



**Name of Site:**

## PARTICIPANTS VERIFICATION FORM

List as many Community Partner Organizations  
as needed for each site

# A

**Deadline for submission of completed forms:**  
Scan and upload to ADE as part of the application in the  
Grants Management System by 5:00:00 PM on May 4, 2016

**FORM A**

**EACH OF THE UNDERSIGNED CERTIFIES** that the information contained in this application is complete and accurate, that the local educational agency, community based organization, or another public or private entity they represent has authorized them to enter into a consortium agreement for the purpose of providing 21<sup>st</sup> Century Community Learning Center (CCLC) program educational and related activities that will complement and enhance students' academic performance and achievement. Each undersigned agrees to comply with applicable state and federal statutes, rules, and regulations. The administering agency shall be the fiscal agent and shall thereby incur and record all expenditures of funds available per applicable program provisions, rules, and regulations.

**EACH SITE applying for a grant** under the fiscal agency of the Administering Agency listed below must submit its own completed Form A. Form A must contain the original signature, printed title and other requested information for all participants. Only legible information will be acknowledged.

**PROFESSIONAL DEVELOPMENT REQUIREMENT:** School Principals, Project Directors and Site Coordinators will be required to attend initial 1 day New Grantee Orientation training.

### ADMINISTERING AGENCY

Administering Agency Name

Agency Administrator

Printed Title

Signature

Date Signed *Mo./Day/Yr.*

### STUDENTS' SCHOOL/SITE

School Site Name/Organization

Printed Site Address

Student's Site Administrator

Printed Title

Printed Telephone No.

Printed Email

Signature

Date Signed *Mo./Day/Yr.*

### COMMUNITY PARTNER ORGANIZATIONS

1. LEA/Organization Name

LEA/Organization Address

Administrator Name

Printed Title

Administrator Address

Printed Email

Signature

Date Signed *Mo./Day/Yr.*

2. LEA/Organization Name

LEA/Organization Address

Administrator Name

Printed Title

Administrator Address

Printed Email

Signature

Date Signed *Mo./Day/Yr.*

**(Pg 1 of Form A)** Continue on next page with any additional community partners.

**COMMUNITY PARTNER ORGANIZATIONS, Continued****FORM A,  
Continued****Additional Partners for School Site Name:**

3. LEA/Organization Name	LEA/Organization Address	
Administrator Name	Printed Title	
Administrator Address	Printed Email	
Signature		Date Signed <i>Mo./Day/Yr.</i>
4. LEA/Organization Name	LEA/Organization Address	
Administrator Name	Printed Title	
Administrator Address	Printed Email	
Signature		Date Signed <i>Mo./Day/Yr.</i>
5. LEA/Organization Name	LEA/Organization Address	
Administrator Name	Printed Title	
Administrator Address	Printed Email	
Signature		Date Signed <i>Mo./Day/Yr.</i>
6. LEA/Organization Name	LEA/Organization Address	
Administrator Name	Printed Title	
Administrator Address	Printed Email	
Signature		Date Signed <i>Mo./Day/Yr.</i>
7. LEA/Organization Name	LEA/Organization Address	
Administrator Name	Printed Title	
Administrator Address	Printed Email	
Signature		Date Signed <i>Mo./Day/Yr.</i>
8. LEA/Organization Name	LEA/Organization Address	
Administrator Name	Printed Title	
Administrator Address	Printed Email	
Signature		Date Signed <i>Mo./Day/Yr.</i>
9. LEA/Organization Name	LEA/Organization Address	
Administrator Name	Printed Title	
Administrator Address	Printed Email	
Signature		Date Signed <i>Mo./Day/Yr.</i>

Copy this form to make additional pages if necessary. Show pages as: Page \_\_\_\_ of \_\_\_\_ Form A pages.

**(Pg 2 of Form)**

