**Kentucky Department of Education**

**Nita M. Lowey 21st Century Community Learning Program**

# **PROGRAM AMENDMENT FORM**

Please submit the form to your **KDE Consultant**.

**Region 1 and 2:** [Tammy Dowell](mailto:Tammy.dowell@education.ky.gov) **/ Regions 3 and 5:** [Leslie Spears](mailto:Leslie.Spears@education.ky.gov) **/ Regions 4, 6 and 7:** [Glenna Cummins](mailto:Glenna.cummins@education.ky.gov)

**(FOR KDE USE ONLY) kde consultant / Date of Approval:** Click or tap here to enter text.**/**  Click or tap to enter a date.

**Date Submitted:** Click or tap to enter a date.

**Grant Cycle:** Click here to enter text.

**Grant Type:** Choose an item.

**Fiscal Agent:** Click here to enter text.

**Co-applicant:** Click here to enter text.

**School(s) Served:** Click here to enter text.

**Physical Address:** Click here to enter text.

**district:** Click here to enter text.

**Site Coordinator:** Click here to enter text.

**Program Director:** Click here to enter text.

**# OF REGULAR ATTENDEES:** Click here to enter text.

**# OF DAILY ATTENDEES:** Click here to enter text.

**Staff Member Submitting Report:** Click here to enter text.

**E-mail/Phone:** Click here to enter text.

**Proposed Changes:**

**(If you are requesting to change your program schedule, please** **attach a copy of your current program schedule and a copy of the proposed schedule**)

* Click here to enter text.

**Reason for the Request:**

* Click here to enter text.

**How will this request continue to support performance goals and performance indicators as outlined in your grant application?**

* Click here to enter text.

By signing below, I certify, that I have met with the school principal to develop a program schedule that will adhere to all state and federal requirements.

Click or tap here to enter text. Click or tap to enter a date.

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**Program Director Signature Date**