

**Funded Program Name**

**Maryland State Department of Education**200 West Baltimore Street

Baltimore, Maryland 21201

**Grant Period Ends**June 30, 2023

**PROGRAM AMENDMENT REQUEST**

MARYLAND STATE DEPARTMENT OF EDUCATION

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**Kelly Meadows**Assistant State Superintendent, Educator Certification and Program Approval

**Wes Moore**Governor

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**Instructions**

Complete this application electronically by typing directly into the fillable fields and charts. Do not alter or remove sections. When finished, save the application document as a pdf to your computer and obtain appropriate signatures. The completed application should be saved as a pdf an emailed to:

Allison Sanborn, Grants Manager

Division of Educator Certification and Program Approval

Maryland State Department of Education

410-767-0531

allison.sanborn@maryland.gov

# Proposal Cover Sheet (1 page)

Include the original cover sheet that was submitted with the approved proposal.

# Program Amendment Summary

Provide a brief summary of the changes requested and the main catalyst for requesting these changes.

|  |
| --- |
| Type response here. |

# Project Narrative

## Amended Plan of Operation: Professional Development Program

Provide a clear description of the changes required to accomplish the outcomes of the approved program.

|  |
| --- |
| Type response here. |

## Amended Plan of Operation: 21st-Century Practicum

Provide a clear description of the changes required to accomplish the outcomes of the approved program.

|  |
| --- |
| Type response here. |

## Amended Evaluation and Dissemination

Provide a clear description of the changes to the evaluation and dissemination plan, if applicable.

|  |
| --- |
| Type response here. |

## Amended Management Plan and Key Personnel

Provide an amended management plan, if applicable.

**Key Personnel**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title, Partner Organization** | **Responsibilities** | **Time devoted** |
|  |  |  |  |
|  |  |  |  |

*\*Add more rows if necessary*

Provide a clear description of the changes to the management plan and why they are being requested, if applicable.

|  |
| --- |
| Type response here. |

## Amended Project Timeline

Provide an amended project timeline, if applicable.

### Year 1 (July 1, 2019 – June 30, 2020)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Management Activity | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Implementation Activity | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Evaluation Activity | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

*\*Add more rows or tables if necessary*

Provide a clear description of the changes to the timeline and why they are being requested.

|  |
| --- |
| Type response here. |

# Amended Budget and Budget Narrative

Please provide an amended budget amendment request form, if applicable. Attach this in the appendix.

# Appendix

The following Appendices may be included in the program amendment request:

* Job descriptions for any new positions
* A signed budget amendment request form for each year