



**pennsylvania**  
DEPARTMENT OF EDUCATION

**21st Century Community Learning Centers (21st CCLC)  
Contact Information Form**

The Pennsylvania Department of Education and the Center for Schools and Communities will contact the individuals indicated on this form. It is the responsibility of the grantee to notify additional staff people of communication received from either agency and to contact PDE with any changes to this contact information as it occurs. Please note that we do not communicate with your contractors.

**School District/Fiscal Agency**

**Unique 21st CCLC Site Name**

Cohort

**Name of Superintendent/CEO:**

**Title:**

**Physical Address:**

**City:**

**State:**

**ZIP:**

**Mailing Address:**

**City:**

**State:**

**ZIP:**

**Phone:**

**Ext:**

**Fax:**

**Email:**

**Website:**

**Name of Fiscal Agent/Business  
Manager:**

**Title:**

**Physical Address:**

**City:**

**State:**

**ZIP:**

**Mailing Address:**

**City:**

**State:**

**ZIP:**

**Phone:**

**Ext:**

**Fax:**

**Email:**

**Website:**

**Name of Primary Program**

**Contact:**

**Title:**

**Physical Address:**

**City:**

**State:**

**ZIP:**

**Mailing Address:**

**City:**

**State:**

**ZIP:**

**Phone:**

**Ext:**

**Fax:**

**Email:**

**Website:**

**Name of Secondary Program**

**Contact:**

**Title:**

**Physical Address:**

**City:**

**State:**

**ZIP:**

**Mailing Address:**

**City:**

**State:**

**ZIP:**

**Phone:**

**Ext:**

**Fax:**

**Email:**

**Website:**

**Designate one individual from this form to be the Authorized Grantee User in the 21APR system:**

**Name:**

**Email:**

**This form was completed**

**by:**

**Position:**

**Date:**