Program Narrative Change

Fiscal Year 2026–27

Contractor Legal Name: *(Full legal name required. Acronyms or site names not accepted)*

Vendor Number: **County:**

Program Type: California State Preschool Program (CSPP)

Change Type(s): *Please select the type(s) of change(s)*

☐ Minimum Days of Operation (MDO) Change ☐ Programmatic Change

Please include responses to the questions below:

1. If requesting an MDO change, what is the program's current MDO?

2. If requesting a programmatic change, how is the program currently operating without the requested change?

3. Describe and justify the proposed change(s) including how services to children and families will be impacted if the change(s) is(are) implemented.

Under penalty of perjury, I certify as the authorized contractor representative, that all applicable State and federal statutes and regulations will be observed.

Name of Authorized Representative: **Title of Authorized Representative:**

Signature of Authorized Representative: **Date:**