# *This document is meant to serve as a resource detailing the content found on the application and is NOT the application to be completed and submitted for consideration. All applications must be submitted via* [*https://webportalapp.com/sp/login/wdpi\_21st\_cclc*](https://webportalapp.com/sp/login/wdpi_21st_cclc) *in order to be considered for review.*

**2022-23 Nita M. Lowey 21st Century Community Learning Center Grant Application Content**

# I. GENERAL INFORMATION

**Q1.1 Name your application: Name of Applicant Agency and Primary School Served \***

Example: Happyville School District: Happyville Elementary

**Q1.2 Is the Applicant Agency a public school district or a public charter school? \***

Yes

No

**Q1.3 Select the Applicant Agency from the list below:**

Type to begin search...

**Q1.4 Check here if you were unable to find your agency OR if your agency's information is incorrect.**

I am unable to find my agency OR my agency's information is incorrect.

**Q1.5 Name of Applicant Agency \***

**Q1.6 District Administrator/Agency Lead Contact Title \***

**Q1.7 District Administrator/Agency Lead Contact First Name \***

**Q1.8. District Administrator/Agency Lead Contact Last Name \***

**Q1.9 District Administrator/Agency Lead Contact Phone Number \***

(xxx) xxx-xxxx

**Q1.10 District Administrator/Agency Lead Contact Email \***

**Q1.11 District Administrator/Agency Lead Contact Mailing Address \***

**Q1.12 District Administrator/Agency Lead Contact Mailing City \***

**Q1.13 District Administrator/Agency Lead Contact Zip Code \***

**Q1.14 Data Universal Number System (DUNS) Number \***

For more information, click "Save Draft" below, and then visit <https://dpi.wi.gov/sites/default/files/imce/school-nutrition/pdf/duns-instructions.pdf>

**Q1.15 Select the Primary School to be served from the list below:**

Type to begin search...

**Q1.16 Check here if you were unable to find your school OR if your school's information is incorrect. (Select only one.)**

I am unable to find my school.

My school's information is incorrect.

**Q1.17 School Name \***

**Q1.18 Mailing Address \***

**Q1.19 Mailing City \***

**Q1.20 Mailing Zip \***

**Q1.21 Cooperative Educational Service Agency (CESA) Number \***

**Q1.22 School Principal First Name \***

**Q1.23 School Principal Last Name \***

**Q1.24 School Principal Phone Number \***

(xxx) xxx-xxxx

**Q1.25 School Principal Email \***

**Q1.26 Will you be the Primary Contact for the 21st CCLC grant? \***

Yes

No

**Q1.27 Primary 21st CCLC Contact Title \***

**Q1.28 Primary 21st CCLC Contact First Name \***

**Q1.29 Primary 21st CCLC Contact Last Name \***

**Q1.30 Primary 21st CCLC Contact Email \***

**Q1.31 Is the fiscal contact different than the Primary 21st CCLC Contact? \***

Yes

No

**Q1.32 Fiscal Contact’s Title \***

**Q1.33 Fiscal Contact First Name \***

**Q1.34 Fiscal Contact Last Name \***

**Q1.35 Fiscal Contact Phone Number \***

(xxx) xxx-xxxx

**Q1.36 Fiscal Contact’s Email \***

**Q1.37 Fiscal Contact’s Mailing Street Address**

**Q1.38 Fiscal Contact’s Mailing City**

**Q1.39 Fiscal Contact’s Mailing Zip \***

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# II. OVERVIEW

Authorized under Title IV, Part B of the federal Elementary and Secondary Education Act (ESEA), and targeting qualifying schools and communities in need of services, the purpose of the 21st CCLC grant program is threefold.

Funded entities must:

1. Provide opportunities for academic enrichment to assist students in meeting the state academic standards;
2. Offer students access to a broad array of additional services, such as those that focus on youth development, social emotional learning, civic engagement, and nutritional and physical health; and
3. Offer adult family members of program participants opportunities for educational development and engagement in their children’s education.

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# III. ABSTRACT

**Q3.1 Summarize the proposal, and make sure to address the targeted population, the key needs, and what the project ultimately seeks to implement. (Limit to 1500 characters.) \***

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# IV. ASSURANCES

The Applicant understands and agrees that the following Certifications and Assurances are pre-award requirements generally imposed by federal and state law or regulation and do not include all federal and state regulations that may apply to the Applicant or its project. Most requirements are posted to: [Uniform Administrative Requirements](https://www.govinfo.gov/content/pkg/FR-2013-12-26/pdf/2013-30465.pdf) or [[Educational Department of General Administrative Regulations](http://www.ecfr.gov/cgi-bin/text-idx?node=34:1.1.1.1.23&rgn=div5) (EDGAR)]: or the [Wisconsin Uniform Financial Accounting Requirements](https://dpi.wi.gov/sfs/finances/wufar/overview) (WUFAR).

**Each Applicant is ultimately responsible for compliance with the certifications and assurances selected on its behalf that apply to its project or award.**

**Instructions:**

Step 1—Read each assurance that follows.

Step 2—Sign and date the certification statement.

Step 3—Include signed certifications and assurances with your application materials.

Step 4—Keep a copy for your records.

**Assurance is hereby provided that:**

1. **Applicant agrees** to comply with all terms and conditions set forth in the grant program’s Application Guidelines document provided with this application. Services provided under this grant will be used to address the needs set forth in the guidelines document. Applicant agrees to implement the activities within the prescribed timeline as outlined in their work plan section of their proposal. Applicant will provide fiscal information within the fiscal year timeline established for new and reapplying programs.
2. **Statutes and Regulations:** The Applicant shall comply with all applicable statutory and regulatory requirements. These requirements include, but are not limited to, applicable provisions of—
a. Title VI of the Civil Rights Act of 1964 [45 U.S.C. 2000d through 2000d-4]. b. Title IX of the Education Amendments of 1972 [20 U.S.C. 1681-1683]. c. Section 504 of the Rehabilitation Act of 1973 [29 U.S.C.794]. d. The Age Discrimination Act [42 U.S.C. 6101 et seq.].
3. **Allowable Costs:** Costs incurred shall be allowable under the principles established in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; Final Rule [2 CFR Subpart E-Cost Principles].
4. **Budget Modifications:** The Applicant will obtain an approved budget amendment when it is anticipated that claimed expenditures will vary significantly from the amount in the current approved budget. A significant variance is an increase of 10 percent (summary of all line items) of the current total approved budget [2 CFR § 200.308(e)]. This applies to all grants unless there are more restrictive or specific requirements of the grant award which may be the case with discretionary grants.
5. **Confidentiality**: The Applicant shall comply with provisions regarding confidentiality of student information [WI Statute § 118.125, pupil records].
6. **Conflict of Interest:** No board or staff member of a Local Education Agency (LEA) or Cooperative Educational Service Agency (CESA) may use his or her position to obtain financial gain or anything of substantial value for the private benefit of himself or herself or his or her immediate family, or for an organization with which he or she is associated, such as a royalty, commission, contingent fee, brokerage fee, consultant fee, or other benefit [Wis. Stat. 19.59 (1) (a)] [2 CFR § 200.112].
7. **Contracts and Procurement:** The Applicant will use its own procurement procedures that reflect applicable state and local laws and regulations, provided the procurements conform to applicable federal law and the standards in [2 CFR §§ 200.318-200.327] Procurement Standards.
8. **Debarred and Suspended Parties:** A contract (see 2 CFR §180.220) must not be made to parties listed on the government wide Excluded Parties List System in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR Part 1986 Comp., p 189) and 12689 (3 CFR Part 1989 Comp., p. 235),”Debarment and Suspension.” The Excluded Parties List in SAM contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.
9. **Cooperation with Evaluation:** The Applicant shall cooperate with the performance of any evaluation of the program by the DPI or U.S. Department of Education (USDE) or by their contractors [2 CFR §200.329(1)].
10. **Copyright, Acknowledgement, and Publications:** The Applicant/ Recipient will comply with all copyright and materials acknowledgement requirements as addressed in the projects’ grant guidelines. The U.S. Department of Education and the DPI reserve royalty-free, nonexclusive, and irrevocable licenses to reproduce, publish or otherwise use, and to authorize others to use, for their purposes. The copyright in any work developed under this subgrant or contract under this subgrant; and any rights of copyright to which the Applicant or a contractor purchases ownership with grant support.
The content of any grant-funded publication or product may be reprinted in whole or in part, with credit to the USDE and DPI acknowledged. However, reproduction of this product in whole or in part for resale must be authorized by the DPI. When issuing statements, press releases, and other documents describing projects or programs funded in whole or in part with federal grant funds, the grant award recipient shall clearly acknowledge the receipt of federal funds in a statement.
11. **Fiscal Control:** The Applicant will use fiscal control and fund accounting procedures and will ensure proper disbursement of, and accounting for, federal funds received and distributed under this program [2 CFR §200.302 (a), (1), (3); §200.303(a), (b)].
12. **Indirect Costs:** If the fiscal agent intends to claim indirect costs, the total amount budgeted for indirect costs is limited to and cannot exceed the negotiated indirect rate established with the DPI. Indirect costs cannot be charged against capital objects.
13. **Legal and Regulatory Compliance:** Administration of the program, activities, and services covered by this application will be in accordance with all applicable state and federal statutes, regulations and the approved application [34 CFR §76.700].
14. **OMB Standard Form 424B:** The Applicant will comply with all applicable assurances in OMB standard Form 424B (Assurances for Non-Construction Programs), including the assurances relating to the legal authority to apply for assistance; access to records; conflict of interest; merit systems; nondiscrimination; Hatch Act provisions; labor standards; flood insurance; environmental standards, wild and scenic river systems; historic preservation; protection of human subjects; animal welfare; lead-based paint; Single Audit Act; and general agreement to comply with all applicable federal laws, executive orders and regulations.
SF-424 Family Forms
15. **Programmatic Changes:** The Applicant will obtain the prior approval of the DPI whenever any of the following actions is anticipated:
a. Any revision of the scope or objectives of the project;
b. Changes in key persons where specified in the application or grant award;
c. A disengagement from the project for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director;
d. Contracting out or otherwise obtaining services of a third party to perform activities central to the purpose of the award;
e. Changes in the amount of approved cost-sharing or matching provided by the subrecipient [2 CFR §200.308©(1,2,3,6,7)].
16. **Record Retention:** In accordance with 2 CFR §200.334(b), this is written notification to the subrecipient that DPI requires an extension to the record retention period for grants addressed in the [Wisconsin Records Retention Schedule for School Districts](https://publicrecordsboard.wi.gov/Documents/DPI%20GS-APPROVED%20June%202015%20v8.1.pdf).

All applicants will ensure records are maintained for a period of at least three years after the end of the project year (2 CFR §200.333). If any litigation, claim, negotiation, audit, or other action involving the records starts before the end of the period, the records will be retained until completion of the action and resolution of all issues.

1. **Reporting:** The Applicant will ensure all required financial and program data is reported to the DPI timely on a schedule established by the DPI. The Applicant will report to DPI using the accounts in the Wisconsin Uniform Financial Accounting Requirements (WUFAR) [2 CFR §200.302(b)(2)].
2. **Grant Evaluation:** The Applicant shall ensure that all grant evaluation reporting will be timely on a schedule established by the DPI. Grant evaluation information provided to the DPI staff shall accurately assess the completeness of grant goals, activities, benchmarks and target dates [2 CFR §300.328(c)(1)].
3. **Single Audit:** Any entity that expends in total (all sources) $750,000 or more in federal funds during a fiscal year (July 1–June 30) is required to conduct a single audit. If a single audit is required, a copy of the audit is to be submitted to DPI School Financial Services auditor [2 CFR §200.501].
4. **Text Messaging and E-Mailing While Driving:** The Applicant/ Recipient and their grant personnel are prohibited from text messaging while driving a government-owned vehicle, or while driving their own privately owned vehicle during official grant business, or from using government supplied electronic equipment to text message or e-mail when driving [Executive Order 13513](http://edocket.access.gpo.gov/2009/pdf/E9-24203.pdf), “Federal Leadership on Reducing Text Messaging While Driving October1, 2009.
5. **Time and Effort Supporting Documentation:** For costs to be allowable, compensation for personal services must adhere to the Standards for Documentation of Personnel Expenses as identified in 2 CFR §200.430(i)(1). The subrecipient must retain records that accurately reflect the work performed and be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated.
6. **Trafficking in Persons:** The grant condition specified in 2 CFR §175.10 includes the following language: “I. Trafficking in persons. 1. You as the recipient, your employees, subrecipients under this award, and subrecipients’ employees may not i. Engage in severe forms of trafficking in persons during the period of time that the award is in effect; ii. Procure a commercial sex act during the period of time that the award is in effect; or iii. Use forced labor in the performance of the award or subawards under the award.” A subrecipient is required to inform the federal agency immediately of any information received from any source alleging a violation of this condition. The federal agency may unilaterally terminate this award, without penalty, if a subrecipient is determined to have violated this condition.

**Program Specific Assurances**

Assurance is further provided that:

1. The program will take place in a safe and accessible facility.
2. The proposed program was developed and will be carried out in active collaboration with the schools that participating students attend (including through the sharing of relevant data among the schools), in compliance with applicable laws relating to privacy and confidentiality.
3. The proposed program was developed and will be carried out in alignment with challenging state academic standards and any local academic standards.
4. The program will primarily target students who attend a school eligible for schoolwide Title I services and the families of such students.
5. Subgrant funds will be used to increase the level of state, local, and other non-federal funds that would, in the absence of funds under this part, be made available for programs and activities authorized under this part, and in no case supplant federal, state, local, or non-federal funds.
6. The community will be given notice of an intent to submit an application, and the application and any waiver request will be available for public review after submission of the application.

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# V. CERTIFICATION SIGNATURE

**Certification Regarding Lobbying**

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned states, to the best of his or her knowledge and belief, that:

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, ''Disclosure of Lobbying Activities,'' in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

**Statement for Loan Guarantees and Loan Insurance**

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, “Disclosure Form to Report Lobbying,” in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

If applicant agency cannot certify this information, applicant must complete the [lobbying disclosure form](https://dpi.wi.gov/sites/default/files/imce/forms/pdf/lobbying_disclosure.pdf).

**I, THE UNDERSIGNED, CERTIFY** that the information contained in this application is complete and accurate to the best of my knowledge; that the necessary assurances of compliance with applicable state and federal statutes, rules, and regulations will be met; that I am authorized by the agency designated in this application to bind the agency to the certifications and assurances contained in this application; and, that the indicated agency designated in this application is authorized to administer this grant.

**I FURTHER CERTIFY** that the assurances listed above have been satisfied and that all facts, figures, and representation in this application are correct to the best of my knowledge.

**Signature of District/Agency Authorizer \***

Typing in your name acts as your electronic signature.

**Title of District/Agency Authorizer \***

**Date \***

#

# VI. Consortium Verification

**Q6.1 Do you represent a consortium (i.e., two or more local education agencies, community-based organizations, Indian tribes or tribal organizations, other public/private entities)? \***

Yes

No

**Q6.2 Download and complete a Consortium Verification form (**[**https://dpi.wi.gov/sites/default/files/imce/forms/pdf/f9580-iv-b-cv.pdf**](https://dpi.wi.gov/sites/default/files/imce/forms/pdf/f9580-iv-b-cv.pdf)**). Upload the completed Consortium Verification form here.\***

 Select a file

#

# VII. PROGRAM OVERVIEW

Using the questions below, provide a brief overview of the proposed program, including the school(s) to be served, the level of funding sought, and the projected average daily attendance (ADA) of the program.

**Q7.1 Grades to be served by the proposed 21st CCLC grant (include the primary school to be served and any additional schools) \***

PK

K

1

2

3

4

5

6

7

8

9

10

11

12

**Q7.2 Is the primary school to be served identified as Title I Schoolwide or eligible for schoolwide Title I services? \***

Yes

No

Thank you for your interest in the 21st CCLC grant; however, only schools with Title I Schoolwide services or those that are Title I schoolwide eligible will be considered for this grant. Please contact DPI with questions.

**Q7.3 What is the economically disadvantaged status rate for the primary school to be served? \***

**Q7.4 Is the primary school to be served a Comprehensive Support & Improvement (CSI) School? \***

To determine if the site has been identified by DPI as a CSI school, click "Save Draft" below, and then see <https://dpi.wi.gov/accountability>

Yes

No

N/A (i.e., school targeted by the grant for services is a private school)

**Q7.5 Is the primary school to be served a Targeted Support & Improvement School (TSI) School? \***

To determine if the site has been identified by DPI as TSI school, click "Save Draft" below, and then see https://dpi.wi.gov/accountability

Yes

No

N/A (i.e., targeted school by the grant is a Private School)

**Q7.6 Is the primary school to be served identified by the Local Education Agency (LEA) as in need of services? \***

The DPI does not maintain a list of schools determined as in need of services by the LEA, nor does the DPI dictate what specific elements a LEA must reference when making this determination. See the Guidelines for more information.

Yes

No

**Q7.7 Number of students enrolled in the primary school \***

**Q7.8 Has this site received 21st CCLC funds in the past five years? \***

Yes

No

**Q7.9 Average daily attendance (including primary site and all additional schools) of the 21st CCLC's most recent year of operation \***

**Q7.10 Will any additional schools (i.e., feeder schools) be served by this center? \***

Yes

No

**Q7.11 How many additional schools? (Note: if you plan to serve more than four additional schools, please contact DPI.) \***

1

2

3

4

**Q7.12 List additional school 1: \***

**Q7.13 List additional school 2: \***

**Q7.14 List additional school 3: \***

**Q7.15 List additional school 4: \***

**Q7.16 Will 51 percent or more of the 21st CCLC participants served be enrolled in the primary school targeted by the grant? \***

Yes

No

Applicants proposing to serve additional, or feeder schools, must indicate that at least 51 percent of students who will be enrolled in the proposed program will come from the primary school served by the grant. While feeder schools are allowed, the majority of students enrolled must come from the primary school targeted for grant services.

Funding Tier

Select the tier of funding for which you are applying. Base the request on the average number of students who are projected to be served by the program on a daily basis (including primary school and all additional schools) during the school year (ADA) and on the amount of funds needed to serve those students on a daily basis.

Note: 21st CCLC funds may only be used to supplement, not supplant, other funding sources. If other sources of funding are currently being used to support out-of-school time programming at the proposed site, please take those into account when determining the amount of 21st CCLC funds to request.

Applicants may apply for a lower level of funding than the proposed ADA allows. The ADA range listed next to each funding amount represents the minimum number of students the program must serve on a daily basis. The program can serve more students if it has the capacity to do so.

**Q7.17 Funding Tier \***

$80,000 / 25-40 ADA

$100,000 / 41-55 ADA

$115,000 / 56-70 ADA

$130,000 / 71-85 ADA

$145,000 (MAX) / 86+ ADA

**Q7.18 Provide a brief justification for the projected ADA selected above given the size of the school’s population (include the ADA from any feeder schools proposed to be served). (Limit to 2000 characters.) \***

**Q7.19 Applicants Previously Funded by 21st CCLC Grant: If previously funded by the 21st CCLC grant and the projected ADA differs from the ADA during the program’s final year of funding, provide a detailed justification for the difference. If the ADA does not differ, please indicate this below. (Limit to 2000 characters.)\***

#

# VIII. PLAN

Evaluate the need for before- and after-school (including summer recess periods if applicable) programs and activities in the primary school to be served and the targeted community. Applicants must have an organized and systematic approach to use data for meaningful analysis. Data analysis includes an assessment of the gaps being experienced by the target population.

## Demonstration of Need

**Q8.1 Identify the overall specific need(s) to be addressed by the grant project. This should include student needs, needs of working families, system needs, etc. Identify the supporting data that is being used to determine the need. (Limit to 3000 characters.) \***

**Q8.2 What is the likely root cause(s) (i.e., factors, available resource inequities, opportunity gaps, etc.) contributing to this need to be addressed in this grant project? (Limit to 3000 characters.) \***

**Q8.3 How will the grant project services align with existing or available initiatives, programs, or priorities, including the challenging state academic standards and any local academic standards, and local curricula that are designed to improve student academic achievement? (Limit to 2500 characters.) \***

# IX. DO (Action Plan)

The four State Goals and related priority areas for the 21st CCLC program are listed below and in the next section. In this section, you will identify the priority areas for the proposed grant project, as well as related SMART goals and action steps. The purpose of this section is to describe how the proposed project will address one or more of the root causes identified for this grant project (also known as the student outcome priority and adult practice statements in the Data Inquiry Journal [DIJ]).

For each State Goal, select up to two of the priorities that best address one or more root causes identified in Q8.2. Refer to the 2022-23 Grant Application Guidelines for definitions and descriptions of the Priority areas.

Develop up to two Specific, Measurable, Attainable, Relevant, and Timely ( SMART) goals for each identified priority area. The SMART goals should include the performance indicators and performance measures that will be used to evaluate programs and activities with emphasis on alignment with the regular academic program of the school and the academic needs of participating students, where applicable.

*Example: 60 percent of students attending the program 30 days or more in grades 3-5 will meet or exceed their literacy growth target from fall 2022 to spring 2023 on the district literacy assessment.*

Develop up to four Action Steps for each SMART goal. Action steps should demonstrate how the proposed program will address the needs (including the needs of working families) listed above for each priority area.

For each Action Step, indicate the frequency with which the action will occur.

## State Goal 1: All programs will provide a stable, safe, and supportive environment to meet the needs of the target population.

**Q9.1 Priority Area(s): (Select a maximum of two) \***

Priority 1.1: Quality staff

Priority 1.2: Coverage and access

Priority 1.3: Target population

Priority 1.4: Program climate

Other

**Q9.2 Explain “other”: \***

###

### State Goal 1, Priority 1.1 (Quality Staff)

###

**Q9.3 How many SMART Goals are needed for State Goal 1, Priority 1.1 (quality staff)? \***

1 (required)

2 (optional)

####

#### State Goal 1, Priority 1.1, SMART Goal 1

####

**Q9.4 SMART Goal 1 to Address the State Goal 1, Priority 1.1 (quality staff): \***

**Q9.5 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 1, Priority 1.1, SMART Goal 1 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

####

#### State Goal 1, Priority 1.1, SMART Goal 2

####

**Q9.6 SMART Goal 2 to Address the State Goal 1, Priority 1.1 (quality staff): \***

**Q9.7 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 1, Priority 1.1, SMART Goal 2 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

###

### State Goal 1, Priority 1.2 (Coverage and Access)

###

**Q9.8 How many SMART Goals are needed for State Goal 1, Priority 1.2 (coverage and access)? \***

1 (required)

2 (optional)

####

#### State Goal 1, Priority 1.2, SMART Goal 1

####

**Q9.9 SMART Goal 1 to Address the State Goal 1, Priority 1.2 (coverage and access): \***

**Q9.10 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 1, Priority 1.2, SMART Goal 1 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

####

#### State Goal 1, Priority 1.2, SMART Goal 2

####

**Q9.11 SMART Goal 2 to Address the State Goal 1, Priority 1.2 (coverage and access): \***

**Q9.12 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 1, Priority 1.2, SMART Goal 2 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

###

### State Goal 1, Priority 1.3 (Target Population)

###

**Q9.13 How many SMART Goals are needed for State Goal 1, Priority 1.3 (target population)? \***

1 (required)

2 (optional)

####

#### State Goal 1, Priority 1.3, SMART Goal 1

####

**Q9.14 SMART Goal 1 to Address the State Goal 1, Priority 1.3 (target population): \***

**Q9.15 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 1, Priority 1.3, SMART Goal 1 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

####

#### State Goal 1, Priority 1.3, SMART Goal 2

####

**Q9.16 SMART Goal 2 to Address the State Goal 1, Priority 1.3 (target population): \***

**Q9.17 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 1, Priority 1.3, SMART Goal 2 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

###

### State Goal 1, Priority 1.4 (Program Climate)

###

**Q9.18 How many SMART Goals are needed for State Goal 1, Priority 1.4 (program climate)? \***

1 (required)

2 (optional)

####

#### State Goal 1, Priority 1.4, SMART Goal 1

####

**Q9.19 SMART Goal 1 to Address the State Goal 1, Priority 1.4 (program climate): \***

**Q9.20 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 1, Priority 1.4, SMART Goal 1 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

####

#### State Goal 1, Priority 1.4, SMART Goal 2

####

**Q9.21 SMART Goal 2 to Address the State Goal 1, Priority 1.4 (program climate): \***

**Q9.22 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 1, Priority 1.4, SMART Goal 2 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

###

### State Goal 1, Priority "Other"

###

**Q9.23 How many SMART Goals are needed for State Goal 1, Priority "Other"? \***

1 (required)

2 (optional)

####

#### State Goal 1, Priority "Other," SMART Goal 1

####

**Q9.24 SMART Goal 1 to Address the State Goal 1, Priority "Other": \***

**Q9.25 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 1, Priority “other,” SMART Goal 1 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

####

#### State Goal 1, Priority "Other," SMART Goal 2

####

**Q9.26 SMART Goal 2 to Address the State Goal 1, Priority "Other": \***

**Q9.27 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 1, Priority “other,” SMART Goal 2 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

##

## State Goal 2 (Academic Enrichment): Programs will challenge youth to develop as learners.

##

**Q9.28 Priority Area(s): (Select a maximum of two) \***

Priority 2.1: Quality academic programming

Priority 2.2: Improvements in school engagement, school performance, and academic habits

Other

**Q9.29 Explain "other": \***

### State Goal 2, Priority 2.1 (Quality Academic Programming)

**Q9.30 How many SMART Goals are needed for State Goal 2, Priority 2.1 (quality academic programming)? \***

1 (required)

2 (optional)

####

#### State Goal 2, Priority 2.1, SMART Goal 1

####

**Q9.31 SMART Goal 1 to Address the State Goal 2, Priority 2.1 (quality academic programming): \***

**Q9.32 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 2, Priority 2.1, SMART Goal 1 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

####

#### State Goal 2, Priority 2.1, SMART Goal 2

####

**Q9.33 SMART Goal 2 to Address the State Goal 2, Priority 2.1 (quality academic programming): \***

**Q9.34 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 2, Priority 2.1, SMART Goal 2 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

###

### State Goal 2, Priority 2.2 (Improvements in School Engagement, School Performance, and Academic Habits)

###

**Q9.35 How many SMART Goals are needed for State Goal 2, Priority 2.2 (improvements in school engagement, school performance, and academic habits)? \***

1 (required)

2 (optional)

####

#### State Goal 2, Priority 2.2, SMART Goal 1

####

**Q9.36 SMART Goal 1 to Address the State Goal 2, Priority 2.2 (improvements in school engagement, school performance, and academic habits): \***

**Q9.37 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 2, Priority 2.2, SMART Goal 1 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

####

#### State Goal 2, Priority 2.2, SMART Goal 2

####

**Q9.38 SMART Goal 2 to Address the State Goal 2, Priority 2.2 (improvements in school engagement, school performance, and academic habits): \***

**Q9.39 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 2, Priority 2.2, SMART Goal 2 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

###

### State Goal 2, Priority "Other"

###

**Q9.40 How many SMART Goals are needed for State Goal 2, Priority "Other"? \***

1 (required)

2 (optional)

####

#### State Goal 2, Priority "Other," SMART Goal 1

####

**Q9.41 SMART Goal 1 to Address the State Goal 2, Priority "Other": \***

**Q9.42 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 2, Priority Other, SMART Goal 1 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

####

#### State Goal 2, Priority "Other," SMART Goal 2

####

**Q9.43 SMART Goal 2 to Address the State Goal 2, Priority "Other": \***

**Q9.44 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 2, Priority Other, SMART Goal 2 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

##

## State Goal 3 (Youth Development and Other Skills Necessary for Overall Success): Programs will support the development of other skills necessary for success.

##

**Q9.45 Priority Area(s): (Select a maximum of two) \***

Priority 3.1: Opportunity gap

Priority 3.2: Voice and choice

Priority 3.3: Social and emotional development

Priority 3.4: Improvements in youth behaviors

Other

**Q9.46 Explain “other”: \***

###

### State Goal 3, Priority 3.1 (Opportunity Gap)

###

**Q9.47 How many SMART Goals are needed for State Goal 3, Priority 3.1 (opportunity gap)? \***

1 (required)

2 (optional)

####

#### State Goal 3, Priority 3.1, SMART Goal 1

####

**Q9.48 SMART Goal 1 to Address the State Goal 3, Priority 3.1 (opportunity gap): \***

**Q9.49 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 3, Priority 3.1, SMART Goal 1 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

####

#### State Goal 3, Priority 3.1, SMART Goal 2

####

**Q9.50 SMART Goal 2 to Address the State Goal 3, Priority 3.1 (opportunity gap): \***

**Q9.51 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 3, Priority 3.1, SMART Goal 2 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

###

### State Goal 3, Priority 3.2 (Voice and Choice)

###

**Q9.52 How many SMART Goals are needed for State Goal 3, Priority 3.2 (voice and choice)? \***

1 (required)

2 (optional)

####

#### State Goal 3, Priority 3.2, SMART Goal 1

####

**Q9.53 SMART Goal 1 to Address the State Goal 3, Priority 3.2 (voice and choice): \***

**Q9.54 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 3, Priority 3.2, SMART Goal 1 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

####

#### State Goal 3, Priority 3.2, SMART Goal 2

####

**Q9.55 SMART Goal 2 to Address the State Goal 3, Priority 3.2 (voice and choice): \***

**Q9.56 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 3, Priority 3.2, SMART Goal 2 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

###

### State Goal 3, Priority 3.3 (Social and Emotional Development)

###

**Q9.57 How many SMART Goals are needed for State Goal 3, Priority 3.3 (social and emotional development)? \***

1 (required)

2 (optional)

####

#### State Goal 3, Priority 3.3, SMART Goal 1

####

**Q9.58 SMART Goal 1 to Address the State Goal 3, Priority 3.3 (social and emotional development): \***

**Q9.59 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 3, Priority 3.3, SMART Goal 1 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

####

#### State Goal 3, Priority 3.3, SMART Goal 2

####

**Q9.60 SMART Goal 2 to Address the State Goal 3, Priority 3.3 (social and emotional development): \***

**Q9.61 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 3, Priority 3.3, SMART Goal 2 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

###

### State Goal 3, Priority 3.4 (Improvements in Youth Behaviors)

###

**Q9.62 How many SMART Goals are needed for State Goal 3, Priority 3.4 (improvements in youth behaviors)? \***

1 (required)

2 (optional)

####

#### State Goal 3, Priority 3.4, SMART Goal 1

####

**Q9.63 SMART Goal 1 to Address the State Goal 3, Priority 3.4 (improvements in youth behaviors): \***

**Q9.64 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 3, Priority 3.4, SMART Goal 1 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

####

#### State Goal 3, Priority 3.4, SMART Goal 2

####

**Q9.65 SMART Goal 2 to Address the State Goal 3, Priority 3.4 (improvement in youth behaviors): \***

**Q9.66 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 3, Priority 3.4, SMART Goal 2 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

###

### State Goal 3, Priority "Other"

###

**Q9.67 How many SMART Goals are needed for State Goal 3, Priority "Other"? \***

1 (required)

2 (optional)

####

#### State Goal 3, Priority "Other," SMART Goal 1

####

**Q9.68 SMART Goal 1 to Address the State Goal 3, Priority "Other": \***

**Q9.69 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 3, Priority “other,” SMART Goal 1 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

####

#### State Goal 3, Priority "Other," SMART Goal 2

####

**Q9.70 SMART Goal 2 to Address the State Goal 3, Priority "Other": \***

**Q9.71 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 3, Priority “other,” SMART Goal 2 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

##

## State Goal 4 (Family Engagement): Programs will engage families and the broader community in support of student learning.

##

**Q9.72 Priority Area(s): (Select a maximum of two) \***

Priority 4.1: Outreach to families

Priority 4.2: Involvement of community partners

Priority 4.3: Advisory Board

Other

**Q9.73 Explain "other": \***

###

### State Goal 4, Priority 4.1 (Outreach to Families)

###

**Q9.74 How many SMART Goals are needed for State Goal 4, Priority 4.1 (outreach to families)? \***

1 (required)

2 (optional)

####

#### State Goal 4, Priority 4.1, SMART Goal 1

####

**Q9.75 SMART Goal 1 to Address the State Goal 4, Priority 4.1 (outreach to families): \***

**Q9.76 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 4, Priority 4.1, SMART Goal 1 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

####

#### State Goal 4, Priority 4.1, SMART Goal 2

####

**Q9.77 SMART Goal 2 to Address the State Goal 4, Priority 4.1 (outreach to families): \***

**Q9.78 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 4, Priority 4.1, SMART Goal 2 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

###

### State Goal 4, Priority 4.2 (Involvement of Community Partners)

###

**Q9.79 How many SMART Goals are needed for State Goal 4, Priority 4.2 (involvement of community partners)? \***

1 (required)

2 (optional)

####

#### State Goal 4, Priority 4.2, SMART Goal 1

####

**Q9.80 SMART Goal 1 to Address the State Goal 4, Priority 4.2 (involvement of community partners): \***

**Q9.81 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 4, Priority 4.2, SMART Goal 1 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

####

#### State Goal 4, Priority 4.2, SMART Goal 2

####

**Q9.82 SMART Goal 2 to Address the State Goal 4, Priority 4.2 (involvement of community partners): \***

**Q9.83 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 4, Priority 4.2, SMART Goal 2 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

###

### State Goal 4, Priority 4.3 (Advisory Board)

###

**Q9.84 How many SMART Goals are needed for State Goal 4, Priority 4.3? \***

1 (required)

2 (optional)

####

#### State Goal 4, Priority 4.3, SMART Goal 1

####

**Q9.85 SMART Goal 1 to Address the State Goal 4, Priority 4.3 (advisory board): \***

**Q9.86 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 4, Priority 4.3, SMART Goal 1 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

####

#### State Goal 4, Priority 4.3, SMART Goal 2

####

**Q9.87 SMART Goal 2 to Address the State Goal 4, Priority 4.3 (advisory board): \***

**Q9.88 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 4, Priority 4.3, SMART Goal 2 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

###

### State Goal 4, Priority "Other"

###

**Q9.89 How many SMART Goals are needed for State Goal 4, Priority "Other"? \***

1 (required)

2 (optional)

####

#### State Goal 4, Priority "Other," SMART Goal 1

####

**Q9.90 SMART Goal 1 to Address the State Goal 4, Priority "Other": \***

**Q9.91 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 4, Priority “other,” SMART Goal 1 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

####

#### State Goal 4, Priority "Other," SMART Goal 2

####

**Q9.92 SMART Goal 2 to Address the State Goal 4, Priority "Other": \***

**Q9.93 In the text box below indicate the following: 1) the action steps the program will implement in order to address State Goal 4, Priority “other,” SMART Goal 2 (the action steps should consist of the activities or services the program will offer); and 2) for each action step, the frequency with which the activity or service will take place (i.e., daily, weekly, monthly, etc.). \***

# X. BEST PRACTICES

**Q10.1 How will the program incorporate best practices, including research or evidence-based practices, into program activities in order to help students meet challenging state and local standards and develop other skills necessary for student success? Include specific examples of the evidence-based practices that will be employed and explain why they are appropriate for an after-school setting. Note: See the 21st CCLC Grant Program Application Guidelines for a list of evidence-based practices for out-of-school time programs. (Limit to 2500 characters.) \***

#

# XI. PROGRAM OPERATING SCHEDULE

Indicate below the number of days and weeks per school year the program will operate. Do not include summer programming.

**Q11.1 Number of Weeks per School Year Program Will Operate \***

**Q11.2 Total Number of Days per School Year \***

Note: 21st CCLC programs are required to operate for a minimum of 115 days per school year.

##

## After-School Hours

Indicate below the number of hours each day the program will operate after school. If the 21st CCLC will not offer programming on a particular day enter a 0. Enter partial hours as a decimal (e.g., .25, .5, .75). Note: 21st CCLC programs are required to operate for a minimum of 10 hours per week.

**Q11.3 Monday \***

**Q11.4 Tuesday \***

**Q11.5 Wednesday \***

**Q11.6 Thursday \***

**Q11.7 Friday \***

**Q11.8 Total After-School Hours (auto calculated)**

##

## Before-School Hours

**Q11.9 Will the program offer before-school programming? \***

Yes

No

Indicate below the number of hours each day the program will operate before school. If the 21st CCLC will not offer programming before school on a particular day enter a 0. Enter partial hours as a decimal (e.g., .25, .5, .75). If you plan to offer before-school programming, refer to the 21st CCLC Grant Program Application Guidelines before-school programming requirements. Note: before-school programs must operate for at least 45 minutes any day that they are offered.

**Q11.10 Monday \***

**Q11.11 Tuesday \***

**Q11.12 Wednesday \***

**Q11.13 Thursday \***

**Q11.14 Friday \***

**Q11.15 Total Before-School Hours Per Week (auto calculated)**

**Q11.16 Total Before- and After-School Hours Per Week (auto calculated)**

##

## Weekend Hours

**Q11.17 Will the program offer weekend programming? \***

**Select "yes" only if weekend programming is provided regularly (i.e., every Saturday or Sunday during the weeks the program operates).**

Yes

No

Indicate below the number of hours each weekend day the program will operate. If the 21st CCLC will not offer programming on a particular day enter a 0. Enter partial hours as a decimal (e.g., .25, .5, .75).

**Q11.18 Saturday \***

**Weekend hours are included only if programming is provided regularly (i.e., every Saturday or Sunday during the weeks the program operates).**

**Q11.19 Sunday \***

**Weekend hours are included only if programming is provided regularly (i.e., every Saturday or Sunday during the weeks the program operates).**

**Q11.20 Total Weekend Hours Per Week (auto calculated)**

**Q11.21 Total Hours Per Week (auto calculated)**

##

## Summer Program Services

**Q11.22 Will the program offer summer programming? \***

Yes

No

**Q11.23 Number of weeks for summer program services \***

**Q11.24 Total hours of operation for summer program services \***

#

# XII. STAFFING

**Q12.1 Describe the staffing model this program will use. Include 1) a list of all staff positions; 2) the responsibilities associated with each position; and 3) the required qualifications for each position. (Limit to 3000 characters.) \***

**Q12.2 Will the program use volunteers? \***

Yes

No

**Q12.3 Describe how the program will recruit and use appropriately qualified people to serve as volunteers. (Limit to 1500 characters.) \***

#

# XIII. STUDY/CHECK

Describe the continuous improvement process the project will employ to refine, improve, and strengthen the project.

##

## Evaluation

**Q13.1 There are extensive reporting requirements for this grant. What is the plan to ensure you will have access to the required student-level data necessary to meet federal and state reporting requirements? Please see the Application Guidelines document for a list of the data needed to comply with federal reporting requirements. (Limit to 1500 characters.) \***

**Q13.2 Is the applicant agency a public school district, charter school, or private school? \***

Yes

No

**Q13.3 Attach a signed Memorandum of Understanding (MOU) establishing an agreement between the applicant and the school to be served, indicating that participant records needed to meet the requirements of the program will be shared with the applicant. Please see the Applications Guidelines document for a sample MOU.\***

 Select a file

**Q13.4 What is the process that will be used to collect and analyze periodic local evaluation data? (Limit to 2500 characters.) \***

**Q13.5 Should the data indicate a need for change, what is the process for changing or making improvements to the action steps, and for refining the identified SMART goals (including performance indicators and performance measures)? (Limit to 2500 characters.) \***

**Q13.6 Describe how the program’s evaluation results will be made available to the general public and how the public will be notified of the availability of those results. (Limit to 2000 characters.) \***

#

# XIV. ACT

Describe plans to coordinate with other programs during the grant period and sustain the project beyond the grant period.

##

## Coordination and Sustainability

**Q14. 1 How will the grant project be coordinated with other federal, state, and local programs and funding sources to make the most effective use of public resources during the grant period? (Limit to 2500 characters.) \***

**Q14.2 Describe a preliminary plan for sustaining the community learning center after funding under this grant ends. (Limit to 2500 characters.) \***

**Q14.3 Describe any funding sources currently being utilized to operate an after-, before-, or summer school program serving the school(s) identified. Address how the scope of the program will change if awarded the 21st CCLC grant. If no other funding sources are currently being utilized, write “Not applicable.” Note: 21st CCLC funds may be used to supplement, but not supplant, other funding sources that are currently being used to support before-, after-, or summer school programming. (Limit to 2500 characters.) \***

#

# XV. READINESS

In this section, describe the stakeholders and communication structures in place to ensure successful implementation of the grant project.

##

## Stakeholders

Stakeholders may include the population to be served, families, community partners, school staff and administrators, as well as agency administrators. Be sure to include stakeholders who demographically represent the target population(s).

**Q15.1 Who are the stakeholders identified for this grant project? Stakeholders must include but are not limited to a local educational agency, a community-based organization, and another public entity or private entity, if appropriate. (Limit to 2000 characters.) \***

**Q15.2 What are the roles of each stakeholder or stakeholder group (listed in question 15.1 above) in the implementation of this grant project? (Limit to 2500 characters.)**

**Q15.3 How have stakeholders been engaged for this grant project? (Limit to 2500 characters.) \***

**Q15.4 How will diverse stakeholders continue to partner with the project for continuous improvement? (Limit to 2500 characters.) \***

**Q15.5 If applying as an administering agency for a consortium, how will you establish regular contact with consortium members, and how frequently will meetings or other regular contact occur? If not applying as a consortium, write “Not applicable.” (Limit to 2500 characters.) \***

**Q15.6 Upload a Letter of Support from the principal of the primary school to be served using the template available on the DPI 21st CCLC Grant Program Competition website (https://dpi.wi.gov/sspw/clc/grant-competition). \***

 Select a file

##

## Communication Structure and Protocols

Procedures for communicating about the grant project within and across the system (e.g., district and building, internal and external stakeholders in languages understood by stakeholders, etc.) must be in place.

**Q15.7 What are the protocols for ongoing communication about the grant project with internal and external stakeholders? (Limit to 2500 characters.) \***

**Q15.8 Describe how the broader community will be made aware of the availability and location of the 21st CCLC in a manner that is understandable and accessible. (Limit to 1500 characters.) \***

#

# XVI. ACCESSIBILITY

**Q16.1 If the program is to be located in a facility other than an elementary school or secondary school, explain how the program will be at least as available and as accessible (i.e., ADA compliance, transportation, adequacy of space, etc.) to the students to be served as if the program were located in an elementary school or secondary school. If the program will take place in a school building, indicate that or write “Not applicable” in the space below. (Limit to 1500 characters.) \***

**Q16.2 Transportation between school, center, and home cannot be a barrier for any student who wishes to attend the 21st CCLC. Describe the proposed program’s transportation plan, including how the program will ensure that participating students travel safely to and from the center and home. (Limit to 2000 characters.) \***

**Q16.3 Is the applicant a non-private local education agency (i.e., a public school district or public charter school)? \***

Yes

No

**Q16.4 Download and complete a Private School Affirmation form (**[**https://dpi.wi.gov/sites/default/files/imce/forms/pdf/f9580-iv-b-psa.pdf**](https://dpi.wi.gov/sites/default/files/imce/forms/pdf/f9580-iv-b-psa.pdf)**). Upload the completed Private School Affirmation form here. \***

 Select a file