



**2015-18 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	15-16 School Year	2016 Summer	16-17 School Year	2017 Summer	17-18 School Year	2018 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:** _____

