**Programming 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

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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 |

|  |
| --- |
| **Programming Modification Explanation** |

**Please give details where appropriate to expedite approval process.**

1. Are you adding a new program?

Yes  No

1. If you are adding a new program, please describe it.

1. Is this program research-based?

Yes  No

1. How often will this program be offered?

1 Time/Week

2 Times/Week

3 Times/Week

4+ Times/Week

1. What centers will this program be provided at?

1. Are you removing a program?

Yes  No

1. Which program(s) are you removing?

1. Why are you removing this program?

1. Will removing this program affect hours of service?

Yes  No

1. Please describe how service hours will be affected?

1. How many regular attendees will be impacted by this programming modification?

1. Has your Community Advisory Board formally approved this change request?

Yes  No

If no, why is the request being submitted?

1. Will this change in programming affect your budget?

Yes  No

**If yes, please a complete a Budget Modification** and submit with this Program Modification. The budget modification must be approved before funds can be expended under this program modification for any new/additional purposes.