|  |
| --- |
| **I. Basic Information of Organization Continuation Application – Cohort 15/16** |
| Fiscal Agent Organization Name: |       |
| Fiscal Agent Organization Unit Number #: |       |
| Cohort Number  | [ ] Cohort 15 [ ] Cohort 16 |
|  |  |
| Fiscal Agent Organization UEI #: |       |
| Fiscal Agent Organization Tax ID #: |       |
| Fiscal Agent Organization Physical Address: |       |
| Requested Grant Award: | $      |
| County(ies) Served by Proposed 21st CCLC Grant: |       |
| Fiscal Agent Chief Administrator Name: |       |
| Fiscal Agent Chief Administrator Email Address: |       |
| Fiscal Agent Chief Administrator Phone Number: |       |
| Chief Finance Office Name (if appropriate): |       |
| Chief Finance Office Email (if appropriate): |       |
| Chief Finance Office Phone (if appropriate): |       |
| If submitting a Joint Application, provide name of Partnering Agency: |       |

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| **II. Basic Information of Program Components**  |
| 21st CCLC Program Name: |       |
| Program Director Name: |       |
| Program Director Email: |       |
| Program Director Phone Number: |       |
| **School Year Program:**  | **Number of Student Slots:**       | **Dates of Programming From:**      **to**       | **Total Number of Weeks Students Served:**       |
| **Extended Hours Programming (if applicable):** | **Number of Student Slots:**       | **Dates of Programming From:**      **to**       | **Total Number of Weeks Students Served:**       |
| **Summer Program:** | **Number of Student Slots:**       | **Dates of Programming From:**      **to**       | **Total Number of Weeks Students Served:**       |

**III. SCHOOL YEAR PROGRAM SITE/CENTER INFORMATION** (**complete for each site/ center):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Site # 1 Location Name & Physical Address:**       | **Days/Hours of Operation:**     Extended Hours (if applicable):      | **Phone #:**       | **Site Director Name and Email Address):**       |
| **Site # 2 Location Name & Physical Address:**       | **Days/Hours of Operation:**     Extended Hours (if applicable):      | **Phone #:**       | **Site Director Name and Email Address):**       |
| **Site # 3 Location Name & Physical Address:**       | **Days/Hours of Operation:**     Extended Hours (if applicable):      | **Phone #:**       | **Site Director Name and Email Address):**       |

Insert additional cells as necessary. Approved programs will submit a separate Summer Program Information Sheet at a later date.

***By signing below, I am attesting that I understand it is the Fiscal Agent Organization’s responsibility to: 1) maintain accurate and updated contact information for all 21st CCLC Competitive 2023-2024 Grant Program sites with NCDPI; 2) ensure adherence to all assurances and certifications associated with the 21st CCLC 2023-2024 Competitive Grant Program; 3) assume responsibility for the reconciliation of any audit exception or compliance finding, including as necessary, the repayment of 21st CCLC funds from a non-federal funding source. (Note, an original, hand–written signature or official electronic signature is required.)***

***Printed Name of Fiscal Agent Chief Administrator or Designee Date­­ f the Fiscal Agent Organization.ons is the responsiblity te in one training sessionlonger receiving funds.l support data collec***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature of Fiscal Agent Chief Administrator or Designee Date­­ f the Fiscal Agent Organization.ons is the responsiblity te in one training sessionlonger receiving funds.l support data collec***