**Budget Modification Request**

***21st Century Community Learning Centers***

Please return completed form to:

Karen Bierhaus, 21 CCLC Program Manager

Wyoming Department of Education

320 West Main St., 2nd Floor

Riverton, WY 82501

[karen.bierhaus@wyo.gov](mailto:karen.bierhaus@wyo.gov)

Questions: 307-857-9284

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Cohort Designation** | | | | | | | |
| Budget **Fiscal** Year: | | | | | | | |
| Cohort: | 5th Cohort | | 6th Cohort | | 7th Cohort | |  |
| 21st Century Grantee: | | | | | | | |
| Name of Lead Agency: | | | | | | | |
| Address: | | | | | | | |
| City: | | State: | | | | Zip: | |
| Phone: | | | | Fax: | | | |
|  | | | | | | | |
| **Contact Information** | | | | | | | |
| Name of Person Completing Report: | | | | | | | |
| Title: | | | | | | | |
| Agency: | | | | | | | |
| Phone: | | | | Fax: | | | |
| Email Address: | | | | | | | |
| I approve the changes requested in the modification. You may type and send electronically or sign and scan request.  Name: Date: | | | | | | | |
| For Administrative Use Only | | | | | | | |
| Date Received | | | | | | | |
| Date of Response | | | | | | | |
| Approved  Yes  No | | | | | | | |
| Comments | | | | | | | |
| Approved By | | | | | | | |
| Signature | | | | | | | |



**Budget Modification Explanation**

Please answer the following questions. Please limit answers to no more than one page each.

1. Why are requesting a budget modification?

1. What impact will the budget modification have? Please include impact on hours of service, additions or termination of centers, changes in programming, changes in staff, changes in curriculum, and modifications to vision and leadership if relevant.

1. Have you discussed this budget modification with your Community Advisory Board?

Yes  No

1. Were they supportive of this modification? Why or why not?