**Title IV, Part B 21st Century Community Learning Centers (CCLC) sub-grantee**

**Grant Amendment Submission**

**ODE USE ONLY**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Grantee & Site Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cohort & Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective & Current Dates *(If different)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am requesting ODE approval to amend my approved 21st CCLC grant proposal as listed here.

The pertinent information is outlined and provided in the table below and in supporting documents.

Requester’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Brief Description of the Requested Amendment** | **Explain any changes in spending costs** | **Explain the rationale and reasonable benefit for requesting the necessary revision to your grant application** | **Explain the process for Consulting with Stakeholders and Partners** |
| --- | --- | --- | --- |
|  |  |  |  |
| *Add row(s) here* |  |  |  |

1. Add rows as necessary to request multiple amendments
2. Include supporting documents that replace any forms or goals in the grant proposal as originally approved

Please contact Pete Ready at 503-947-5785 or at pete.ready@state.or.us if you have any questions regarding this document or your proposed amendment[s].