**21st Century Community Learning Centers**

**Basic Program Information**

**Competitive Grant Program 2024-2025 (Revised January 2024)**

|  |  |
| --- | --- |
| **I. Basic Information of Non-Profit Organization Applying for Funding** | |
| Fiscal Agent Organization Name: |  |
| Fiscal Agent Organization Unit Number #: |  |
| Fiscal Agent Organization UEI #: |  |
| Cohort Number: | Cohort 16  Cohort 17 |
| 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 Officer Name (if appropriate): |  |
| Chief Finance Officer Email (if appropriate): |  |
| Chief Finance Officer Phone (if appropriate): |  |
| If submitting a Joint Application, provide name of Partnering Agency: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **II. Basic Information of Program Components** | | | | | |
| 21ST CCLC Program Name: | |  | | | |
| 21ST CCLC Program Type: | | **Required Academic Year Program** **Optional Standard Summer Program**  **Optional Intensive Summer Program** | | | |
| Program Director Name: | |  | | | |
| Program Director Email: | |  | | | |
| Program Director Phone Number: | |  | | | |
| **Required Academic Year Program:** | **Proposed Number of Students Served:** | | **Dates of Programming From:**      **to** | **Total Number of Weeks Students Served:** | **Average Number of Weekly Contact Hours:** |
| **Optional Standard Summer Program:**  **Not Applicable:** | **Proposed Number of Students Served:** | | **Dates of Programming From:**      **to** | **Total Number of Weeks Students Served:** | **Average Number of Weekly Contact Hours:** |
| **Optional Intensive Summer Program:**  **Not Applicable:** | **Proposed Number of Students Served:** | | **Dates of Programming From:**      **to** | **Total Number of Weeks Students Served:** | **Average Number of Weekly Contact Hours:** |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Site # 1 Location Name & Physical Address:** | **Days/Hours of Operation:** | **Phone #:** | **Site Director Name and Email Address:** |
| **Site # 2 Location Name & Physical Address:** | **Days/Hours of Operation:** | **Phone #:** | **Site Director Name and Email Address:** |
| **Site # 3 Location Name & Physical Address:** | **Days/Hours of Operation:** | **Phone #:** | **Site Director Name and Email Address:** |
| **Site # 4 Location Name & Physical Address:** | **Days/Hours of Operation:** | **Phone #:** | **Site Director Name and Email Address:** |
| **Site # 5 Location Name & Physical Address:** | **Days/Hours of Operation:** | **Phone #:** | **Site Director Name and Email Address:** |
| **Site # 6 Location Name & Physical Address:** | **Days/Hours of Operation:** | **Phone #:** | **Site Director Name and Email Address:** |
| **Site # 7 Location Name & Physical Address:** | **Days/Hours of Operation:** | **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 2024-2025 Grant Program sites with NCDPI; 2) ensure adherence to all assurances and certifications associated with the 21ST CCLC 2024-2025 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.)***

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***Printed Name of Fiscal Agent Chief Administrator or Designee Date­­***

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

***Signature of Fiscal Agent Chief Administrator or Designee Date­­***