**21st CENTURY COMMUNITY LEARNING CENTER  
CYCLE 14-GRANT APPLICATION INFORMATION**

**ONLINE APPLICATION & REQUIRED DOCUMENTS DEADLINE:**

**May 4, 2016 FULLY SUBMITTED IN THE GRANTS MANAGEMENT SYSTEM BY EXACTLY 5:00:00 P.M. NO EXCEPTIONS**

**REQUIRED DOWNLOADABLE DOCUMENTS**:

A. Participants Verification Form  
B. Adequacy of Resources Form  
C. Private School Consultation Form  
D. Statement of Assurance of Original Work  
E. Statement of Assurance of Community Notification

**All forms A, B, C, D and E with original signatures must be uploaded to the Grants Management System accessed through the ADEConnect website at** <https://home.azed.gov/Portal/> **by 5:00:00 p.m., May 4, 2016. No hand delivered, emailed, fax or photocopy signatures will be accepted.**   
  
**BEFORE GETTING STARTED:**

Review and follow grant application guidance provided in the 21st CCLC Application Information webpage at<http://www.azed.gov/century-learning-centers/application-information/>

**ABSOULUTE PRIORITY**: To be eligible to apply for this grant, entities must serve students who attend schools where at least 40% of the students qualify for free/reduced meals.

**Grant awards will not be made to Local Education Agencies (LEAs) that are out of compliance with state or federal requirements.**

**Note: Funding is based on receipt of federal funds to the Arizona Department of Education. In the event that anticipated federal funding is decreased, a proportional decrease will be made to all awardees.**

**General Information and Contact Information   
(0 Points)**

**(Items 1-17)**

**Contact Information**

1. **Street Address for Applicant Agency**
2. **PO Box**
3. **City**
4. **State**
5. **Zip Code**
6. **District Program Coordinator (This is the main contact for all the sites in the application.)**
7. **Coordinator’s Street Address**
8. **Coordinator’s PO Box**
9. **Coordinator’s City**
10. **Coordinator’s State**
11. **Coordinator’s Zip Code**
12. **Phone Number (000) 000-0000 x 0000**
13. **Coordinator’s E-mail Address**
14. **District Business Manager**
15. **Business Manager’s Phone Number**
16. **Business Manager’s E-mail Address**
17. **Enter the Total Funds Requested for all sites Years 1-5**

**Site Information   
(0 Points)**

**(Items 18-32)**

Enter the 21st CCLC site information for EACH proposed site.  
If you have multiple 21st CCLC sites, complete a separate page for each site.

1. **Enter Entity ID Number of the School.**
2. **Enter the most current number of enrolled students at the school.**
3. **Enter the grade levels that are enrolled at the school.**
4. **Enter regular school day hours (ex. 8:00 to 2:30 every day)**
5. **Enter proposed 21st CCLC hours (ex. 7-8 am and 2:30-5:30 pm, M-Th)**
6. **Enter name of Site Principal**
7. **Site-Street Address**
8. **Site-PO Box**
9. **Site-City**
10. **Site-State**
11. **Site-Zip Code**
12. **Site-Telephone**
13. **Site Principal E-mail Address**
14. **Site Coordinator (This person must be on site during center hours).**
15. **ABSOLUTE PRIORITY: Check the box if this site serves students where at least 40% of the students qualify for free/reduced meals.**

|  |
| --- |
| Yes, the Site meets the ABSOLUTE PRIORITY. |

**Priority   
(2 Priority Points Possible)**

**(Item 33)**

**Provide the Federal Accountability label based on the federal guidelines under Arizona’s approved ESEA flexibility request. LABELS WILL BE VERIFIED.**

**Note: Schools did not receive a Letter Grade for the 2014-2015 School Year.**

If you have multiple 21st CCLC sites, complete a separate page for each site.

1. **Federal Accountability label for most current school year.**

|  |
| --- |
| Focus School Priority School  Not Applicable |

**Program Need   
(15 Points)**

**(Items 34-37)**

In the following section provide justification that establishes a need for a 21st CCLC grant.  
  
Each text box field is limited to 8,000 characters including spaces and punctuation.

1. **Describe the needs assessment process used that addresses the following:**

**-Risk Factors: Identify community risk factors and indicators that contribute to the needs/problems addressed by the proposed project. Clearly cite relevant data for school and community (i.e., truancy data, disciplinary data, socioeconomic data, achievement data, community crime data, etc.).**

**-Impact of Risk Factors: The overall impact of the risk factors and indicators on the targeted student population and their families are identified. The proposed project will clearly and effectively address the problems associated with these risk factors.**

**-Specific Needs: Based on the impact of identified risk factors and indicators, the specific needs of students and families within these communities are thoroughly explained.**

**-Inadequacy of Current Resources: It is evident that the current level of resources available is insufficient and has prevented the community from addressing these specific needs. Identify current services available to the community and the gaps in services available to the school’s community.**

1. **Using the most current school report card and State Mandated Assessment data or other District Mandated assessment data, describe the percentage of the entire student population in your school not reaching grade level benchmarks in Math and Reading.**
2. **Describe the academic needs of your most at risk students and how they will be targeted for services.**
3. **Describe how the identified program needs will align with the site's Arizona School Improvement Plan and/or school goals.**

**Program Design and Implementation   
(17 Points)**

**(Items 38-64)**

Describe design requirements for the program. **Each site in the application is required to be open for a minimum of four days per week, for 12 hours per week of TOTAL CENTER SERVICES (Combined Direct Student Services and Adult Family Services-NOT to include planning/prep time).**  
  
Although sites may determine how to design individual programs, the following **MUST** be followed for   
Operational Hours and Days of Operation:

* **Minimum of 120 Days per Fiscal Year**
* **Minimum of 27 Weeks Academic Year (Includes Extended Breaks)**
* **Minimum of 3 Weeks Summer School**
* **Minimum of 4 Days per Week (Academic and Summer School)**
* **Minimum of 12 Hours per Week of TOTAL CENTER SERVICES (Does NOT include planning/prep time for staff.)**
* **Minimum of 8 Hours per Week of DIRECT STUDENT SERVICES**

**Minimum of 2 Hours per Week of ADULT FAMILY SERVICES**  
  
**DIRECT STUDENT SERVICES are those services where the vast majority of enrolled student participants are able to participate. EVERY STUDENT in the program must be AFFORDED 8 full hours of programming (e.g., an applicant cannot serve boys on Monday and girls on Tuesday. Individual students would only receive half the total programming).**  
  
**ADULT FAMILY SERVICES are services provided to adult family members of those students who are ACTIVELY participating in the regular 21st CCLC program.**  
  
Refer to the Application Tools on the 21st CCLC website for examples and requirements on how to design programming.  
  
  
Each text box field is limited to 8,000 characters including spaces and punctuation.

|  |  |  |
| --- | --- | --- |
| Direct Student Services | | |
| 38 | Identify when the services will be available to the students. | Before School After School Weekends Extended Breaks Summer |
| 39 | Number of Hours per Week students will be served during the **ACADEMIC** year (Including Academic Year Extended Breaks).    (Follow Minimum Requirements) | 8 hours per week 8.5 hours per week 9 hours per week 9.5 hours per week 10 hours per week 10.5 hours per week 11 hours per week 11.5 hours per week 12 or more hours per week |
| 40 | Number of Days per Week students will be served during the **ACADEMIC** year (Including Academic Year Extended Breaks).   (Follow Minimum Requirements) | 4 days per week 5 days per week 6 days per week |
| 41 | Number of Weeks per Year students will be served during the **ACADEMIC** year (Including Academic Year Extended Breaks).   (Follow Minimum Requirements) | 27 weeks per year 28 weeks per year 29 weeks per year 30 weeks per year 31 or more weeks per year |
| 42 | Number of Hours per Week students will be served during **SUMMER**.  (Follow Minimum Requirements) | 8 hours per week 8.5 hours per week 9 hours per week 9.5 hours per week 10 hours per week 10.5 hours per week 11 hours per week 11.5 hours per week 12 or more hours per week |
| 43 | Number of Days per Week students will be served during **SUMMER**.    (Follow Minimum Requirements) | 4 days per week 5 days per week 6 days per week |
| 44 | Number of Weeks students will be served during **SUMMER**.    (Follow Minimum Requirements) | 3 weeks per summer break 4 weeks per summer break 5 or more weeks per summer break |
| 45 | Describe Site Coordinator/Principal’s plan to recruit and retain students in the proposed program. |  |
| Family Services | | |
| 46 | Identify when services will be available to family members of 21st CCLC students. | Before School Hours During School Hours After School Hours Weekends Extended Breaks  Summer |
| 47 | Number of Hours per Week adult family members will be served during the **ENTIRE** year.    \*The total hours, days and weeks of family services may not exceed the hours and days of the student activities. | 2 hours per week 2.5 hours per week 3 hours per week 3.5 hours per week 4 or more hours per week |
| 48 | Number of Days per Week adult family members will be served during the **ENTIRE** year.   \*The total hours, days and weeks of family services may not exceed the hours and days of the student activities. | 1 day per week 2 days per week 3 days per week |
| 49 | Number of Weeks family members will be served during the **ENTIRE** year.   \*The total hours, days and weeks of family services may not exceed the hours and days of the student activities. | 27 weeks per year 28 weeks per year 29 weeks per year 30 weeks per year |
| 50 | Describe Site Coordinator/Principal’s plan to recruit and retain adult family members in the proposed program. |  |
| Total Center Services | | |
| 51 | Number of Hours per Week (Combination of Student and Family Hours) center will be offering services for students and families during the **ENTIRE** year.   (Follow Minimum Requirements) | 12 hours per week 12.5 hours per week 13 hours per week 13.5 hours per week 14 hours per week 14.5 hours per week 15 or more hours per week |
| 52 | Number of Days per Week (Combination of Student and Family Days) center will be offering services for students and families during the **ENTIRE** year.   (Follow Minimum Requirements) | 4 days per week 5 days per week 6 days per week |
| 53 | Number of Weeks center will be offering services for students and families during the **ENTIRE** year.   (Follow Minimum Requirements) | 30 weeks per year 31 weeks per year 32 weeks per year 33 weeks per year 34 or more weeks per year |
| 54 | Total Number of Days program will be offering services for students and families during the **ENTIRE** year.  (Follow Minimum Requirements-120 days per year)   (This is the number used in Item 65 to calculate the $10 formula for funds requested.) |  |
| 55 | Projected number of students who will attend regularly (these are students who are classified as **"regular attendees,"** attending the program 30 days or more).   (This number is used in Item 65 to calculate the $10 formula for funds requested.) |  |
| 56 | Projected number of family members of 21st CCLC students who will participate in ongoing family engagement activities. These activities should be regularly occurring series of events that contribute to increased student achievement.   \*ONLY adult family members of ACTIVELY PARTICIPATING 21ST CCLC STUDENTS are eligible for services paid for through this grant. |  |
| 57 | Describe how your program design offers specific, realistic and comprehensive targeted intervention and academic enrichment opportunities. The program design should address needs identified in the Program Need section of the application. |  |
| Timeline | | |
| 58 | For Year One Only  Provide tentative dates in a timeline format listing (NOT NARRATIVE) when the 21st CCLC will be providing services for student and adult family members.  Show beginning and ending dates of proposed 21st CCLC program, including any breaks, such as intersession, when the 21st CCLC will not be operating.   \*If awarded funding, it is anticipated that your first disbursement will be made by October 2016.  \*The last day to report summer school on this year's timeline is June 30. |  |
| Communication | | |
| 59 | Describe how communication between 21st CCLC program staff, school administration, and school day staff will take place on a regular basis in order to enhance and assess individual student academic progress. |  |
| Dissemination Plan | | |
| 60 | Describe the methods and strategies to disseminate and share information about the project, including services and evaluation outcomes to parents, staff, students, community members and stakeholders. |  |
| Safety and Transportation | | |
| 61 | Identify location of services and elaborate what assurances are in place that the location will be safe and accessible. If location is not at the school site, identify:  a) How the applicant will ensure the program will be available and accessible to the target population(s)  b) Evidence that the school and collaborating partners are in agreement on the alternative site and  c) Plan for communication between school and alternative site. |  |
| 62 | Describe how students will travel safely between school, 21st CCLC site, and home. |  |
| Health and Nutrition | | |
| 63 | Applicants are required to provide snacks and/or meals. Indicate how snacks will be acquired and distributed to centers and participating students on a daily basis when the program is in operation. Snacks and/or meals must follow all School Nutrition Guidelines. |  |
| Barriers | | |
| 64 | Describe how the program will overcome barriers to provide equitable participation of all students (include how students with disabilities will be identified and served). |  |

**Adequacy of Resources   
(17 Points)**

**(Items 65-72)**

Describe the appropriate use and effectiveness of resources to successfully manage an out-of-school time program, including, but not limited to the program and fiscal management of this grant; maintaining and recruiting high quality staff; relevant professional development; and on-going evaluation practices. Be cautious not to use these new federal funds to supplant existing staff salaries or programs, but to supplement or expand on what is already in existence.   
  
For compliance with fiscal issues of 21st CCLC, refer to the Application Tools on the 21st CCLC Website: Non-regulatory Guidance; Cost Principles; and Chart of Accounts and Expense Classification Uniform System of Financial Records.   
  
Each text box field is limited to 8,000 characters including spaces and punctuation.

1. Please show your work and compute the following $10 Formula (see example below)

a) Number of Days program is offered (minimum of 120 days);

(This should be the same # as in Item 54)

b) X Projected number of students who attend 30 days or more; (This should be the same # as in Item 55)

c) X $10;

d) = $ Total

e) Total Funds Requested $

MAY NOT EXCEED THE $140,000 MAXIMUM

(Minimum=$50,000; Maximum=$140,000)

EXAMPLE:

(a) 120 days X (b) 120 students X (c) $10 = (d) $144,000 Total Funds

(e) Total Funds Requested = $140,000

1. Explain how 21st CCLC funds will supplement and not supplant existing resources.
2. List any local, state and/or federal grants your agency administered, and the total for each grant, during the previous school year.
3. Explain the fiscal holder's capacity to manage funds in accordance with applicable Federal and State statues, regulations, program plans, and General Statement of Assurance.
4. Describe professional development plan for all 21st CCLC staff. Be sure to describe how 21st CCLC staff training will be integrated with the site's training related to academic achievement.
5. Describe the use of qualified volunteers including senior citizens, high school students, college students, adult mentors, etc. If no volunteers are planned, describe why they are not required.
6. Explain your agency’s capacity to fulfill the staffing requirements of this grant.
7. Describe your plan to recruit and retain teachers in the proposed programs.

**Program Objectives and Activities   
(21 Points)**

**(Items 73-80)**

*Refer to the Downloadable Tools of the Application Information page of the 21st CCLC website for guidance and specific related resources.*  
  
For each of the program areas (Academics, Youth Development, and Family Engagement), write outcome objectives that can be *measured annually* and are:

 Specific,

 Measurable,

 Achievable,

 Realistic and

 Time-bound

Describe the activities for each objective. Activities and services must be based on an established set of performance measures aimed at ensuring high quality academic enrichment opportunities. **Academic enrichment is a continuum of the regular school day to include but not limited to targeted intervention.**  
  
Each text box field is limited to 8,000 characters including spaces and punctuation.

Academics

1. Provide a minimum of two and no more than three SMART outcome objectives (aligned to ASIP or school goals) in the area of Academics. Number each objective (e.g., 1.1, 1.2, and 1.3).
2. For each of the Academic objectives describe specific activities that will clearly allow the program to progress towards the stated objectives. Following each activity, indicate the timeframe the activity will be occurring (e.g., “daily throughout the year,” “monthly throughout the year,” “daily during summer session,” etc). Each activity identified must reference the specific objective number.

Youth Development

1. Provide a minimum of one and no more than two SMART outcome objectives in the area of Youth Development. Number each objective (e.g., 2.1, 2.2).
2. For each of the Youth Development objective(s) describe specific activities that will clearly allow the program to progress towards the stated objective(s). Following each activity, indicate the timeframe the activity will be occurring (e.g., “daily throughout the year,” “monthly throughout the year,” “daily during summer session,” etc.). Each activity identified must reference the specific objective number.

Family Engagement

1. Provide one SMART outcome objective in the area of Family Engagement, which will contribute to increased student success. Number the objective 3.1.
2. For the Family Engagement objective, describe specific activities that will clearly allow the program to progress towards the stated objective. Following each activity, indicate the timeframe the activity will be occurring (e.g., “daily throughout the year,” “monthly throughout the year,” “daily during summer session,” etc.). Each activity identified must reference the specific objective number.

Effectiveness

1. Describe what actions the site principal will continuously demonstrate to increase buy-in and support for staff involvement, family engagement and student achievement in order to meet the identified objectives and activities.
2. Describe how the proposed activities will improve student academic achievement. Address each of the following six points:
3. Needs of the school and community are addressed;
4. Learning is intentional;
5. Learning is embedded in all after-school activities;
6. Activities are exciting and engaging;
7. Activities are research-based and aligned with state and local academic standards; and
8. Dosage matters. The more time children are engaged in learning activities, the greater their school success.

**Evaluation Plan   
(14 Points)**

**(Items 81-85)**

To ensure quality programming and student performance, each grantee must undergo continuous formative evaluations to assess its progress toward achieving its goal of providing high-quality opportunities for academic enrichment. The evaluation must be based on the factors included in the *principles of effectiveness*. The results of the evaluation must be: (1) used to refine, improve, and strengthen the program and to refine the performance measures; and (2) be made available to the public upon request.

Each grantee must:

 Conduct ongoing formative evaluation to assess progress toward achieving outcome objectives throughout each year of the grant;

 Complete an annual summative evaluation prescribed by ADE that assesses whether objectives were met.

Each text box field is limited to 8,000 characters including spaces and punctuation.

1. For each of the Academic objectives, describe the evaluation plan that will be used to monitor the program’s progress towards meeting the objectives (reference the specific objective numbers). The plan must clearly identify the instruments and method(s) for assessing each of the objectives, including the method for data analysis. Indicate a timeline as to when and how often assessment will be completed and identify the responsible person(s) by job title for completing the assessment.
2. For each of the Youth Development objective(s) describe the evaluation plan that will be used to monitor the program’s progress towards meeting the objective(s) (reference the specific objective number). The plan must clearly identify the instruments and method(s) for assessing each of the objectives, including the method for data analysis. Indicate a timeline as to when and how often the assessment will be completed and identify the responsible person(s) by job title for completing the assessment.
3. For the Family Engagement objective, describe the evaluation plan that will be used to monitor the program’s progress towards meeting the objective (reference the specific objective number). The plan must clearly identify the instruments and method(s) for assessing each of the objectives, including the method for data analysis Indicate a timeline as to when and how often the assessment will be completed and identify the responsible person(s) by job title for completing the assessment.
4. Identify the lead person(s) for the 21st CCLC evaluation process by job title only for the 21st CCLC grant, and any qualifications and responsibilities this person(s) has to lead the evaluation process. Do not provide the name of any contracted evaluation service provider(s).

-AN ADE EVALUATION REPORT IS REQUIRED.

-A FEDERAL ANNUAL PERFORMANCE REPORT IS REQUIRED.

-AN EXTERNAL EVALUATOR IS NOT REQUIRED.

1. Indicate how the program will utilize in-school data evidence collected and the evaluation results to refine, improve, strengthen and drive programming.

**Sustainability   
(14 Points)**

**(Items 86-88)**

Complete and refer to the Partner Planning Tool in the Downloadable Tools section of the Application Information page of the 21st CCLC Website prior to completing this section.   
Responses in this section should reflect the information in the Participant Verification form (Form A).  
This section should describe:

 the process used to identify partners and how they contribute to the success of the program.

 the collaboration efforts that will be undertaken to foster and promote the success of the program.

 the sustainability efforts that will be undertaken to maintain the success of the program after grant funding is decreased or no longer available.

Each text box field is limited to 8,000 characters including spaces and punctuation.

1. Identify partners, how they were involved in the development of the application, type and amount of contribution(s), and how each partner’s contribution(s) will help meet the program’s needs and objectives. (Refer to Partner Planning Tool). Note: Your response to this question should be supported in the Participant Verification form (Form A) where it identifies Community Partner Organizations for the 21st CCLC program at this site.
2. Describe how activities carried out will be combined and coordinated with other federal, state and/or local programs to make the most effective use of public resources (may include in-kind contributions).
3. Outline a sustainability plan that ensures the program will continue once the grant funding decreases and ends.

Budget Year 1-5 Overview

Provide the total budget costs for EACH SITE for YEARS 1-5. Funding will be provided per site for a minimum of $50,000 and a maximum of $140,000. Please note that core funding will be reduced by 25% in the 4th and 5th year of funding, except that regardless of original funding, years 4 and 5 will not be less than $50,000. Example: If Year 3=$60,000; then Year 4 and Year 5 funding will = $50,000 (not $45,000). Budgets are based on individual site's needs as stated in the formula in item #65 of the application.

|  |  |
| --- | --- |
|  | \*Year 1 Total |
|  | \*Year 2 Total |
|  | \*Year 3 Total |
|  | \*Year 4 Total |
|  | \*Year 5 Total |
|  | \*Years 1-5 Total |

Budget Narrative Description (Budget and Budget Overview)

Provide a **DETAILED** description of each budgeted line item for **EACH SITE** for **YEAR ONE ONLY**.

**Refer to the Downloadable Tools on the Application Information page of the 21st CCLC website for guidance and specific related resources to completing this section.**

These applications are based on individual site's identified needs. Budgets should be site specific.   
See Minimum level of details below:

1. For all personnel-provide number of staff, job title, rate of pay, estimated number of days, and subtotal;
2. For any staff who are regular school employees-provide rationale as to how the applicant would not be supplanting funds;
3. For supplies-provide specific information on proposed products, academic or enrichment focus, number of items, and subtotal;
4. For on-going evaluation activities to improve academic achievement-identify the staff time, rate of pay, frequency of meetings, and subtotal;
5. For outside evaluator-provide name of evaluator, the amount of contracted time, rate of pay, and subtotal; and for all other items, provide similar level of detail.

Refer to the 21st CCLC Application website for more information about: The Budget Planning Tool, Non-regulatory Guidance; Cost Principles; and Chart of Accounts and Expense Classifications Uniform System of Financial Records (USFR).