**21st Century Community Learning Centers (21st CCLC)**

**Program Amendment Request Form**

**Upon completion this form must be emailed to your assigned point of contact for 21st CCLC.**

1. Subgrantee/Program Name:Click or tap here to enter text.
2. Project Director\*:Click or tap here to enter text.
3. Email and Phone Number:Click or tap here to enter text.
4. Please check the description of the amendment requested:

[ ] Program Amendment

[ ] Program Amendment that requires a budget amendment

*Note: All budget amendments must be made in eGMS*

1. Amendment Number: Click or tap here to enter text.

Program Amendment [ ]  Program Amendment and Budget [ ]

**Provide the detailed information below regarding the program amendment change:**

1. **Current Grant Language**:

State current language in most recently approved grant and page number that it can be found.

Click or tap here to enter text.

1. **Amended Language**:

Write amended language to reflect requested changes. \*\*

Click or tap here to enter text.

1. **Rationale:**

What is the rationale for the proposed change?

Click or tap here to enter text.

1. **Implementation**:

Discuss how the proposed changes will be implemented in line with the approved goals and objectives.

 Click or tap here to enter text.

10. **Attachments:**

List name and contents of attachments accompanying this amendment, if not already listed.

 Click or tap here to enter text.

\* If there is a Project Director change, please provide his/her contact information (phone, fax, email, and mailing address. Etc.) and a copy of his/her resume.

Click or tap here to enter text.

\*\* If there is a change pertaining to a spreadsheet or any Cohort 11 forms (i.e., budget, site profile form, etc.), please state “Refer to attached spreadsheet or specific form” in Column 7; there is no need to provide a narrative detailing each change within a chart or form.

Click or tap here to enter text.

*Program Amendments must be signed by the Executive Director/Program Director. If the amendment requires a budget amendment, the fiscal manager must sign as well.*

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Signature of Executive Director Date

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Signature of Program Director Date

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Signature of Fiscal Manager Date

LDOE USE ONLY

[ ] Approved

[ ] Not Approved

21st CCLC Program Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

21st CCLC Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date