**FY24BSCA Program**

**PROGRAMMATIC AMENDMENT FORM**

**This form should be used to request a notable change in the program service delivery currently implemented to support the goals of the awarded 21st CCLC Grant proposal. This document should not be used to document minor program adjustments nor to request a budget amendment (budget amendment requests should be submitted via the Budget Form 209).**

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| **21st CCLC Program Name:** |  | **Unit No:** | **Cohort:** |
| **Program Director:** |  | **Phone:** | **Requested change is for School Year [ ]**  |
| **E-mail address:** |  | **Fax:** | **Requested change is for Summer [ ]**  |

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| **PROPOSED ELEMENT TO ALTER IN APPROVED GRANT PROPOSAL: 1)** *Refer to section(s) and page(s) of the original grant proposal. Indicate the page number or section in the application where the language/content proposed for change can be found.* ***2)*** *State the current language/content in the approved application for which you are submitting the amendment request.* |
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| **RATIONALE:** *Provide the rationale for the proposed changes to the implementation plan to support the goals or objectives of the approved 21st CCLC Grant application. Provide background information that will explain why the proposed change(s) are necessary.* |
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| **IMPLICATIONS FOR OTHER PROGRAM ELEMENTS:** *Discuss the implications and challenges that might be associated with the proposed amendment as it relates to personnel, training, budget (may require separate Budget Amendment Form 209), or any other operational logistics as appropriate.*  |
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**NOTE: To be processed, the *Programmatic Amendment Form*** **must include a handwritten signature by Fiscal Agent’s Chief Administrator or Authorized Designee and Program Director.**

*My signature below indicates that I have read and approved the proposed amendments to the awarded 21st CCLC Grant application for my organization.*

*(Printed Name of Fiscal Agent Organization Chief Administrator or Authorized Designee) (Date)*

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*(Signature of Fiscal Agent Organization Chief Administrator or Authorized Designee) (Date)*

*(Printed Name of 21st CCLC Program Director) (Date)*

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 *(Signature of 21st CCLC Program Director) (Date)*