

FAMILY DEVELOPMENT AND SELF-SUFFICIENCY (FaDSS)

PROGRAM REQUEST FOR WORK PLAN AMENDMENT INSTRUCTIONS

If during the program year, the grantee needs to make a substantive change to the program, a work plan amendment (WPA) is appropriate. *If your new plan affects your current budget such that there will be an expected variance of greater than 10% in any cost category of any funds category, it is expected that a Request For Budget Amendment will accompany this Request for Work Plan Amendment*

SUBMISSION REQUIREMENTS:

Submit the WPA with authorized signature to the Division of Community Action Agencies (DCAA) email box dcaa@iowa.gov. In the subject line, please include the grantee contract number and indicate the email contains a WPA.

HEADINGS

GRANTEE: Enter the name of the grantee as it appears on the FaDSS contract.

CONTRACT NUMBER: Enter the FaDSS contract number as it appears on the FaDSS contract.

DATE: Enter the date on which this form is being completed.

REQUEST

1). CURRENT PROCESS AND/OR PLAN ELEMENT FROM CURRENT APPLICATION THE GRANTEE IS PROPOSING TO CHANGE: Explain the current program process or plan element as stated in the FaDSS Application or previously approved plan amendment that the grantee is proposing to change.

2). PROPOSED NEW PROCESS OR PLAN ELEMENT: Describe the new work plan element, mirroring the format used above. Discuss the grant section that is being proposed for change in the format of the grant application. Provide adequate detail to describe a new process and changes being made from the approved application.

3). REASON(S) FOR AMENDMENT: Provide adequate reason and support for the proposed change(s) in your program plan.

AUTHORIZING SIGNATURE:

The signature of the person authorized to enter your program into contracts must appear on the signature line for the request to be considered.

ALLOWABLE ATTACHMENTS

Please provide adequate detail to address each of the three information points listed on the form. If the form does not provide adequate space on which to address the request you may indicate in each area of the form that there is an attachment and complete your responses in another format, but the **text of each of the three points must** be included in your format. This form must be attached with a completed

headings and signature.

OVERVIEW OF THE APPROVAL PROCESS

DCAA staff will review the request to ensure it is complete. Incomplete requests will be returned to the grantee for revision. If the WPA is approved a approval letter will be sent to the grantee.

State Program Managers are authorized by the FaDSS Council to approve WPAs. If a grantee is unsatisfied with the decision of the Program Manager. A request for appeal may be made to the FaDSS Council.