



Name of Site: _____

ADEQUACY OF RESOURCES FORM

Roles and Responsibilities Verification

B

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 B

THE INFORMATION PROVIDED WILL BE CONSIDERED IN THE GRANT REVIEW PROCESS UNDER THE SECTION OF ADEQUACY OF RESOURCES.

EACH OF THE UNDERSIGNED TAKES RESPONSIBILITY for the management and oversight roles outlined below. While new project staff may be added upon grant award, **do not fill out any sections with 'TBA' (To Be Announced)**. The signatures below indicate which existing staff person on site or at the district / agency level will take responsibility for ensuring that the various 21st Century Community Learning Center (CCLC) grant program duties listed are accomplished.

GRANT WRITER

Printed Employer Name

Printed Staff Name

Printed Telephone No.

Printed Title

Printed Email

Signature

Date Signed *Mo./Day/Yr.*

GRANT MANAGEMENT ENTERPRISE RESPONSIBILITIES

Monthly Cash Management Reports

Printed Employer Name

Printed Staff Name

Printed Telephone No.

Printed Title

Printed Email

Signature

Date Signed *Mo./Day/Yr.*

Revisions

Printed Staff Name

Printed Telephone No.

Printed Title

Printed Email

Signature

Date Signed *Mo./Day/Yr.*

	GRANT MANAGEMENT ENTERPRISE RESPONSIBILITIES	FORM B, Continued
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Yearly Completion Report

Printed Staff Name	Printed Telephone No.	
Printed Title	Printed Email	
Signature		Date Signed <i>Mo./Day/Yr.</i>

Annual Continuing Application

Printed Staff Name	Printed Telephone No.	
Printed Title	Printed Email	
Signature		Date Signed <i>Mo./Day/Yr.</i>

	21ST CCLC REPORTING RESPONSIBILITIES	
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Annual Performance Report (APR) due in August: Completion of the Grantee Profile and submission of all necessary data for the required federal APR including student demographic data, attendance data, grades, test results, grant program objective outcomes, teacher surveys, etc.

Printed Staff Name	Printed Telephone No.	
Printed Title	Printed E-Mail	
Signature		Date Signed <i>Mo./Day/Yr.</i>

Class Summary Reports (Arizona Department of Education Report required in January and June)

Printed Staff Name	Printed Telephone No.	
Printed Title	Printed E-Mail	
Signature		Date Signed <i>Mo./Day/Yr.</i>

Site Evaluation Reports and Student School Attendance Report (Arizona Department of Education Report required in August)

Printed Staff Name	Printed Telephone No.	
Printed Title	Printed E-Mail	
Signature		Date Signed <i>Mo./Day/Yr.</i>

Daily Data Collection (Attendance, partnership contributions, donations, collaborations, parent involvement, grant objectives outcome data)

Printed Staff Name	Printed Telephone No.	
Printed Title	Printed E-Mail	
Signature		Date Signed <i>Mo./Day/Yr.</i>

**21st CCLC PROGRAM
IMPLEMENTATION**

**FORM B,
Continued**

Recruitment and Hiring of after school staff in accordance with LEA or Agency Human Resource Policies

Printed Staff Name	Printed Telephone No.	
Printed Title	Printed Email	
Signature		Date Signed <i>Mo./Day/Yr.</i>

Communication between school day and after school day learning to support students' academic success (e.g. assessment driven programming, alignment to grant objectives and school improvement plan, continuous improvement management)

Printed Staff Name	Printed Telephone No.	
Printed Title	Printed Email	
Signature		Date Signed <i>Mo./Day/Yr.</i>

AZ Standards-Based and Assessment Driven Academic and Enrichment After School Programming

Printed Staff Name	Printed Telephone No.	
Printed Title	Printed Email	
Signature		Date Signed <i>Mo./Day/Yr.</i>

Safe transportation between 21st CCLC site and home

Printed Staff Name	Printed Telephone No.	
Printed Title	Printed Email	
Signature		Date Signed <i>Mo./Day/Yr.</i>

USDA healthy snack provided for after school student participants; Summer meals for summer program student participants

Printed Staff Name	Printed Telephone No.	
Printed Title	Printed Email	
Signature		Date Signed <i>Mo./Day/Yr.</i>

After School Participant Recruitment and Retention for both students and their adult family members

Printed Staff Name	Printed Telephone No.	
Printed Title	Printed Email	
Signature		Date Signed <i>Mo./Day/Yr.</i>

	21st CCLC PROGRAM IMPLEMENTATION, Continued	FORM B, Continued
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Community Partnerships- development and support

Printed Staff Name	Printed Telephone No.
Printed Title	Printed Email
Signature	Date Signed <i>Mo./Day/Yr.</i>

After school staff training and professional development

Printed Staff Name	Printed Telephone No.
Printed Title	Printed Email
Signature	Date Signed <i>Mo./Day/Yr.</i>

Volunteers- development and support

Printed Staff Name	Printed Telephone No.
Printed Title	Printed Email
Signature	Date Signed <i>Mo./Day/Yr.</i>

21st CCLC Grant Budget, including the ordering, distribution and inventory of after school materials and supplies and the interpretation of fiscal guidelines such as the GME Handbook, the OMB Cost Principles, USFR Chart of Accounts

Printed Staff Name	Printed Telephone No.
Printed Title	Printed Email
Signature	Date Signed <i>Mo./Day/Yr.</i>