

COVID-19 Temporary Program Modification Request

Date: / /

Please use this form to include all anticipated program activities and administrative duties 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*

Use this section to relate what services will take place, both programmatic and administrative, during this temporary disruption in services.

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Currently Approved Practice

Use this section to relate what will not be happening during this temporary disruption in services.

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Justification

Why is this modification reasonable and necessary for the successful implementation of your 21st Century Community Learning Center program?

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Explain how this will supplement, not supplant¹, pre-existing funded services.

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Impacted Objectives and/or Goals

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.

21st Century Community Learning Centers Program

<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>	
Implementation Date:	Would this modification require a Budget Amendment?²
/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No

☐ **Approved**

☐ **Not Approved**

² If a budget amendment is required, you must submit FS-10A and corresponding documents within 30 days. Original budget amendment deadline of March 1 is waived for amendments due to the COVID-19 pandemic.