

Mississippi Department of Education
School Improvement 1003 Funds
 MCAPS Revision Form

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

DETAILED DESCRIPTION

(Please provide the following responses in complete sentences):

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| Which intervention/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): | |

Required Signatures:

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| <i>School Principal (1003 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> |