



**2017-20 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	17-18 School Year	2018 Summer	18-19 School Year	2018 Summer	19-20 School Year	2020 Summer	Total
PreK-K							
Elementary School							
Middle							

School							
High School							
Total							

Unduplicated number of students _____

5. Budget	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Funds requested:	_____	_____	_____
Matching or In-Kind (if available)*:	_____	_____	_____
Total:	_____	_____	_____

* If matching 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:** _____

