### Appendix E: VOLUNTARY REDUCTION OR TERMINATION OF GRANT AWARD

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sub-recipient Name |  | Unit Number |  | Year of Award |  |

A 21st Century Community Learning Center (21st CCLC) 21st sub-recipient may initiate termination or reduction of its grant award by submitting written notification to the Federal Program Monitoring Section. The notification shall state the reason(s) for initiating the reduction or termination process and the effective date of the reduction or termination. Please indicate below if the request is for termination or reduction of funds.

1. **REQUEST FOR TERMINATION OF 21ST CCLC GRANT**

|  |  |  |
| --- | --- | --- |
|  | **The sub-recipient would like to voluntarily terminate its grant program.** | **The proposed effective date for the grant program termination:** |
| **Reason:** | | |

1. **REQUEST FOR REDUCTION OF 21st CCLC FUNDS**

|  |  |  |
| --- | --- | --- |
|  | **The sub-recipient would like to voluntarily reduce the amount of 21st CCLC funds for the following time period:**  **The current fiscal year.**  **The remainder of the grant cycle.** | |
| **If decision is due to low enrollment/attendance, provide the attendance details in the next row. If not, skip to the “Reason” text box below.** | | |
| **Initial Enrollment/Attendance Targets As Approved in the Grant Application) (List for each site if applicable):** | | **Revised Enrollment/Attendance Targets**  **(List for each site if applicable):** |
| **Reason:** | | |

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*Printed Name of Fiscal Agent Organization Signature of Fiscal Agent Organization*

*Chief Administrator or Designee* *Chief Administrator or Designee*

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(Printed Name of Sub-recipient Official) (Signature of Sub-recipient Official) (Date of Request)

Submit completed requests to Sylvia Moore at [sylvia.moore@dpi.nc.gov](mailto:sylvia.moore@dpi.nc.gov) or by FAX to 919.807.3968.