|  |  |
| --- | --- |
|  | **Tennessee Department of Human Services**  **CSBG Community Action Plan Amendment Request Form** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency Name:** | | | |  | | | | | | | | | | | | | | | | | |
| **Contract Fiscal Year:** | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **What services and strategies domains will be affected by the amendment(s)? *(Mark all that apply)*** | | | | | | | | | | | | | | | | | | | | | |
|  | **Employment** | | | | | | | | |  | | | **Civic Engagements and Community Involvement** | | | | | | | | |
|  | **Education and Cognitive Development** | | | | | | | | |  | | | **Services Supporting Multiple Domains** | | | | | | | | |
|  | **Income, Infrastructure, and Asset Building** | | | | | | | | |  | | | **Linkages**  *(e.g., partnerships that support multiple domains)* | | | | | | | | |
|  | **Housing** | | | | | | | | |  | | | **Agency** **Capacity Building** | | | | | | | | |
|  | **Health and Social/Behavioral Development** *including nutrition* | | | | | | | | |  | | | **Other**  *(e.g., emergency management /disaster relief)* | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Provide a detailed explanation of the proposed amendment(s).** ***(Attach additional sheet, if needed)*** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | |  | |  | |  | | | |
| **Will the amendment(s) require a budget revision?** | | | | | | | | | | |  | | | **Yes** | |  | | **No** | | | |
| (***If yes, provide a detailed explanation of the dollar amount and impact of the revision)*** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Describe how the amendment(s) will affect the needs of your community and how the outcomes will be tracked. Provide specific metrics that will be used for tracking outcomes. *(Attach additional sheet, if needed)*** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| ***Please submit 30 calendar days prior to your proposed effective date.*** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Signatures** | | | | | | | | | | | | | | |  | | | | **Date** | | |
|  | | | | | | | | | | | | | | |  | | | |  | | |
| ***Executive Director*** | | | | | | | | | | | | | | |  | | | |  | | |
|  | | | | | | | | | | | | | | |  | | | |  | | |
| ***Program Manager*** | | | | | | | | | | | | | | |  | | | |  | | |
|  | | | | | | | | | | | | | | |  | | | |  | | |
| ***Fiscal Director*** | | | | | | | | | | | | | | |  | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **For State Office Use Only** | | | | | | | | | | | | | | | | | | | | | |
| **Date Received:** | | |  | | | | | | | | **Effective Date:** | | | | | |  | | | | |
|  | |  | | | |  | |  | |  | |  | | | | | | | |  |  |
| **Action Taken:** | | **APPROVED** | | | |  | **DENIED** | |  | | |  | | | | | | | |  |  |
|  | |  | | | |  | |  | |  | | **Community Services Office Signature** | | | | | | | |  | **Date** |
|  | | | | | | | | | | | | | | | | | | | | | |