

Fall 2020 Program Modification Request

(Revised 9/23/20 to include Waiver Request)

If you are NOT applying for the Waiver, you may use either this form or the previous Fall 2020 Program Modification Request form. All Waiver Requests must be made using this form.

Date Submitted: / /

Please use this form to explain how your 21st CCLC program will operate given your participating schools' adjusted Fall 2020 schedule due to COVID-19.

Agency Name: _____	
Mailing Address: _____	
Project Number: 0187- -	Contract Number (if applicable): _____
Contact Person: _____	
Phone: () -	Email: _____

Day School(s) schedule(s)

*Use this section to provide schedules/models for each of your participating schools or attach the school model schedule(s). If attaching this information, please indicate in space below "See attached." Please provide hours/days of day school, **indicating when/if in-person school or virtual** instruction is planned. If it varies by cohort, please provide those details as well.*

21st CCLC program schedule

Check this box if you are applying for the waiver to provide supplemental activities when school is in session, but students are not receiving in-person instruction. (Note – you must provide assurance that you will continue to meet all other requirements for a 21st CCLC program):

*Use the space below to provide your 21st CCLC program schedule. Please provide hours/days programming is planned. If attaching this information, please indicate in space below "See attached." **Indicate whether in-person or virtual** for each day and time of program. Hybrid models will have both in-person and virtual times indicated. If virtual, indicate when synchronous meetings/check-ins/instruction will take place, and indicate if there will an asynchronous component. Since asynchronous activities cannot be given a time slot, indicate anticipated time duration for assignment completions, if known. We realize this level of detail may not be available at this time.*

21st Century Community Learning Centers Program

*If planning to provide any in-person programming, please indicate by checking the box to the right that you agree to comply with SACC/DOH, or District requirements related to COVID-19 safety protocols.		I agree <input type="checkbox"/>
Gaps based on previous 21st CCLC program: <i>Please explain what you will be unable to provide as the result of school schedule and other changes due to COVID-19.</i>		
Supplement not Supplant¹ - <i>Explain how this altered program schedule will supplement, not supplant pre-existing day school and funded services.</i>		
Use this section to request any other changes. <i>This may include site location changes, partner changes, objectives changes, etc. If you are not requesting any changes other than your program-related changes identified above, please indicate as NA in the space below.</i>		
Justification for above change request: <i>Explain why these changes are reasonable and necessary to meet the goals and objective of the grant. If no additional changes are being requested, please indicate as NA in the space below.</i>		
Impacted Objectives, Goals, and/or Performance Indicators: <i>Will any of your current goals, objectives, or Performance Indicators be impacted by the changes in your 21st CCLC programming or other changes described above? If so, please summarize below.</i>		
Implementation Date:	Would this modification require a Budget Amendment?²	
/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	

For NYSED Program office only:

Approved **Not Approved**

¹ Supplement means to “build upon” or “add to”; supplant means to “replace” or “take the place of.” Federal law prohibits recipients of federal funds from replacing state, local, or agency funds with federal funds.

² If a budget amendment is required, you must submit FS-10A and corresponding documents within 30 days.