Tom Changnon, Superintendent 1324 Celeste Drive • Modesto, CA 95355 • (209) 238-6300 • FAX (209) 238-6499

## **Request to Change Program Service Plan**

Management systems and procedures are part of each programs ongoing and organized approach to managing Head Start services. 1350.50 Appendix A: Governance and Management Responsibilities explains the specific decision-making of each policy group and management staff which is our program's reference for understanding our responsibilities. It is the approval process for the following job functions of the Head Start program as per Head Start Performance Standards:

- I. Planning
- II. General Procedures
- III. Human Resources Management

Delegate agencies and Direct Operated sites that plan on making any changes that may affect the scope and function of the program must complete the Request to Change Program Service Plan form within 20 working days prior to making the proposed changes. This form must be sent to the grantee Coordinator. The grantee Coordinator will review and submit to grantee Director for approval within 5 working days from receipt. (Refer to Management Responsibilities Chart. See \* below)

## Agency must:

- ✓ Revise the Program Service Plan (If Applicable)
- ✓ Submit the Request to Change Service Plan form attached.
- ✓ Submit a summary of the proposed changes. Include any descriptions of budgetary changes and necessary budget revisions.
- ✓ Submit documents needed for the proposed changes from the attached Management Responsibilities Chart.
- ✓ Provide evidence of Policy Committee and Governing Body approval to grantee Director when obtained.

Approval of the grantee Director should be obtained first before submitting for Policy Committee and Board approval. (Programs operated directly by the grantee will need Policy Committee approval.) Once approved by grantee Director, the delegate agency must ensure that the Policy Committee and Governing Body receive information and give their approvals as well before the changes are made.

For more information please contact the Early Childhood Coordinator of the designated program (EHS, RHS, EMHS, or MSHS) at (209) 238-1800.

\* Refer to Management Responsibilities Chart for examples of changes that may affect the function of the program. (Ex. Proposed changes in enrollment, days and hours of service and changes in location of sites or service area.)

## **Request to Change Program Service Plan/Funding Application**

Agency / Direct Opera	ated Site Name	
Program Year	Change for Current	Program Year Only On-going Change
Summary of proposed	changes: (May use additional p	ages)
Please attach any docu Chart attached.	ments needed for the proposed	changes from the Management Responsibilities
	(DO D	
Submitted by (Delegat	te/DO Representative):	Name
	Title	Date
Reviewed by (Grantee		
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Name		Date
Approved by (Grantee	Director	
- 1		
Name		Date