**21st CCLC/E2 OST Grant Award Reduction Request Form**

This document may be completed by subgrantees who are unable to spend their award amount and wish to request a reduction in funding for the current fiscal year. To request a reduction in the grant award, please submit this form to your assigned 21st CCLC or E2 OST Lead Consultant no later than March 31. Please note, reducing a grant award in one fiscal year does not affect your allocation for the following fiscal year. All reduction requests must be accompanied by a budget revision reflecting the reduced award amount at each center.

**Subgrantee name and cohort**: Click here to enter text.

**Name of person completing this request**: Click here to enter text.

**Complete the table below indicating the current award, current funds obligations and/or expenditures, and proposed new reduced award amount by center.**

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| --- | --- | --- | --- |
| Center Name | Current fiscal year award amount | Current fiscal year funds obligated to date | Proposed reduced award amount by center |
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**Provide rationale for reducing award amount.** Describe how subgrantee is ensuring that grant activities are not hindered or compromised by a reduced amount at each center to be reduced. Be sure to list and explain any circumstances (e.g., late hiring of program staff, change in partners/vendors, etc.) that have contributed to the need for a reduced award amount for the current fiscal year.

Click here to enter text.

*By signing this form, subgrantee affirms that they have notified the appropriate authorized representatives at their district or organization of the requested reduction.*

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| Approved by (Subgrantee Program Director) |  | Date |
| Approved by (Subgrantee Fiscal Contact) |  | Date |

**TO BE COMPLETED BY CDE 21ST CCLC/E2 OST STAFF**

APPROVED  NOT APPROVED

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APPROVED ADJUSTED AWARD AMOUNT FOR CURRENT FISCAL YEAR:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Approved by (CDE Lead Consultant) |  | Date |
| Approved by (CDE Out-of-School Time Manager) |  | Date |