



COUNTY OF ERIE
MARK POLONCARZ
COUNTY EXECUTIVE

**REVISED PROGRAM DESCRIPTION &
PROGRAM CONTACT UPDATE**

Please complete the following information for your ECYB funded program:

Agency Name: _____

Program Address: _____
(Address where the program actually takes place)

Executive Name: _____ **Title:** _____
(The senior-most person in the organization, ED/Board Chairman etc.)

Executive Email: _____ **Phone:** _____

Program Contact Name: _____ **Title:** _____

Program Contact Email: _____ **Phone:** _____

Fiscal Contact Name: _____ **Title:** _____
(The person who will complete the budgets and payment request forms)

Fiscal Contact Email: _____ **Phone:** _____

If you are making any adjustments to your program description submitted with your proposal please list those changes below with an explanation (i.e. less number of participants, change in hours of operation, change in days of operation, change in staffing pattern, etc.)

Please note that any changes made to a program description MUST be approved by ECYB in writing prior to implementing such change.