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**Word Document for 21st CCLC Continuing Application Fiscal Year ~~2017~~ 2018**

**District Program Details: FFATA**

**Year 1 of the 21st CCLC Grant is competitive and Years 2-5 are Continuing based on maintaining program eligibility requirements outlined in the Continuing Application.**

**In the event that anticipated federal funding is decreased, a proportional decrease may be made to all awardees. All funding is contingent upon receipt of federal funds.**

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| FFATA | | |
|  | Please check to confirm that your entity has met the annual Central Contract Registry at https://www.bpn.gov/ccr/default.aspx and have a registered DUNS number.   You can search DUNS numbers at: http://fedgov.dnb.com/webform/CCRSearch.do?val=1 |  |
|  | Please check to confirm that you submitted the most recent Section E of the General Statement of Assurance. |  |
| POP (Primary Place of Performance) Information | | |
|  | POP City |  |
|  | POP State |  |
|  | POP Zip Code |  |
|  | Please provide a short description of your project in one to two paragraphs. |  |

**District Program Details: General Information and Contact Information**

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| **Contact Information** | | |
| 1 | Enter Name of Program Contact |  |
| 2 | Title |  |
| 3 | Street Address |  |
| 4 | P.O. Box |  |
| 5 | City |  |
| 6 | State |  |
| 7 | Zip Code |  |
| 8 | Phone Number (000) 000-0000 X 000 |  |
| 9 | Fax Number (000) 000-0000 |  |
| 10 | E-mail Address  Multiple email addresses can be entered, separated by a semicolon. |  |

**21st CCLC – Cont.**

Budget

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| **LINE ITEMS DESCRIPTION** | | | |
| **Function Code** | **Object Code** | **Description** | **Budgeted Amount** |
| **Instruction 1000** | | | |
| Salaries | 6100 |  |  |
| Employee Benefits | 6200 |  |  |
| Purchased Professional Services | 6300 |  |  |
| Purchased Property Services | 6400 |  |  |
| Other Purchased Services | 6500 |  |  |
| Supplies | 6600 |  |  |
| Other Expenses | 6800 |  |  |
| **Support Services 2100, 2200, 2600, 2700** | | | |
| Salaries | 6100 |  |  |
| Employee Benefits | 6200 |  |  |
| Purchased Professional Services | 6300 |  |  |
| Purchased Property Services | 6400 |  |  |
| Other Purchased Services | 6500 |  |  |
| Supplies | 6600 |  |  |
| Other Expenses | 6800 |  |  |
| **Support Services - Admin 2300, 2400, 2500, 2900** | | | |
| Salaries | 6100 |  |  |
| Employee Benefits | 6200 |  |  |
| Purchased Professional Services | 6300 |  |  |
| Purchased Property Services | 6400 |  |  |
| Other Purchased Services | 6500 |  |  |
| Supplies | 6600 |  |  |
| Other Expenses | 6800 |  |  |
| **Operation of Non-Instructional Services 3000** | | | |
| Salaries | 6100 |  |  |
| Employee Benefits | 6200 |  |  |
| Purchased Professional Services | 6300 |  |  |
| Purchased Property Services | 6400 |  |  |
| Other Purchased Services | 6500 |  |  |
| Supplies | 6600 |  |  |
| Other Expenses | 6800 |  |  |
| **Indirect Cost Recovery** | | | |
| Restricted Indirect Cost Rate | 6910 |  |  |
| **Supplies/Capital** | | | |
| Property | 6700 et. al. |  |  |

***\*Contact your Business Manager to review coding before submitting the 21st CCLC Continuing Application\****

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| **Site Contact Information** | | |
| 11 | Enter Site ~~Number~~ Name: |  |
| 12 | Enter name of Site Coordinator: |  |
| 13 | Street Address |  |
| 14 | P.O. Box |  |
| 15 | City |  |
| 16 | State |  |
| 17 | Zip Code |  |
| 18 | Phone Number (000) 000-0000 x 000 |  |
| 19 | Fax Number (000) 000-0000 |  |
| 20 | E-mail Address |  |

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| **Program Plan** | | |
| 21 | Do you have any changes to your 21st CCLC program ~~objectives~~?  If NO, skip to question 23. |  |
| 22 | Describe minor changes in objectives and/or any other program areas for upcoming school year. |  |
| 23 | During the **CURRENT** **ACADEMIC** year, how many language arts classes were offered in the 21st CCLC program that specifically aligned to ~~state language arts Arizona College and Career Ready Standards~~ the Arizona English Language Arts Standards? |  |
| 24 | During the **CURRENT** **ACADEMIC** year, how many math classes were offered in the 21st CCLC program that specifically aligned to ~~state math Arizona College and Career Ready Standards~~ the Arizona Mathematics Standards? |  |
| 25 | During the **CURRENT** **ACADEMIC** year, how many science classes were offered in the 21st CCLC program that specifically aligned to ~~state science Arizona College and Career Ready Standards~~ the Arizona Science Standards? |  |
| 26 | During the **CURRENT** **ACADEMIC** year, how many enrichment classes were offered in the 21st CCLC program that aligned to the ~~Arizona and College Career Ready Standards~~  Arizona State Standards? |  |
| 27 | During the **CURRENT** **ACADEMIC** year, how many student regular attendees attended the 21st CCLC program?   A regular attendee is a student who has attended the 21st CCLC program 30 days or more. |  |
| 28 | During the **CURRENT** **ACADEMIC** year, how many students attended the 21st CCLC program less than 30 days? |  |
| 29 | During the **CURRENT** **ACADEMIC** year, how many hours per week were students served in the 21st CCLC program? |  |
| 30 | During the **CURRENT** **ACADEMIC** year, how many days per week were students served in the 21st CCLC program? |  |
| 31 | During the **CURRENT** **ACADEMIC** year, how many weeks were students served in the 21st CCLC program? |  |
| 32 | During the **CURRENT** **ACADEMIC** year, how many adult family members of 21st CCLC students participated in family engagement opportunities sponsored by the 21st CCLC program that can be linked to their child(ren)'s academic achievement? |  |
| 33 | During the **CURRENT** **ACADEMIC** year, how many hours ~~days~~ per week were family engagement opportunities offered to family members of regularly participating 21st CCLC students, sponsored by the 21st CCLC program that can be linked to their child(ren)'s academic achievement? |  |
| 34 | During the **CURRENT** **ACADEMIC** year, how many weeks were adult family engagement opportunities offered to family members of regularly participating 21st CCLC students, sponsored by the 21st CCLC program that can be linked to their child(ren)'s academic achievement? |  |

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| **Collaboration** | | |
| 35 | Do you have any changes to your 21st CCLC Collaboration Plan?  If NO, skip to question 37. |  |
| 36 | If applicable, describe minor changes requested: |  |
| 37 | Describe how 21st CCLC grant activities collaborated with other federal, state or local community programs in the **CURRENT** **ACADEMIC** year. |  |
| 38 | Was there an advisory group for the 21st CCLC program in the **CURRENT** **ACADEMIC** year? |  |
| 39 | If yes, briefly explain the role of the group and how often the group met. |  |
| 40 | If no, please provide explanation. |  |
| 41 | Describe communication between the 21st CCLC program staff and the school day classroom teacher. Include how this communication met the needs of students at risk of educational failure during the **CURRENT** **ACADEMIC** year. |  |
| Adequacy of Resources | | |
| 42 | During the **CURRENT** **ACADEMIC** year, describe the fiscal management of this grant at BOTH the district and site level. |  |
| 43 | Describe the involvement of school administration in managing the grant at this site during the **CURRENT** **ACADEMIC** year. |  |
| 44 | Describe how staff was recruited and retained in the 21st CCLC program during the **CURRENT** **ACADEMIC** year. |  |
| **Evaluation Plan** | | |
| 45 | During the **CURRENT** **ACADEMIC** year, describe what type of evaluation activities occurred to strengthen the program. Include how staff improved and strengthened the individual student's out-of-school time instruction based on data gathered throughout the year. Identify methods and assessment tools used. |  |
| 46 | During the **CURRENT** **ACADEMIC** year, describe how evaluation results were communicated to all stakeholders and community members. |  |
| 47 | Identify the lead person(s) for the 21st CCLC evaluation process by name and job title. Include any qualifications and responsibilities this person(s) had to lead the evaluation process. (An external evaluator is not required, however should be listed here if one is used.) |  |
| **Professional Development** | |  |
| 48 | Please list the names of the Professional Development Opportunities attended by your principal that had an impact on your 21st CCLC program. |  |
| 49 | Please list the names of the Professional Development Opportunities attended by your site coordinator that had an impact on your 21st CCLC program. |  |
| 50 | Explain in 1-2 paragraphs how your school’s 21st CCLC program was impacted/enhanced by the professional development attended. |  |