

ICAN Programming Exception Request

Date of request: _____

County: _____

Name of person initiating request: _____

Exception requested for: SNAP-Ed EFNEP

Audience (location, type/setting, specify youth or adult):

Dates, duration of session/lesson(s) and curriculum choice:

Justification:

Approvals:	Yes	No
1 st Level: ICAN Supervisor:		
2 nd Level, if applicable: HSD Director:		
Budget Approval, if applicable: ICAN Financial Specialist:		
Final Approval: ICAN Director:		