***\*Important: Please only include one change request per form.***

|  |  |  |  |
| --- | --- | --- | --- |
| Lead Agency Name: |  | Project Number: |  |
| Program Director’s Name: |  | Evaluator’s Name: |  |
| Program Director’s Email: |  | Evaluator’s Email |  |

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| --- |
| **Program Modification Request #**       (for this program year)*What would you like to change?* |
|  |
| **Currently Approved Practice**  *State current practice only as it relates to the requested change. For example, if requesting an objective change, only describe the current objective and how it may change.* |
|  |
| **Justification**  *Why is this modification reasonable and necessary for the successful implementation of your 21st Century Community Learning Center program?* |
|  |
| **Explain how this will supplement, not supplant, pre-existing funded services.** |
|  |
| **Program Evaluation Elements (i.e., Objectives, Performance Indicators (PI’s), and Measures)**  *Prior to responding to this section, be sure to consult with your local evaluator and check the attestation box.*  I acknowledge that I have consulted with our local evaluator regarding this program modification request. |
| **Check the box that applies to this specific program modification request:**  This modification will not impact Evaluation Elements.  This modification will impact our current Program Evaluation elements. If this box is checked, list impacted Evaluation Element(s) from your original grant proposal. Explain how this modification will continue to support the stated Evaluation Element(s). If requesting an objective change, explain how the new change will continue to address the original goal(s) as per the grant application. |

|  |  |
| --- | --- |
| **Planned implementation start date** | **Would this modification require a Budget Amendment?** |
| /  / | **Yes  No** |
| **What attachment(s) will you be including?** | |
|  | |

**NYSED Reviewer:**

**Decision:**   /  /     **Date NYSED Approved**  **Request Denied**