

COVID-19 Summer Program Modification Request

Date: / /

Please use this form to include all anticipated summer program activities that will take place, as per NYSED guidelines of allowable activities, during the temporary disruption in services due to the COVID-19 pandemic.

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

Modification Request <i>Use this section to relate what services you are planning during Summer 2020, both programmatic and administrative. Please provide details such as days and hours of operation, for both programming at each of your program sites, and administrative work being performed by paid staff. If planning in-person programming, please provide additional information requested in box with * below.</i>
*Are you planning in-person programming for Summer 2020? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach scanned SACC registration if applicable and/or indicate your agreement to comply with OCFS/DOH requirements for in-person childcare and/or summer camp programs for Summer 2020 by checking the box. Yes I intend to comply <input type="checkbox"/>
Previously Approved Summer Programming <i>Use this section to relate what aspects of your previous summer programming you will be unable to provide due to COVID-19 restrictions. If you are requesting to add summer programming for the first time, simply state "no previous summer programming" to this section.</i>
Justification <i>Why is this modification reasonable and necessary for the successful implementation of your 21st Century Community Learning Center program?</i>

21st Century Community Learning Centers Program

Explain how this will supplement, not supplant¹, pre-existing funded services.	
Impacted Objectives and/or Goals <i>List impacted objective(s). Explain how this modification will continue to support the stated objective(s). If requesting an objective change, explain how the new objective will continue to address the original goal(s) as per the grant application.</i>	
Summer Program Start Date:	Would this modification require a Budget Amendment?
/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.