



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 EXTENDED LEARNING
 AFTERSCHOOL PROGRAM



CONTACT INFORMATION SHEET

This individual will be listed as the *primary* grant contact person for the grant award period. By submitting this form, the grant contact person understands and agrees to all of the following:

1. All requests for information or questions from the state agency concerning the approved grant will be directed to this individual;
2. This individual (at a minimum) is required to read the DESE Portal for Afterschool Programs no less than once per week for any announcements, updates, changes, or other pertinent information regarding the awarded grant from the state agency;
3. This individual is responsible for informing all program staff of appropriate grant information received directly from the state agency and/or posted on the DESE Portal for Afterschool Programs; and,
4. If any information on this form changes at any time, programs must resubmit this form immediately and as often as necessary.
5. An *alternate* contact person must be identified who can be reached in absence of primary contact person.

Grantee Name		Grant Type <input type="checkbox"/> 21 st CCLC <input type="checkbox"/> SAC		Cohort Number <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	
Primary Contact Being Replaced			Effective Date of Contact Person Change		
New Primary Contact Name			Title		
Organization/Agency (if different than Grantee Name)			Email (Print clearly-be sure numbers do not resemble letters)		
City, State and Zip		Phone Number Ext.		Fax Number	
Alternate Contact Name		Alternate Contact Phone Number Ext.		Alternate Contact Email	
Signature of New Contact Person				Date	

<p>FOR DEPARTMENT USE ONLY – DO NOT COMPLETE</p> <p>_____ Assigned Supervisor</p> <p>_____ DESE Portal</p> <p>_____ Main Database</p>	<p>PLEASE COMPLETE AND RETURN TO:</p> <p>Afterschool Program Extended Learning Department of Elementary and Secondary Education P.O. Box 480 Jefferson City, MO 65102-0480 Phone: 573-522-2627 Fax: 573-522-3726</p>
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