



21st Century Community Learning Centers (21st CCLC) Title Page

Cohort No.

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	School		Summer		School		Summer		Total
PreK-K									
Elementary									
Middle									

High School

Total

Unduplicated number of students__

5. Budget **Year** **Year** **Year**

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:** _____