# Part III

## Additional Education Plan Page

Instructions: Complete this section **ONLY** if the program goals and objectives will change due to the budget revision. If no changes in program design are affected by the budget revision please disregard this section. (Attach to eform when submitting)

1. Name of school / pre-school/ project site:_____
2. No. of JOM eligible students to be served: Pre-K____ K-6____ 7-12_____
3. Length of Program: _____ to _____ (date)

| **4. Program and Staffing Needs** | 5. **Educational Goals** |
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| 6. **Measurable Objectives** | 7. **Activities** |
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