

**Mississippi Department of Education
Federal Programs/School Improvement/Special Education
MCAPS Revision Form**

District Name:	
School Name: <i>(Please submit one REVISION FORM per school):</i>	

DETAILED DESCRIPTION

(Please provide the following responses in complete sentences):

Which strategy in your application is being revised?	
Why is the revision being requested?	
Revision Number (e.g. Revision 1,2,3):	
Fiscal Year (e.g. FY19):	
Program Name (e.g. Title I, Part A; SIG; SPED):	

Required Signatures:

<i>School Principal (SIG and 1003(a) ONLY)</i>	<i>Date</i>
<i>Federal Programs Director/Project Coordinator</i>	<i>Date</i>
<i>Business Manager</i>	<i>Date</i>
<i>Superintendent/Executive Director</i>	<i>Date</i>

FOR MDE USE ONLY:

DATE RECEIVED: _____ **DATE APPROVED:** _____

Signatures:

Bureau Director (OSI): _____

Bureau Director (OGM): _____

Executive Director (OGM): _____

Executive Director (OSI): _____