

**Voluntary Reduction of Grant Award**

ASES

21<sup>st</sup> CCLC Elementary, Middle/Junior

21<sup>st</sup> CCLC High School (ASSETs)

Agency Name: \_\_\_\_\_ Grant ID: \_\_\_\_\_ Proposed Effective Date: July 1, 2014

**Proposed change at the school level:**

14- Digit CDS Code	District and School Name	Program Type	Current Funding Level	Proposed Days of Operation	Proposed Students Per Day	Proposed New Funding Level*

Current Grant Award: \_\_\_\_\_ Proposed Grant Reduction: \_\_\_\_\_ Grant Award After Reduction: \_\_\_\_\_

**Explanation** (attach additional pages as needed):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Approval Signatures:** The district superintendent and the principal of each affected school site must sign.

14- Digit CDS Code	Superintendent Name	Superintendent Signature	Principal Name	Principal Signature

If more than four schools are being reduced, please complete and print a separate form for each group of four schools.

Prepared by: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Authorized Agent Name: \_\_\_\_\_ Authorized Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR CDE USE ONLY**

Reviewed by CDE Analyst: \_\_\_\_\_ Date: \_\_\_\_\_ VGR Analyst Verification: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by CDE Consultant: \_\_\_\_\_ Date: \_\_\_\_\_ ASSIST Change Verification: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions for Voluntary Reduction of Grant Form\*****Agency Instructions:**

Please fill in the entire form completely. Submit requests to the following address:

After School Division  
California Department of Education  
1430 N Street, Suite 3400  
Sacramento, CA 95814-5901

**Program Requesting Reduction:** Check the program requesting a grant reduction.

**Grant Information:** Enter the Agency Name, Grant ID, and Total Grant Award as listed on the most recent Grant Award Notification (AO-400) or amended AO-400.

**Proposed Change at School Level:** The entire table must be filled in correctly to give an accurate depiction of the fiscal changes you are requesting. Only one program type may be entered on each line. Program types are After School Base (AB), Before School Base (BB), After School Supplemental (AS), or Before School Supplemental (BS). Use additional sheets as needed.

**Reduction Requests:** Enter the amount to be reduced. Enter the remaining grant award total after reduction. Indicate zero if relinquishing the entire grant.

**Proposed New Funding Level:** ASES and 21<sup>st</sup> CCLC elementary, middle/junior: Calculation rates: \$7.50 per student per day for after school programs, \$5.00 for before school programs. Example: 180 days x 84 students x \$7.50 = \$113,400. 21<sup>st</sup> CCLC High School (ASSETs): \$10 per student per day, or the rate which the grantee identified in the application, whichever is higher.

**Explanation:** Explain what has changed since the grant was awarded that makes this reduction/relinquishment of funds necessary.

**Approval Signatures:** Include all appropriate signatures on the signature lines. This must include the Principal at each site reducing/relinquishing funds **and** the corresponding district superintendent.

**Authorized Agent:** Form must be completed by the Authorized Agent/Designee as listed on the AO-400.

\*This process is required by *Education Code* Section. 8483.7(a)(1)(A)(iv): "The department shall create a process to allow a grantee to voluntarily lower its annual grant amount if one or more sites are unable to meet the proposed pupil attendance levels by the end of the second year of the grant."