail. Please use additional space if needed. Please allow 7 – 10 business days for review.

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| **What changes do you want to make to the approved, original grant?** |
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| **Why is this change needed?** |
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| **What originally approved curricular, programmatic activities, or partner, if any, will be affected because of this change?** |
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| **Will this programmatic change require a budget amendment? If yes, send budget amendment within 2 weeks of the approved program change.** |
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| **Authorized Representative:** |  |
| **Date:** |  |
| **Project Director’s Signature:** |  |
| **Date Submitted:** |  |

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| **For SCDE Use Only**   |  |  | | --- | --- | | Approved |  | | Disapproved |  |   SCDE Representative Signature:  Date: |