Form LA.3

First 5 California CARES Plus Program
Program Change Request

➢ *Note: This form must be submitted to First 5 California 60 days prior to making proposed program change(s).*

Name of County	
Name of Lead Agency	
Address	
City, State, Zip Code	
Contact information (name, telephone and email address) for Lead Agency Program Administrator	

Instructions for completion:

Please complete this form and return it to:

First 5 California
CARES Plus Program
2389 Gateway Oaks Drive, Suite 260
Sacramento, CA 95833
or fax to (916) 263-1360

The purpose of Form LA.4 is to provide a detailed narrative and justification to explain **proposed** program changes as defined in the RFA, Section (VIII(O). This form must be submitted 60 days prior to implementation of proposed changes, and must receive First 5 California's written approval. This form must be accompanied by a proposed Revised Program Operation Budget (Form LA.5) if the program change would result in a budget line item shift of greater than 15% or any other change to the original Program Operation Budget for one or more fiscal years. Attach additional pages as needed.

Please answer the following questions:

1. What program changes are you requesting from the original application? Please note the page numbers from the original application that are to be modified.
2. How will the proposed program change(s) continue to meet the needs of early educators being served?
3. Why are the program change(s) necessary?
4. How will the proposed change(s) affect:
    - Number of participants to be served in each component? For example, will more or less be served, and why?
    - Component(s) requirements
    - CORE requirements
    - Partners, the additional or deletion of partners
    - Collaborative efforts
    - Budget categories
    - Stipends
    - Evaluation
    - Any other major program shifts

5. What, if any, barriers or challenges caused these proposed change(s)?
6. If applicable, why was the prior FY budget not fully expended? Did the decreased spending result in any modifications to the program, services, and number of early educators to be served?

Example:

Originally, County X's program design included Component C. However, due to recruitment issues, including Component C in the program design is no longer feasible. Accordingly, the number of early educators to be served will be reduced by approximately 15. However, efforts are underway to recruit additional participants for Component B. Any stipend that would have been given to a Component C participant will be used for additional Component B participants as needed. Additionally, this change will require us to hire a part-time advisor in place of Component C advisors. This change will affect the Personnel budget category. No other budget category changes are anticipated as we begin to recruit for Component B and to hire a part-time advisor.

Lead Agency Executive Director: _____

Signature of Director or Designee: _____ Date: _____

Printed Name/Title of Person Signing: _____

First 5 California Use Only:

Reviewed and Approved by PMD: _____ _____
Signature Date