



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD - AFTERSCHOOL

KEY STAFF CHANGES

INSTRUCTIONS

Complete this form for any key changes in afterschool program staff (primary contact person, program coordinator, site coordinator, site director or other such similar titles/responsibilities) paid with grant funds or any changes in your finance person responsible for your grant funds.

GRANTEE NAME		Cohort Number <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
Grant Type <input type="checkbox"/> 21 st CCLC (Title IV, Part B) <input type="checkbox"/> SAC	SITE NAME		
KEY STAFF BEING REPLACED	TITLE	EFFECTIVE DATE OF CHANGE	
NEW KEY STAFF NAME, IF APPLICABLE: <input type="checkbox"/> PROGRAM STAFF <input type="checkbox"/> FISCAL STAFF	TITLE	Will this person be the primary grant contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ORGANIZATION/AGENCY (IF DIFFERENT THAN GRANTEE NAME)		EMAIL	
ADDRESS			
CITY, STATE AND ZIP		PHONE NUMBER	EXT.
EXPLANATION/COMMENT, IF NEEDED			
SIGNATURE OF NEW KEY STAFF PERSON		DATE	
FOR OFFICE USE ONLY (DO NOT COMPLETE BELOW THIS LINE)			
PLEASE SCAN AND EMAIL TO: afterschool@dese.mo.gov For questions, please call (573) 526-5395			
_____ Senior Accounts Assistant _____ DESE Supervisor Copied to: <input type="checkbox"/> MASN <input type="checkbox"/> ARE _____ <input type="checkbox"/> PQA Coordinator			
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