



100 North First Street, E-222
Springfield, Illinois 62777-0001

**NITA M. LOWEY
21st CENTURY COMMUNITY
LEARNING CENTERS
SITE CHANGE REQUEST FORM**

WELLNESS AND STUDENT CARE DEPARTMENT

INSTRUCTIONS: Complete this form to request changes to approved sites for 21st CCLC grants.

| | | |
|---|--|--------------|
| GRANTEE NAME/FISCAL AGENT | REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE | |
| ADDRESS (Street, City, State, and ZIP Code) | COHORT YEAR | GRANT NUMBER |
| | TELEPHONE | EMAIL |
| CO-APPLICANT(S) (List all that apply) | DATE OF REQUEST | |

Site Information

In the table below, identify ALL current sites for your grant as identified on the original proposal and/or most recently approved IWAS application. Sites that will not be changing if this request is approved should enter "No Change" in the righthand column.

| Site Number | Current Site Name | Proposed New Site |
|-------------|-------------------|-------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

| | |
|---|---|
| If approved, would this change be temporary or permanent? <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent | Anticipated date this change would take effect? |
| If temporary, anticipated date that programming would resume at the currently approved site | Briefly describe why this change is necessary |
| Will the size and scope of all programming taking place at the current site(s) continue without interruption at the proposed new site(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, please explain. |

| | |
|---|------------------------|
| Will all students who are currently eligible to be served at the current site(s) still have the same access to programming at the proposed new site(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, please explain. |
| Do all proposed new sites meet all safety standards, including compliance with Americans with Disabilities Act (ADA) requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, please explain. |
| Describe your plan for safely transporting students from the current site(s) to the proposed new site(s). | |
| Describe your plan for communicating these changes, if approved, to students, families, and the community. | |
| Identify any additional information that you believe may be helpful for ISBE while considering this request. | |

Signatures

Please scroll through this form for all signature sections. Signatures are required from multiple individuals:

- Grantee
 - Project Director
- ALL Co-Applicants named on the grant
- Site official for all sites being changed for both “old” and “new” sites
 - School Principal, or
 - Senior/Authorized Official, if not a school (most senior official at the site)

Grantee (Project Director)

I certify the information above to be correct to the best of my knowledge. I have communicated this proposed plan to the principal(s) and/or authorized officials of ALL current and proposed new site(s), and have verified their agreement with this plan.

| PROJECT DIRECTOR NAME | SIGNATURE | DATE |
|-----------------------|-----------|------|
| | | |

Co-applicant(s) (attach additional signatures as needed):

| CO-APPLICANT ENTITY | REPRESENTATIVE'S NAME | SIGNATURE | TITLE | DATE |
|---------------------|-----------------------|-----------|-------|------|
| | | | | |
| | | | | |
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Current and Proposed Site Principal(s)/Authorized Official(s) AND relevant Co-applicant(s)

Signatures are only needed for the sites (numbers corresponding to the chart on page 1 of this form) in which changes are being proposed.)

Current Site Principal/Authorized Official: I/we acknowledge that, pending ISBE approval, programming will discontinue at our site and will take place at the proposed new site identified. I/we acknowledge and agree with the effective date(s) noted above and whether this change will be temporary or permanent.

Proposed Site Principal/Authorized Official: I/We agree to begin to host 21st CCLC programming at our site. We have consulted with the grantee and have been made aware of all applicable responsibilities including, but not limited to, use of facilities, staffing, and other contributions to grant deliverables and compliance. Our facility is safe and ADA compliant. I/we acknowledge and agree with the effective date(s) noted above and whether this change will be temporary or permanent.

| | | | | | |
|---|-------------------|-------|------------------------|------|---------------------------------------|
| SITE NUMBER 1 | CURRENT SITE NAME | | PROPOSED NEW SITE NAME | | <input type="checkbox"/> Co-Applicant |
| | | | | | <input type="checkbox"/> N/A |
| CURRENT SITE PRINCIPAL/ AUTHORIZED OFFICIAL | NAME | TITLE | SIGNATURE | DATE | |
| PROPOSED SITE PRINCIPAL/ AUTHORIZED OFFICIAL | NAME | TITLE | SIGNATURE | DATE | |

| | | | | | |
|---|-------------------|-------|------------------------|------|---------------------------------------|
| SITE NUMBER 2 | CURRENT SITE NAME | | PROPOSED NEW SITE NAME | | <input type="checkbox"/> Co-Applicant |
| | | | | | <input type="checkbox"/> N/A |
| CURRENT SITE PRINCIPAL/ AUTHORIZED OFFICIAL | NAME | TITLE | SIGNATURE | DATE | |
| PROPOSED SITE PRINCIPAL/ AUTHORIZED OFFICIAL | NAME | TITLE | SIGNATURE | DATE | |

| | | | | | |
|---|-------------------|-------|------------------------|------|---------------------------------------|
| SITE NUMBER 3 | CURRENT SITE NAME | | PROPOSED NEW SITE NAME | | <input type="checkbox"/> Co-Applicant |
| | | | | | <input type="checkbox"/> N/A |
| CURRENT SITE PRINCIPAL/ AUTHORIZED OFFICIAL | NAME | TITLE | SIGNATURE | DATE | |
| PROPOSED SITE PRINCIPAL/ AUTHORIZED OFFICIAL | NAME | TITLE | SIGNATURE | DATE | |

| | | | | | |
|---|-------------------|-------|------------------------|------|---------------------------------------|
| SITE NUMBER 4 | CURRENT SITE NAME | | PROPOSED NEW SITE NAME | | <input type="checkbox"/> Co-Applicant |
| | | | | | <input type="checkbox"/> N/A |
| CURRENT SITE PRINCIPAL/ AUTHORIZED OFFICIAL | NAME | TITLE | SIGNATURE | DATE | |
| PROPOSED SITE PRINCIPAL/ AUTHORIZED OFFICIAL | NAME | TITLE | SIGNATURE | DATE | |

| | | | | | |
|---|-------------------|-------|------------------------|------|---------------------------------------|
| SITE NUMBER 5 | CURRENT SITE NAME | | PROPOSED NEW SITE NAME | | <input type="checkbox"/> Co-Applicant |
| | | | | | <input type="checkbox"/> N/A |
| CURRENT SITE PRINCIPAL/ AUTHORIZED OFFICIAL | NAME | TITLE | SIGNATURE | DATE | |
| PROPOSED SITE PRINCIPAL/ AUTHORIZED OFFICIAL | NAME | TITLE | SIGNATURE | DATE | |

| | | | | | |
|---|-------------------|-------|------------------------|------|---------------------------------------|
| SITE NUMBER 6 | CURRENT SITE NAME | | PROPOSED NEW SITE NAME | | <input type="checkbox"/> Co-Applicant |
| | | | | | <input type="checkbox"/> N/A |
| CURRENT SITE PRINCIPAL/ AUTHORIZED OFFICIAL | NAME | TITLE | SIGNATURE | DATE | |
| PROPOSED SITE PRINCIPAL/ AUTHORIZED OFFICIAL | NAME | TITLE | SIGNATURE | DATE | |

| | | | | | |
|---|-------------------|-------|------------------------|------|---------------------------------------|
| SITE NUMBER 7 | CURRENT SITE NAME | | PROPOSED NEW SITE NAME | | <input type="checkbox"/> Co-Applicant |
| | | | | | <input type="checkbox"/> N/A |
| CURRENT SITE PRINCIPAL/ AUTHORIZED OFFICIAL | NAME | TITLE | SIGNATURE | DATE | |
| PROPOSED SITE PRINCIPAL/ AUTHORIZED OFFICIAL | NAME | TITLE | SIGNATURE | DATE | |

| | | | | | |
|---|-------------------|-------|------------------------|------|---------------------------------------|
| SITE NUMBER 8 | CURRENT SITE NAME | | PROPOSED NEW SITE NAME | | <input type="checkbox"/> Co-Applicant |
| | | | | | <input type="checkbox"/> N/A |
| CURRENT SITE PRINCIPAL/ AUTHORIZED OFFICIAL | NAME | TITLE | SIGNATURE | DATE | |
| PROPOSED SITE PRINCIPAL/ AUTHORIZED OFFICIAL | NAME | TITLE | SIGNATURE | DATE | |

| | | | | | |
|---|-------------------|-------|------------------------|------|---------------------------------------|
| SITE NUMBER 9 | CURRENT SITE NAME | | PROPOSED NEW SITE NAME | | <input type="checkbox"/> Co-Applicant |
| | | | | | <input type="checkbox"/> N/A |
| CURRENT SITE PRINCIPAL/ AUTHORIZED OFFICIAL | NAME | TITLE | SIGNATURE | DATE | |
| PROPOSED SITE PRINCIPAL/ AUTHORIZED OFFICIAL | NAME | TITLE | SIGNATURE | DATE | |

| FOR ISBE USE ONLY | | | |
|--|--|---|--|
| <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED | | DATE | |
| PRINCIPAL CONSULTANT NAME | | ISBE 21 ST CCLC SEA COORDINATOR NAME | |
| _____ | | _____ | |
| <i>Digital or Original Signature of Principal Consultant</i> | | <i>Digital or Original Signature of ISBE 21st CCLC SEA Coordinator</i> | |
| Date | | Date | |