**21st Century Community Learning Centers**

**Basic Program Information**

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

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| **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: |       |

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| **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):**

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