|  |  |
| --- | --- |
| **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: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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***