



2014-17 21st Century Community Learning Centers (21st CCLC) Title Page

1. Program Title: _____

2. Applicant Agency: _____

Address: _____

City: _____ ZIP: _____

County (ies) in which Program will Operate: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Federal ID Number : _____ SAP Vendor Number : _____

3. Participating School District(s)/School(s) (if other than Applicant)

4. Number of students expected to participate in the proposed 21st CCLC program:

Participant Grade Level	14-15 School Year	14-15 ELT School Day	2015 Summer	15-16 School Year	15-16 ELT School Day	2016 Summer	16-17 School Year	16-17 ELT School Day	2017 Summer	Total
PreK-K										
Elementary School										
Middle School										
High School										
Total										

5. Budget	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Funds requested:	_____	_____	_____
Match (if available)*:	_____	_____	_____
Total:	_____	_____	_____

* If match is listed here, it must also be listed on summary budget forms and budget narrative pages.

6. Certification: The applicant certifies to the best of his/her knowledge and belief that the information in this application is true and correct and that filing of the application has been duly authorized by the governing body of the applicant and that applicant will comply with the assurance required of applicants if the assistance is approved. Without limitation of the foregoing, I understand if I provide any false or incomplete information it may result in denial of my application.

Name: _____ **Signature:** _____

Title: _____ **Date:** _____