

SECTION G-G: GRANT APPLICATION COVER PAGE DOCUMENT SAMPLE

FOR OFFICE USE ONLY

APPLICANT IDENTIFIER: 1	POSTMARK DATE:	DATE RECEIVED AT SDE
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APPLICANT INFORMATION

YEAR 1 FUNDING REQUESTED _____

1(A) Name of application/organization/Consortium <u>ABC Consortium</u> 2	2. Authorized applicant representative: <u>Jane Smith</u> Title: <u>Superintendent</u> 3 Phone: _____ Fax: _____
1(B) Address of the authorized applicant representative to which grant correspondence is to be sent: _____ _____ _____	Authorized re. Email: _____ Project director: <u>Sally Jones</u> 4 Title: <u>Executive Director, YMCA</u> Phone: _____ Fax: _____ Director's summer phone: _____ Director's e-mail: _____
*3. School district and region numbers: District # _____ Region # _____ 5	4. This project is a consortium proposal: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, please identify the fiscal agent: <u>XYZ Public Schools</u> 6
*5.(A) Total number of centers where services will be provided: _____ (B) Total number of school building populations to be served: _____ *(if more than one center or school building, complete Cover Page Addendum, A-28 and do not complete items (C) & (D) below (C) School building is identified for 2008-2009 as in need of improvement under Title I: <input type="checkbox"/> YES <input type="checkbox"/> NO (D) School building 2008-2009 poverty rate: _____%	6. Federal tax identification number (TIN) of fiscal agent: <u>82- 7 1 8 5 6 3 8</u> *7. Student population to be served (check all that apply): <input type="checkbox"/> Elementary school <input type="checkbox"/> Middle school <input type="checkbox"/> High school *8. Types of community partners (check all that apply): 1. <input type="checkbox"/> School district 2. <input type="checkbox"/> Faith-based organization 3. <input type="checkbox"/> National organization 4. <input type="checkbox"/> Library/museum 5. <input type="checkbox"/> Community-based organization 6. <input type="checkbox"/> County/city agency 7. <input type="checkbox"/> Health/mental health provider 8. <input type="checkbox"/> College/university
*9. Types of Activities to be Provided (check all that apply): 1. <input type="checkbox"/> Remedial/academic enrichment 2. <input type="checkbox"/> Mathematics/science education 3. <input type="checkbox"/> Arts/music education 4. <input type="checkbox"/> Entrepreneurial education 5. <input type="checkbox"/> Tutoring/mentoring programs 6. <input type="checkbox"/> English language learners program 7. <input type="checkbox"/> Recreational activities 8. <input type="checkbox"/> Telecommunications/technology programs 9. <input type="checkbox"/> Expanded library service hours 10. <input type="checkbox"/> Parent involvement/family literacy 11. <input type="checkbox"/> Truant/suspension/expulsion program 12. <input type="checkbox"/> Drug/violence prevention, counseling 13. <input type="checkbox"/> Health/mental health services 14. <input type="checkbox"/> Other _____	
7 10. (A) Project start date <input checked="" type="checkbox"/> 07/01/10 (B) Project duration Five Years: <input checked="" type="checkbox"/> 07/01/10 – 06/30/15	*11. (A) The site will charge a fee for services: <input type="checkbox"/> Yes <input type="checkbox"/> No (B) The sites are currently licensed (if applicable): <input type="checkbox"/> Yes <input type="checkbox"/> No
*12. Service Options (check all that apply): <input type="checkbox"/> After school only <input type="checkbox"/> Both before-and after-school <input type="checkbox"/> Full days during summer break <input type="checkbox"/> Full days during school year when school is not in session	

HELPFUL HINTS FOR COMPLETING THE COVER PAGE

- Do not write in the shaded boxes
- ABC Consortium is the name selected by the four consortium members: XYZ Public Schools, the YMCA, region II Human Services, and the Boy Scouts.
- Jane Smith, the superintendent of XYZ Public Schools, has been selected by the consortium to be the authorized applicant representative for the group.
- Sally Jones, the executive director of the YMCA, has been selected by the consortium to be the project director and will be responsible for the day-to-day operations of the project.
- Since the ABC Consortium is providing services at more than one center, the boxes that have an asterisk (3, 5, 7, 8, 9, 11(a), 11(b), and 12) are not completed on the cover page. This information will be provided on the Cover Page Addendum (A-29)
- The XYZ Public School District was selected by the consortium to act as the fiscal agent, so it is identified as such in box "4" and their TIN number is listed in box "6."
- No grant-funded activities may begin before that date (e.g., ordering, contracting or otherwise obligating or encumbering grant funds.)

HELPFUL HINTS FOR THE STATEMENT OF ASSURANCES SIGNATURE PAGE

Signature of **Primary** Applicant Representative

13. To the best of my knowledge and belief, all information in this application is true and correct. The document has been approved by the board(s) or governing body(ies) of the applicant(s) and the applicant(s) will comply with the assurances listed above if the assistance is awarded. The individual who is authorized by the governing body of the applicant to sign on behalf of the organization should sign below. All co-applicant representatives, must sign the <i>21st Century Community Learning Center Grant Program Consortia Partners Signature Page (A-27)</i> .		
a. Typed Name of Authorized Representative Jane Smith	b. Title Superintendent	c. Telephone Number 208-334-7272
d. Signature of Authorized Representative <i>Jane Smith</i>	e. Representing ABC Consortium	f. Date Signed 11/26/09

8. Jane Smith, who was identified as the authorized applicant representative fore the consortium in Cover Page box “2” used blue ink to sign box “13” of the Statement of Assurances Signature (Page A-25) on its behalf.

HELPFUL HINTS FOR THE CONSORTIA PARTNERS SIGNATURE PAGE
21ST CENTURY COMMUNITY LEARNING CENTER GRANT PROGRAM
CONSORTIA PARTNERS SIGNATURE PAGE

Consortium Applicant Name ABC Consortium

SIGNATURE STATEMENT 14) To the best of my knowledge and belief, all information in this application is true and correct. We are co-applicants in the proposed project. This document and participation in this project have been approved by the board (or governing body) of the undersigned school district(s) or organization(s). We will comply with the statement of assurances if the assistance is awarded.		
a. Typed Name of Authorized Representative Jane Smith	b. Title Superintendent	c. Date Signed 11/24/09
d. Signature of Authorized Representative	e. Representing XYZ Public Schools	f. Telephone Number 308-555-1212
a. Typed Name of Authorized Representative Sally Jones	b. Title Executive Director	c. Date Signed 11/24/09
d. Signature of Authorized Representative	e. Representing YMCA	f. Telephone Number 308-555-5555
a. Typed Name of Authorized Representative Dr. Tom Goodrich	b. Title Director	c. Date Signed 11/25//09
d. Signature of Authorized Representative	e. Representing Region II Human Services	f. Telephone Number 308-555-4444
a. Typed Name of Authorized Representative Bob Thomas	b. Title Director	c. Date Signed 11/25/09
d. Signature of Authorized Representative	e. Representing Boy Scouts	f. Telephone Number 308-555-3333

9. Each member of ABC Consortium signed the Consortia partners Signature Page (A-27) representing the board of their district or governing body of their organization. Jane Smith must sign this form representing XYZ Public Schools, even though she also signed the Statement of Assurance Signature Page (A-24) representing ABC Consortium.

21ST CENTURY COMMUNITY LEARNING CENTERS GRANT COVER PAGE ADDENDUM
(For consortium participants to provide information for Cover Page Boxes 1, 3, 5,7,8,9, 11and 12)

Consortium Applicant Name: _____

Table A: Identification of Participating Centers/School Building Target Population

A NAME OF CENTER	B C#	C SCHOOL BUILDING (SB) TARGET POPULATION	D SB #	E SCHOOL DISTRICT NAME	F REG #	G DIST #	H SITE				I STUDENTS TO BE SERVED	
							Fee		Licensed		By Center.	By Bldg.
							Yes	No	Yes	No		
XYZ Elementary School	1	XYZ Elementary School	1	XYZ Public Schools	3	003	Y			N	50	35
YMCA	1	QRS Elementary School	2a	QRS Public Schools	3	003	Y			N	50	25
		TUV Elementary School	2b	TUV Public School	3	003						25

If space is needed to list more than 6 participating centers/school building target populations, attach additional copies of this page.

Table B: Absolute/Competitive Priority Information by School Building Target Population

	ABSOLUTE PRIORITY	SB #	SB #	SB #	SB #	SB #	SB #	SB #	SB #	% MET
I.	The school building to be served had a Title I schoolwide program OR at least 40% of the students qualified to receive free or reduced-cost meals.	42.18	51.07	45.6						100.00
COMPETITIVE PRIORITIES										
II.	The school building to be served has been designated as in need of improvement under Title I (Section 1116).	Y	N	N						33.30
III.	The application is submitted jointly by the Title I schoolwide eligible building to be served AND at least one community-based organization.	Y	Y	Y						100.00
IV.	The school building to be served has a poverty rate of 60% or higher OR 60% or more of its students qualify to receive free or reduced-cost meals.	N	N	N						0.00

Table C: Cover Page Information by Center

	ADDITIONAL CENTER INFORMATION	C #	C #	C #	C #	C #	C #	C #	C #
V.	Population to be served	E	E						
VI.	Types of community partners	1,4,5,7	1,2,4,5,7						
VII.	Types of activities to be provided	1,2,5,7,8,9,10 12,13	1,2,5,7,8,9,10 12,13						
VIII.	Service options	3,4,5	3,4,5						

Table A

- The ABC Consortium will be conducting activities at two locations. The name of each building where centers will be located is listed alphabetically in column "A," and a center number is then assigned to each location in column "B."
- The students who will attend the two center listed in column "A:" attend three different school buildings, which are listed in column "C," starting with center (C)#1. After identifying each school building, a school building number (SB#) is then assigned in column "D." Since the YMCA (CS#2) will serve students from two different school buildings, those two buildings are listed alphabetically, and then assigned school building numbers 2a and 2b.
- The center located at XYZ Elementary School is serving the school building population from only XYZ Elementary School. Since the YMCA is serving students attending two different school buildings, they report the total number of students they will served at the center (50) in the column labeled "By Center." The number of students attending QRS Elementary School (25) and TUV Elementary School (25) is reported in the column labeled "By Bldg." Be sure the sum of the number of students reported by school building equals the total number of students to be served at the center those students will attend.

Table B

- Across the column headings in Table "B" provide each school building number (SB#) assigned in Column "D" of Table "A." Be sure the SB numbers are listed in the same order as they were assigned in Table "A."
- For each school building target population (SB) report the poverty rate or percentage of students qualifying to receive free or reduced price meals. This number must be reported and rounded to the nearest hundredth, and must be identical to the figure as published in the 2009-2010 Title I Eligible Schools Report.
- In the final column of Table "B," calculate the percentage of participating school buildings (SBs) that meet each absolute or competitive priority (I-IV)
- Since this percentage was reported above for the absolute priority, it is not necessary to repeat it. Report either "Y" or "N" to indicate whether or not the poverty rate or percentage of students qualifying to receive free or reduced price meals in row "I" is above 60%.

Table C

- Across the column headings in Table "C" provide each center number (C#) assigned in Column "B" of Table "A." Be sure the C numbers are listed in the same order as they were assigned in Table "A."
- Using the numerical keys provided in the instructions for the Cover Page Addendum (A-29) form, provide the requested information for each participating center. In this example, note that CS#1 and CS#2 will have different types of community partners and will be providing slightly different types of activities.

Applicant Name _____

21ST CENTURY COMMUNITY LEARNING CENTERS GRANT BUDGET SUMMARY -- BY TOTAL REQUEST

The following format should be used to summarize the major line items that constitute the entire 5-year budget request.

1

Entire Grant Budget period: July 1, 2010 - June 30, 2015

Budget Categories	100% CCLC GRANT		100% CCLC GRANT		100% CCLC GRANT		90% CCLC GRANT 10% OTHER \$		80% CCLC GRANT 20% OTHER \$	
	Project – Year One		Project – Year Two		Project – Year Three		Project – Year Four		Project – Year Five	
	Grant Request	Matching/ In-Kind Funds	Grant Request	Matching/ In-Kind Funds	Grant Request	Matching/ In-Kind Funds	Grant Request	Matching/ In-Kind Funds	Grant Request	Matching/ In-Kind Funds
1. Personnel										
2. Fringe Benefits										
3. Travel/ Professional Development										
4. Equipment										
5. Supplies										
6. Transportation										
7. Purchased Services										
8. Other/Operating Requirements										
9. Total Direct Costs (1-11)										
10. Total Indirect Costs										
11. Total Costs (11 & 12)										
12. *GRAND TOTAL										

*Add Grant Request and Matching/In-Kind Funds totals together for Grand Total

BUDGET SUMMARY BY TOTAL REQUEST (A-33)

- On each budget form, check the appropriate box to indicate the budget period that corresponds to the project start date selected in cover page box "10a."
- Salaries and benefits may be adjusted for inflation. For example, a 2.5% increase in salaries in year 2, with corresponding increases in employee benefits may be adjusted for inflation. However, the annual grant amount is not increased.
- In years 4 and 5 respectfully, be sure to reduce the budget to 90% and 80% of the amount of grant funds requested in years one, two, and three.
- Remember to check budgeted costs against the lists of restricted and non-allowable costs.

BUDGET JUSTIFICATION - (See next page)

- Prepare a budget justification to substantiate both grant funds requested (A-35) and in-kind/matching funds (A-37) on the two separate forms provided. Do not mix the two types of funds on one form.
- Itemize budget categories in the same order as on the budget summary.
- The budget justification should describe what is needed, why the expense is necessary and how it relates to the project objectives and activities. Make sure the reader can make a connection between the budget justification and how the proposed expenditure will help accomplish specific objectives or activities. Show the totals for each item in the "Explanatory Notes and Justification" column and indicate how the total for a particular line item was derived.
- Place only the totals for the budget categories in the "Grant Funds Requested" column. Note that the amounts for line items "Indirect Costs" and "Contracted or Secured Services" are not placed in the column on this page since the itemization for that major budget category continues on the next page.
- Show Other Expenses and Operating Requirement Expenses.
- Round each total calculated in the "Explanatory Notes and Justification" column to the nearest whole dollar. For example \$159,375 X .020458=\$3,260.4937 but is rounded to \$3,260.
- Total the Grant Funds Requested" column on each page of the budget justification and place the sum in the "Subtotal for this page" box. Place dashes in the "Grant Total" box to indicate that the itemization of the year 1 budget continues on the following page.
- Include both a "Subtotal for this page" (\$21,520) and the "Grand Total" (\$160,000) on the final page of the Budget Justification. Check both the internal math in the "Explanatory Notes" column as well as the "Grant Funds Requested" column. Be sure that the Grant Total matches the Total Funding Requested in box "13" for the Cover Page.

**21st CENTURY COMMUNITY LEARNING CENTERS GRANT ANNUAL BUDGET JUSTIFICATION
 (FOR GRANT FUNDS ONLY)**

5

The following form must be used to summarize specific expenditures on the Year 1 budget summary request.

Year 1 Budget period: July 1, 2010 - June 30, 2011

BUDGET ITEM	EXPLANATORY NOTES & JUSTIFICATION (INCLUDE CALCULATIONS)	GRANT FUNDS REQUESTED
1. PERSONNEL 6		
Regular Salaries	Director, full-time, 1.0 FTE, 12-month contract 1 x \$32,000/year - \$32,000	
Stipends/Extended Contract Time	Stipend for school-day teachers to consult on program and curriculum issues, etc. \$15/hour x 80 hours = \$1,200	
Clerical and/or Aides	Para-professionals for direct care and activities 7 Before- & after-school: 5 paras x \$8/hr. x 5 hrs./day X 180 days = \$36,000 Summer: 7 paras x \$8/hr. x 8 hrs./day x 30 days - \$13,440 Clerical support, part-time, .25 FTE 1 x \$8/hour x 520 hours = \$4,160 Tutors, part-time 15 x \$8/hour x 76 hours = \$9,120 Librarian assistant, part-time 1 x \$8/hour x 360 hours = \$2,880	
	TOTAL SALARIES	8 \$98,800
2. EMPLOYEE BENEFITS	TOTAL EMPLOYEE BENEFITS	\$17,547
3. TRAVEL/PROFESSIONAL DEVELOPMENT (Required)	TOTAL TRAVEL/PROFESSIONAL DEVELOPMENT 2 state meetings 1 regional meetings 1 national meeting	\$7,000
4. EQUIPMENT	Dell OptiPlex 6 x 260, Pentium 4, 256 MB Ram, 32 mb video card 3 computers x \$1,036.67 = \$3,110	\$3,110 \$5,023
5. SUPPLIES/MATERIALS	TOTAL SUPPLIES/MATERIALS (Paper, pencils, books, etc.)	\$7,000
6. TRANSPORTATION	Service for student transportation (based on types of program provided – itemize it out per center, place total in grant funds Requested.) This is not figured in the sample.	
Subtotal for this page		\$138,480
Grand Total		

Applicant Name _____

**21st CENTURY COMMUNITY LEARNING CENTERS GRANT ANNUAL BUDGET JUSTIFICATION
 (FOR GRANT FUNDS ONLY)**

The following form must be used to summarize specific expenditures on the Year 1 budget summary request.

Year 1 Budget period: July 1, 2010 - June 30, 2011

BUDGET ITEM	EXPLANATORY NOTES & JUSTIFICATION (INCLUDE CALCULATIONS)	IN-KIND/MATCHING CONTRIBUTION
7. PURCHASED SERVICES		
Contracted or Secured Services	Consultant to provide training for project staff on topics Such as discipline, health and safety, etc., \$25/hour x 80 hours = \$2,000	
Advertising and Printing	Newspaper ads to announce project, staff openings, etc. \$250	
	Copying of project materials \$100/month x 12 months = \$1,200	
Postage	\$41.66/month x 12 months = %500	
Telephone	Base service and long distance \$100/month x 12 months = \$1,200	
	TOTAL PURCHASED SERVICES	\$5,150
10. OTHER/OPERATING REQUIREMENT EXPENSES	9	\$0
11. INDIRECT COSTS	Restricted indirect cost rate of XYZ Public Schools, Fiscal agent \$159,375 x .020458 = \$3,260 10	\$3,260
Subtotal for this page		11 \$21,520
Grand Total		12 \$160,000

21st Century Community Learning Center Operation Table Sample

Develop project objectives focus on the following:

1. Measurable student learning outcomes in one or more core academic areas;
2. Social benefits and positive behavioral changes; and
3. Family and community involvement.
4. Individual attendance and participation expectations.

Additionally, include an objective concerning program attendance and student participation.

Project objectives must indicate:

- who will be served;
- the behaviors the project is designed to change;
- the major elements of the project that will impact behavior, and
- the degree or criterion of success (by how much to you aim to change behavior).

Objective	Annual Expectation of Progress	Activities To Achieve Objectives	Time Frame for and Frequency of Activities	Personnel Required	Resources Needed	Data / Information to be Collected

**21st Century Learning Center
Application – Waiver Form**

WAIVERS

If sufficient need is demonstrated, request for waivers of application policies may be granted.

Please check the area of requesting waiver:

	To waive the competitive priority #2 requirement that the application be submitted jointly by at least one school building benefiting from 2008-2009 Title 1, Part A funds, and at least one public or private community-based organization (CBO) due to the lack of a CBO within reasonable geographic proximity and of sufficient quality;
	To exceed the \$15/hour or \$120/day limit, or school district contract rate for stipends for grant-related non-contract time work;
	To exceed the \$62.50/hour or \$500/day limit for consultants;

Give explanation/reason/cost breakdown for the waiver request:

Authorized Applicant Representative Signature

Date