



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD – AFTERSCHOOL PROGRAMS

21ST CENTURY COMMUNITY LEARNING CENTER (21ST CCLC) GRANT APPLICATION

ATTACHMENT ONE

INSTRUCTIONS

The issue date for the application is **Monday, April 8, 2024**.

Refer to the Grant Submission Instructions on the [Grant Page](#).

Due no later than Friday, May 24, 2024, at 1:00 p.m.

Questions must be submitted in writing to the Office of Childhood’s Afterschool Programs Section at afterschool@dese.mo.gov.

GRANT AWARD PERIOD

Date of Award through June 30, 2025 (with four one-year continuation years)

ASSURANCES

The grantee hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions of the application. The grantee further agrees that the language of this application shall govern in the event of a conflict with his/her proposal. The grantee further agrees that when this application is countersigned by an authorized official of the state of Missouri, a binding contract shall exist between the grantee and the Department of Elementary and Secondary Education (DESE).

AUTHORIZED SIGNATURE	DATE
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PRINTED NAME (Include Dr., Mr., Mrs., Ms., or Miss)	TITLE
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ORGANIZATION NAME (Name Exactly as It Appears on File with the UEI Number Below)	COUNTY DISTRICT CODE (LEA’S) or FEDERAL TAX ID NUMBER (NON-LEA’S)
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MAILING ADDRESS	COUNTY NAME	<input type="checkbox"/> URBAN <input type="checkbox"/> RURAL <input type="checkbox"/> SUBURBAN
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CITY	STATE	ZIP
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EMAIL ADDRESS	PHONE NO.	EXT.
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UNIQUE ENTITY IDENTIFIER (UEI) NUMBER (By signing this contract you acknowledge a current registration with SAM.GOV):

If you or a member of your immediate family ever served in the U.S. Armed Forces, [click here for more information about military-related services in Missouri](#) or visit www.dese.mo.gov/veterans-services.

DEPARTMENT USE ONLY

ACCEPTED BY STATE OF MISSOURI AS FOLLOWS:

TITLE Pam Thomas, Assistant Commissioner	DATE
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TOTAL AMOUNT AWARDED (YEAR ONE):	AFTERSCHOOL STAFF APPROVAL
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The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

PROGRAM SUMMARY

Contact Information (If the application is submitted jointly, this page must be copied for additional contact information.)

APPLICANT'S NAME (NAME OF DISTRICT/ORGANIZATION/ENTITY, ETC. APPLYING FOR FUNDS)

PRIMARY CONTACT PERSON		TITLE	EMAIL
MAILING ADDRESS (FOR CONTACT PERSON)		PHONE	EXT
CITY		STATE	ZIP
PROGRAM DIRECTOR (IF DIFFERENT THAN CONTACT PERSON)		EMAIL (FOR PROGRAM DIRECTOR, IF DIFFERENT)	
FISCAL CONTACT PERSON		EMAIL (FOR FISCAL CONTACT PERSON)	
LEAD GRANT WRITER		GRANT WRITER'S ORGANIZATION	
BOARD PRESIDENT (FOR NON-LOCAL EDUCATION AGENCY (LEA) APPLICANTS)		BOARD PRESIDENT EMAIL (FOR NON-LEA APPLICANTS)	

Superintendent Information: If the application is submitted jointly or has more than one school district proposed to be served, this page must be copied for additional superintendent information. If multiple districts will be served, provide this information behind **Attachment Two.**

SUPERINTENDENT NAME	DISTRICT NAME
MAILING ADDRESS	PHONE
CITY	STATE
EMAIL	ZIP

Applicant is (please check one): Public School Charter School Private School CBO FBO

Other, describe:

How many sites (physical location where programs reside) are included in this application? Note this number should match the information regarding the number of sites provided in ATTACHMENT TWO and ATTACHMENT THREE.

_____ Number of Sites in this application

Who will provide daily program services?

- Applicant
- Other, describe:

Who owns this program?

- Applicant
- Other, describe:

Does this applicant currently provide afterschool services? Yes No

If yes, where and for how long?

PROGRAM SUMMARY (CONTINUED)

Copy this page if you have more than three sites or sending schools.

SITE NAME (THIS IS THE PHYSICAL LOCATION THE PROGRAM WILL TAKE PLACE)

List each school building that will be a <i>feeder school</i> = sending students to this program site (including your own school, if served).	District name	County/ District code	School type	*% free or reduced lunch for this school building	Actual schoolwide enrollment for this school building (not 21 st CCLC program enrollment)
			<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter		
			<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter		
			<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter		

SITE NAME (THIS IS THE PHYSICAL LOCATION THE PROGRAM WILL TAKE PLACE)

List each school building that will be a <i>feeder school</i> = sending students to this program site (including your own school, if served).	District name	County/ District code	School type	*% free or reduced lunch for this school building	Actual schoolwide enrollment for this school building (not 21 st CCLC program enrollment)
			<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter		
			<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter		
			<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter		

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			<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter		
			<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter		
			<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter		

*Must use data as reported to the DESE (refer to the grant guidance for additional details and requirements).

PROGRAM SUMMARY (CONTINUED) – FEES/PROGRAM INCOME (FOUR PAGES MAXIMUM) DO NOT INCLUDE THIS PAGE

Any form of income collected in the 21st CCLC program is considered ‘program income’ by the United States Department of Education (USED). If awarded the grant, USED requires EACH grantee site receiving program income to have prior USED approval before the program can begin receiving any such program income (DESE will forward to USED for their determination). Additionally, USED requires DESE to monitor program income collected and expended annually. Refer to the Program Income section in the grant guidance for more detailed information and requirements. NOTE: DESE highly discourages Program Income.

Will this program collect parent/participation fees? Yes No

Will this program collect late parent-pickup fees? Yes No

Will this program collect program income (other than parent fees)? Yes No

Will this program collect subsidy? Yes No

Will this program collect membership fees? Yes No

Will this program collect other sources of incomes/fees (i.e. bake sales, coffee bars, fundraisers, selling products made in the 21st CCLC program, etc.)? Yes No. Please describe.

List each site implementing a 21 st CCLC program as part of this grant application that will collect program income (attach an additional page if more space is needed):	How often will this site collect program income (weekly, monthly, quarterly, or yearly)?	What is the estimated dollar amount to be collected by this site (using the collection schedule specified in previous column)?	Explain why the above program income is necessary in addition to the grant award dollars at this site.

Label these narrative pages as **ATTACHMENT TWO**. For each of the following questions, provide the question number at the beginning of each of your responses. Attach additional pages directly behind this page.

1. Provide an assurance that the program will be equally accessible to all students targeted for services, regardless of their ability to pay, and how the program will not prohibit any family from participating due to their financial situation. Programs who charge fees (program income) must offer a sliding fee scale and scholarships for those who cannot afford the program.
2. Provide an assurance that the program income (if approved by USED) will only be used in the 21st CCLC program and on allowable services/activities of the awarded 21st CCLC grant, and that all program income will be expended by June 30 of the last year of the grant award (year 5).
3. Describe why the program income/parent fees listed above is necessary to achieve the goals and objectives of the 21st CCLC program (include why the dollars requested in this application are not sufficient). It is important to note that this grant is designed to support services for the most at-risk students, with a minimum of 40% Free/Reduced Lunch families. DESE discourages fees/program income. It is very probable USED will not approve such a request.
4. Explain for what allowable purposes the program will expend the program income collected on 21st CCLC.
5. Provide an assurance that the program will track program income collected and expended separately from other funds.
6. Provide an assurance that the program will provide a general ledger showing program income collected along with a description of what the program income has been spent on annually as part of the grant continuation report (years 2-5, if awarded) and for the federally required 21st CCLC program monitoring conducted by DESE Afterschool Programs. (If approved by USED.)

SITE SUMMARY

Complete **ATTACHMENT THREE** for each *site*. The site is the physical location in which the program resides. **You must include additional pages for more sites.**

NAME OF SITE (THIS WILL BE LISTED AS THE FUNDED SITE; IT IS NOT THE 'PROGRAM NAME')	NAME OF SCHOOL(S) BEING SERVED AT THIS SITE
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PHYSICAL SITE ADDRESS

CITY	STATE	ZIP
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SITE CONTACT PERSON, IF KNOWN	SITE CONTACT EMAIL, IF KNOWN
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Total number of students proposed to be served: Of the total above, proposed number of regular attendees (30+ days): 45+ days for MS/JH site: 60+ days for elementary site: (N/A for HS site)	Grade levels to be served: <input type="checkbox"/> Pre-K* <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 *Refer to the grant guidance for requirements on serving Pre-K.	Total number of adult family members (of students proposed to serve) this site is proposing to serve:	Percentage of limited English proficiency students at this site you anticipate serving: %
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Note: Applicants are cautioned that the number of students to be served should be realistic and attainable in order to meet or exceed this number throughout the grant.

Programs that did not meet 80 percent of regular student attendance levels (based on proposed number of students served 30 days or more in the application) will be placed in moderate risk; programs who did not meet 50 percent of regular attendance levels will be placed in high risk. Additionally, beginning in year two, budgets may be reduced based on previous year's attendance results.

Which of the following will you provide at this site?

Snack Meal Both snack and meal Neither snack nor meal

What grade scale is used by the schools you will serve at this site?

A-F Check+, Check, Check - Excellent, Satisfactory, Unsatisfactory

Mastery, Near Mastery, Remediation Other, please describe:

When are students' grades reported for the schools served at this site?

Quarterly Trimester Semester Other, describe:

If you are serving elementary students at this site, what grade level does the school(s) begin taking Science grades?

1st grade 2nd grade 3rd grade 4th grade 5th grade N/A

Will volunteers serve at this site? Yes No If yes, describe how the applicant will encourage and use appropriately qualified persons to serve as the volunteers.

SITE SUMMARY (CONTINUED)

Program will be in session at this site during (check **all** that apply):

- After school
 Before school
 Summer
 Weekends
 Holidays
 Breaks
 Other, specify:

Complete the following table for program operation at this site:

	Summer – prior to school start (July 1 – start of school), if applicable Years 2-5	Regular school year (i.e. August 17 – May 16)	Summer – afterschool (following last day of school – June 30), if applicable	Grand total during the entire year (July 1 – June 30)
First date of operation				
Last date of operation				
Total number of hours/week				
Total number of days/week				
Total number of weeks				
Total number of days				

Specify beginning and ending times site is in operation during school year (*during non-school hours*):

	Before school (times of operation)			After school (times of operation)			Grand total # hours/day
	Beginning time	Ending time	# hours before school subtotal	Beginning time	Ending time	# hours after school subtotal	
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

Note: Please ensure that the times are accurate as these are used for technical assistance visits.

Specify beginning and ending times site is in operation during summer programming, *if applicable* (If operating full day programming, complete the first two columns only):

	Summer (times of operation) Only include hours provided by 21 st CCLC grant funds				If summer is located at a different grant site, indicate below the site name in which the summer services will take place:
	Beginning time	Ending time	Beginning time	Ending time	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

SITE SUMMARY (CONTINUED)

Services that advance student achievement. Programs **must** provide a broad array of services, programs, and activities. Check all that apply for this site:

<input type="checkbox"/>	Reading or literacy	<input type="checkbox"/>	Tutoring services
<input type="checkbox"/>	Language Arts	<input type="checkbox"/>	Internship or apprenticeship programs
<input type="checkbox"/>	Mathematics education activities	<input type="checkbox"/>	Mentoring programs
<input type="checkbox"/>	Science education activities	<input type="checkbox"/>	Assistance to truant, suspended, or expelled students
<input type="checkbox"/>	Arts	<input type="checkbox"/>	Expanded library service hours
<input type="checkbox"/>	Music	<input type="checkbox"/>	Drug and violence prevention programs
<input type="checkbox"/>	Counseling programs	<input type="checkbox"/>	Career readiness and awareness activities
<input type="checkbox"/>	Business education	<input type="checkbox"/>	STEM activities, including computer science
<input type="checkbox"/>	Remedial education activities	<input type="checkbox"/>	Nutrition/health education
<input type="checkbox"/>	Financial literacy programs	<input type="checkbox"/>	Environmental literacy programs
<input type="checkbox"/>	Character education programs	<input type="checkbox"/>	Service-learning/community service
<input type="checkbox"/>	Entrepreneurial education programs	<input type="checkbox"/>	Services for individuals with disabilities
<input type="checkbox"/>	Credit recovery or attainment	<input type="checkbox"/>	Cultural programs
<input type="checkbox"/>	Telecommunications and technology education programs	<input type="checkbox"/>	Parenting skills programs that promote parental involvement and family literacy
<input type="checkbox"/>	Career and technical programs	<input type="checkbox"/>	Youth development activities
<input type="checkbox"/>	Partnering with in-demand fields of the local workforce or build career competencies and career readiness	<input type="checkbox"/>	Activities for English learners that emphasize language skills and academic achievement
		<input type="checkbox"/>	Other (<i>Please list</i>):

Will the site be located in an elementary or secondary school building? Yes No

If no, what is its geographic proximity to such school?

If no, why is this site not located in school building?

If no, explain how this location is a safe and easily accessible facility.

If no, how will students be transported from school to site location?

EXECUTIVE SUMMARY (TWO PAGES MAXIMUM)

Briefly summarize the program's mission, services, activities, key partnerships, and targeted student and family participants. In addition, summarize key design elements, unique characteristics and intended outcomes of the proposed program that address the needs of the target population and the community.

NEED FOR PROGRAM (DO NOT INCLUDE THIS PAGE)

Label these narrative pages as **ATTACHMENT FIVE**. For each of the following, state the number prior to your response of each:

1. Needs Assessment

A needs assessment is the process of gathering information from all stakeholders in order to measure the degree of need for services provided by a 21st CCLC program and guide program development and implementation. It will help to identify both the needs of the students and their families and the gaps in services. A needs assessment provides a description of the community and school(s) to be served by citing factors that impact the educational outcomes of the identified students.

- Prepare a concise narrative that details the process used by the stakeholders to actively collaborate in identifying and developing the student and community needs assessment for the proposed grant program. The process described must include the following
 - a. when the development began;
 - b. who led and participated in the data/information collection effort; and
 - c. how the various data sources were gathered, analyzed, and developed into a defined set of agreed upon needs that form the basis of the 21st CCLC application.

2. Specific Needs

Document the needs of the students and their families to be served for the afterschool, before and afterschool, or non-school day program you are proposing to develop as a part of this 21st CCLC program. Make certain that the scope of the needs assessment focuses on needs that the 21st CCLC program can address. Applicants must cite current data sources when identifying specific needs.

- Specifically describe the needs of the students and families to be served (i.e. targeted schools, grade levels, and number of students, academic, socioeconomic or behavioral criteria). Provide current and specific data that demonstrates the need for the proposed program. Factors may include, but are not limited to the following
 - percentage of students who qualify for free and reduced price lunch in targeted schools;
 - percentage of students in below basic, basic, proficient and advanced on the most recent MAP results for reading, math and science;
 - percentage of juvenile crime, attendance, truancy, dropout, teen pregnancy or high school completion;
 - percentage of suspensions and expulsions;
 - percentage of rapid growth of limited English proficient students and adults;
 - information on the percentage of working parents who might benefit from the program;
 - health-related factors;
 - family-related factors; and
 - other community factors.

PROGRAM DESIGN-PROGRAM PLAN (DO NOT INCLUDE THIS PAGE)

In this section, applicants must explain their vision for the 21st CCLC program. The Program Design section of the narrative includes the majority of your plan. Applicants must explain exactly how the program operates on a day-to-day basis. It must include sufficient detail to show the plan is realistic and achievable, and it must provide an overall vision of the 21st CCLC program. Label these pages as **ATTACHMENT SIX-A**. For each of the following, state the number and letter prior to your response for each:

1. Program Focus

- a. Describe the key proposed activities/services and how such activities will address the needs identified in the needs assessment.
 - An applicant shall design and implement its activities based on the three required core academic areas—reading, math and science (subjects are Missouri specific), and a broad array of enrichment activities/services. Activities should also include those targeted to the families of the students served by the afterschool program, and the program should provide opportunities for active and meaningful engagement in their children’s education, including opportunities for literacy and related educational development.
 - Applicant should use **ATTACHMENT SIX-C** to enter the proposed activities/services by site.
- b. Describe how the key proposed activities/services are expected to improve student academic achievement as well as overall student success.
- c. How will the applicant integrate best practices, including research or evidence-based practices, to provide educational activities that will complement and enhance academic performance, achievement, postsecondary and workforce preparation, and positive youth development of the students?
- d. Previous 21st CCLC funded/returning programs (21st CCLC cohort 11 or APR 10/12) must clearly describe how they will expand and/or enhance their proposed program from the previously awarded program (type N/A if not applicable).

2. Target Population and Attendance

- a. Describe the recruitment plan and strategies that will be used to ensure the targeted students identified in the needs assessment enroll and participate in the program.
- b. Describe the program’s attendance policy.
- c. Describe how you will ensure that each enrolled student will be given the opportunity to attend academic and enrichment activities on a regular basis (students must be offered a broad array of activities/services).

3. Planning and Design

- a. Describe how and to what extent students and families were meaningfully involved in the planning and design of the program.
- b. Describe how students and families will have ongoing involvement in planning throughout the program.

4. Schedule

Provide a typical daily schedule, including start and end times, for each site that ensures the integration of academics, enrichment, and skill development (applicants may attach schedules separately in this section as **ATTACHMENT SIX-A**).

5. Active Collaboration and School Day Alignment

- a. Describe how the program was developed and will be carried out in active collaboration with students’ LEAs (including through the sharing of relevant data among the schools), all participants of the application, and any partner organizations, in compliance with applicable laws relating to privacy and confidentiality.
- b. Describe how the applicant, LEA, and any partner organization will work together to share and collect relevant data (i.e., grades, Missouri Assessment Program (MAP) information, attendance/behavior data) and any other data required by DESE that is necessary for federal and state reporting and evaluation of the program in compliance with applicable laws relating to privacy and confidentiality.
- c. Describe how the program is aligned (school day linkage) with the state academic standards and any local academic standards (school and district standards/goals).

6. Student Needs

- a. Explain how 21st CCLC staff will vary their approaches to help meet the needs of students and how and when 21st CCLC staff will collaborate with regular school day teachers to address students’ needs.
- b. Describe how the program will overcome barriers to equitable participation to meet the needs of special populations and/or students with special needs.

7. Measures of Effectiveness

Describe how the proposed activities meet the measures of effectiveness described below:

- a. Activities are based on an assessment of objective data regarding the need for before school and afterschool or summer programs and activities in the school and communities;
- b. activities are based on an established set of performance measures aimed at ensuring the availability of high-quality academic enrichment opportunities;

- c. if appropriate, activities are based on evidence-based research that the program or activity will help students meet the challenging state academic standards and any local academic standards;
- d. programs ensure the measurements of student success align with the regular academic program of the school and the academic needs of participating students and include performance indicators and measures; and
- e. programs collect the data necessary for the measures of student success described above.

8. Family Engagement

These activities/services should be based on the needs assessment (i.e., parent/guardian surveys and/or demographic trends to determine what families need and want).

- a. Describe the proposed family academic enrichment activities (i.e., STEM night, family game night, literacy night, or student showcase).
- b. Describe the proposed ongoing classes for the adult family members of students attending the program that will help develop their skills (i.e., classes focused on continuing education, English learning, literacy, finance/budgeting, computer skills, and active parenting/strengthening families).
- c. What strategies will you use to encourage parent/family engagement?

PROGRAM GOALS AND OBJECTIVES

The Afterschool Programs Section has selected two goals, along with four objectives for each goal, that all 21st CCLC grantees will be responsible for working towards during all five years of the grant period (if awarded).

Optional — Applicants may also select one, but not more than two, additional content area(s) to include in their program design based on their program's specific area(s) of focus.

Applicants must explain how their program design and budget will help meet these objectives. Label these narrative pages as **ATTACHMENT SIX-B**.

Goal 1 – Youth Outcomes – Support or increase student interest, sense of competence, and achievement in the areas of the program focus.

1.1 Program will score satisfactory or above on the Program Attendance rubric.

1.2 Program will score satisfactory or above on the Academic Outcomes rubric.

1.3 Program will score satisfactory or above on the Positive School Behaviors rubric.

1.4 Program will score satisfactory or above on the Family Engagement rubric.

Goal 2 – Program Content – Develop and maintain quality programming that includes a safe and supportive environment, positive interactions, and opportunities for authentic engagement in the areas of programming focus.

2.1 Program will score satisfactory or above on the Observed Program Quality rubric.

2.2 Program will score satisfactory or above on the Academic Enrichment rubric.

2.3 Program will score satisfactory or above on the Broad Array rubric.

2.4 Program will score satisfactory or above on the Family Engagement rubric.

Optional — Applicants may also select one, but not more than two, optional content area(s) listed below based on program areas of focus. Each optional item selected will have a Goal 1-Youth Outcomes rubric and Goal 2-Program Content rubric.

X.5 Program will score satisfactory or above on the Positive Youth Development rubric.

X.6 Program will score satisfactory or above on the Youth-Adult Partnership rubric.

X.7 Program will score satisfactory or above on the Health and Wellness rubric.

X.8 Program will score satisfactory or above on the STEM rubric.

X.9 Program will score satisfactory or above on the Civic Engagement rubric.

X.10 Program will score satisfactory or above on the Career Awareness rubric.

X.11 Program will score satisfactory or above on the Post-Secondary Access/High School rubric.

X.12 Program will score satisfactory or above on the Entrepreneurship rubric.

X.13 Program will score satisfactory or above on the Workforce Readiness rubric.

X.14 Program will score satisfactory or above on the Family Support/Wrap Around Services/Basic Needs rubric.

X.15 Program will score satisfactory or above on the Recreation rubric.

INSTRUCTIONS

Explain how the program design and budget will help meet both of the required goals above, as well as any *optional* selected objectives from the list above. Refer to grant guidance for more information.

Be sure to list each response by the letter and number as listed below.

- A. Program Attendance – Based on your response to **ATTACHMENT SIX-A** number 2 and in **ATTACHMENT THREE**, describe how you will monitor and maintain the proposed attendance levels listed in **ATTACHMENT THREE**.
- B. Academic Outcomes – 1) List each subject area separately (Reading/Language Arts, Math, and Science) and describe what activities will be offered to the students to increase their achievement and sense of competence in each subject area. Include information about the students (age groups) and staff (how they were selected, qualified, or supported) for each area. 2) Notwithstanding the required reporting described in **ATTACHMENT SIX-A** number 5, applicants may select an approved system to document achievement in the subjects of Reading/Language Arts and Math. Please indicate what system will be used, the child level data that will be provided, and describe the improvements you anticipate at the end of the year in each subject.
- C. Positive School Behaviors – Describe the social and emotional learning strategies and/or activities that you plan to implement to support a) the personal and social skills of the program participants and b) the commitment to learning of the program participants.
- D. Family Engagement (1.4 and 2.4) – Based on your response to **ATTACHMENT SIX-A** number 8, what are the expected outcomes for the youth and families attending the family academic enrichment activities (8a) and the skill development classes for the adult family members of students attending the program (8b)?
- E. Observed Program Quality – How will the afterschool program foster a sense of belonging, positive student-to-student and student-to-adult relationships, and give students an opportunity for authentic engagement in the afterschool program?
- F. Academic Enrichment – 1) How will the afterschool staff ensure consistency of curriculum and coordination of content (but not replication) within the regular school day? What content will be coordinated? How often will content be coordinated? Who will be involved in deciding the coordination of curriculum? 2) Based on the academic services described in **ATTACHMENT SIX-C**, who will be planning and leading the academic programming? What additional training or support will be available to the staff

leading academic enrichment activities?

- G. Broad Array – Based on the broad array of services described in **ATTACHMENT SIX-C**, describe how students may be exposed to areas that are new to them. Please explain how youth will select activities (assigned, choice, etc.). Who will deliver the broad array of activities (staff, contractors, etc.)?
- H. **Optional** Program Focus Area: x. _____ (specify optional focus area number(s) from **ATTACHMENT SIX-B**). Describe the activities/curriculum that will be offered, along with the training and supports for staff, in this selected content area (no more than two content areas). How will the afterschool program increase student interest and efficacy and provide experiences for mastery in this content area? Indicate N/A as your response if you are not selecting any optional program focus area(s).

ACTIVITIES/SERVICES PLAN

In the spreadsheet below, provide a snapshot of the proposed regular/recurring activities/services. Include whether the activities/services are performed by the applicant or an outside agency and demonstrate how you will implement them to achieve the goals and objectives. You must include the academic enrichment activities in the required core subjects of math, reading/language arts, and science, as well as the proposed broad array of additional activities/services. Note: what you selected in **ATTACHMENT SIX-B** as the optional objectives must be reflected as part of the activities/services to be provided below as well.

Copy this page for additional space or for more than one site.

SITE NAME

PROPOSED ACTIVITIES/SERVICES	SUBJECT AREAS (I.E. MATH, SCIENCE, READING/LANGUAGE ARTS, STEM, SOCIAL STUDIES, TECHNOLOGY, ETC.)	PERFORMED BY APPLICANT OR AN OUTSIDE AGENCY/PARTNER (SPECIFY WHICH OUTSIDE AGENCY OR PARTNER)	TIME FRAME (DAILY, WEEKLY, MONTHLY, SUMMER ONLY, ETC.)	WHICH GOAL/OBJECTIVE NUMBER(S) DOES THIS ACTIVITY MEET AS LISTED ON ATTACHMENT SIX-B?		
				<input type="checkbox"/> 1.1 <input type="checkbox"/> 1.2 <input type="checkbox"/> 1.3 <input type="checkbox"/> 1.4	<input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.4	<input type="checkbox"/> x.5 <input type="checkbox"/> x.10 <input type="checkbox"/> x.6 <input type="checkbox"/> x.11 <input type="checkbox"/> x.7 <input type="checkbox"/> x.12 <input type="checkbox"/> x.8 <input type="checkbox"/> x.13 <input type="checkbox"/> x.9 <input type="checkbox"/> x.14 <input type="checkbox"/> x.15
				<input type="checkbox"/> 1.1 <input type="checkbox"/> 1.2 <input type="checkbox"/> 1.3 <input type="checkbox"/> 1.4	<input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.4	<input type="checkbox"/> x.5 <input type="checkbox"/> x.10 <input type="checkbox"/> x.6 <input type="checkbox"/> x.11 <input type="checkbox"/> x.7 <input type="checkbox"/> x.12 <input type="checkbox"/> x.8 <input type="checkbox"/> x.13 <input type="checkbox"/> x.9 <input type="checkbox"/> x.14 <input type="checkbox"/> x.15
				<input type="checkbox"/> 1.1 <input type="checkbox"/> 1.2 <input type="checkbox"/> 1.3 <input type="checkbox"/> 1.4	<input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.4	<input type="checkbox"/> x.5 <input type="checkbox"/> x.10 <input type="checkbox"/> x.6 <input type="checkbox"/> x.11 <input type="checkbox"/> x.7 <input type="checkbox"/> x.12 <input type="checkbox"/> x.8 <input type="checkbox"/> x.13 <input type="checkbox"/> x.9 <input type="checkbox"/> x.14 <input type="checkbox"/> x.15
				<input type="checkbox"/> 1.1 <input type="checkbox"/> 1.2 <input type="checkbox"/> 1.3 <input type="checkbox"/> 1.4	<input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.4	<input type="checkbox"/> x.5 <input type="checkbox"/> x.10 <input type="checkbox"/> x.6 <input type="checkbox"/> x.11 <input type="checkbox"/> x.7 <input type="checkbox"/> x.12 <input type="checkbox"/> x.8 <input type="checkbox"/> x.13 <input type="checkbox"/> x.9 <input type="checkbox"/> x.14 <input type="checkbox"/> x.15
				<input type="checkbox"/> 1.1 <input type="checkbox"/> 1.2 <input type="checkbox"/> 1.3 <input type="checkbox"/> 1.4	<input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.4	<input type="checkbox"/> x.5 <input type="checkbox"/> x.10 <input type="checkbox"/> x.6 <input type="checkbox"/> x.11 <input type="checkbox"/> x.7 <input type="checkbox"/> x.12 <input type="checkbox"/> x.8 <input type="checkbox"/> x.13 <input type="checkbox"/> x.9 <input type="checkbox"/> x.14 <input type="checkbox"/> x.15
				<input type="checkbox"/> 1.1 <input type="checkbox"/> 1.2 <input type="checkbox"/> 1.3 <input type="checkbox"/> 1.4	<input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.4	<input type="checkbox"/> x.5 <input type="checkbox"/> x.10 <input type="checkbox"/> x.6 <input type="checkbox"/> x.11 <input type="checkbox"/> x.7 <input type="checkbox"/> x.12 <input type="checkbox"/> x.8 <input type="checkbox"/> x.13 <input type="checkbox"/> x.9 <input type="checkbox"/> x.14 <input type="checkbox"/> x.15

MANAGEMENT PLAN (DO NOT INCLUDE THIS PAGE)

This section describes your plan for effectively staffing and managing the proposal described in the Program Design section. Here you will describe your plans for who will create the academic and enrichment programs, who will manage the program, who will teach, and how communication will regularly occur with parents and the community.

Label these pages as **ATTACHMENT SEVEN-A**. For each section, provide the number and letter at the start of your response.

1. **Adequacy of Management Plan:** Describe the adequacy of the management plan to achieve the objectives of the proposed project on time and within budget. You should include clearly defined responsibilities, timelines, and milestones for accomplishing project tasks.
2. **Quality of Program Staff:**
Describe the following:
 - a. The roles and responsibilities of all key staff and any other full-time staff who will be paid by the grant.
 - b. How the applicants will ensure that the staff are qualified to work with students, through proper certification or licensure, experience/endorsements for subjects/ages taught, as applicable.
 - c. How applicants will ensure that program leaders have sufficient time to accomplish tasks and grant requirements, especially if they are not full-time.
 - d. Staff recruitment and retention strategies (if classroom teachers will serve as program staff, you must explain how teacher burnout will be avoided and/or will not present a problem in the afterschool program).
 - e. How the program will provide ongoing staff development and training.
 - f. If applicable, describe how the program will encourage and use appropriately qualified volunteers. If not applicable, answer N/A.
 - g. If the program is utilizing school administrators as staff in the afterschool program, describe their role in the program. Describe any costs associated and why it is necessary and reasonable to pay those costs. (Refer to the grant guidance for additional details.) If not applicable, answer N/A.

Behind **ATTACHMENT SEVEN-A** insert a copy of an organizational chart and copies of each job description for all key staff.

3. **Communication:**
 - a. Describe how and when the program staff will disseminate information about the program (including its location) to the community in a manner that is understandable and accessible.
 - b. Describe how staff will communicate with parents about their child's development, their opportunities to be involved in the program, and how the program will continue to communicate with parents on an ongoing basis.
4. **Student Safety:** Describe the safety plan for students in the program. This must include the safety process for receiving students into the program, checking students out of the program either through parent pickup or busing (if students will be walking, thoroughly describe the area and walking routes and safety of such routes and times of day for walking), transitioning between activities, releasing students from activity rooms to parent pickup area, how all staff and any volunteers will be informed of the safety measures, and procedures to check identifications.
5. **Transportation:** Describe how students will travel safely to and from the center and home, and whether or not the program takes place in a school building or other facility. Note if transportation costs are not requested in this application, the applicant must still describe the transportation plan and its safety measures. Specify if students will be picked up by parents, bused home, and/or walk home, and describe the safety plan taken for each method used.

MANAGEMENT PLAN (CONTINUED)

PERSONNEL EXPERTISE SUMMARY

Complete for all **key** staff including, but not limited to, the Program Director/Coordinator and Site Director(s). Refer to grant guidelines for education/experience requirements. If there are more than three key staff positions, applicants may make additional copies of this page.

POSITION TITLE

Full-Time Part-Time

Average hours per week with 21st CCLC program:

Will position be paid with 21st CCLC grant funds? Yes No

Percentage paid with 21st CCLC funds: %

Brief description of qualifications needed for job:

If known, provide name of person in this position:

Is this person part of regular school day staff? Yes No

What is their position during the regular school day?

POSITION TITLE

Will position be paid with 21st CCLC grant funds? Yes No

Full-Time Part-Time

Average hours per week with 21st CCLC program:

Percentage paid with 21st CCLC funds: %

Brief description of qualifications needed for job:

If known, provide name of person in this position:

Is this person part of regular school day staff? Yes No

What is their position during the regular school day?

POSITION TITLE

Will position be paid with 21st CCLC grant funds? Yes No

Full-Time Part-Time

Average hours per week with 21st CCLC program:

Percentage paid with 21st CCLC funds: %

Brief description of qualifications needed for job:

If known, provide name of person in this position:

Is this person part of regular school day staff? Yes No

What is their position during the regular school day?

PARTNERSHIPS

Community Partners (All programs are required to have a minimum of two community partners.)

Community Partners play a key role in the success of your program. Therefore, it is vital for programs to have partners in place to assist with growth and development during the grant cycle. (LEA applicants must partner with organizations outside the purview of the district. For example, ABC school district could not partner with the Career and Technical Center at the same ABC school district.)

Please complete the chart below to answer the following concerning your partners:

- Organization name
- Type of organization (profit, nonprofit, government, state agency, etc.)
- Contribution type (resources: whether they be funds, in-kind services or materials *provided* to you for free or at a reduced cost, or that the partner will bring to the project *without* compensation)
- Estimated monetary value of resources, contributions, or service (i.e., \$25.00/hour x 2 hours x 1 staff x 9 times per year = \$450)
- Partner’s role in meeting needs, goals, and scope of program (i.e., once per month to elementary students to include fire safety, recycling, etc.)

Note: If an individual, entity, organization, etc. is paid for a majority of their service or good, it is considered a vendor (purchased service), not a partner.

ORGANIZATION NAME	TYPE OF ORGANIZATION	CONTRIBUTION TYPE	ESTIMATED MONETARY VALUE (DOES NOT HAVE TO BE ACTUAL CASH)	PARTNER'S ROLE

PARTNER LETTERS OF COMMITMENT

Applications must also contain a minimum of two Letters of Commitment (NOT letters of support) that clearly describe their specific contribution(s) to the program. Place copies of the partners' Letters of Commitment directly behind the Community Partners page **ATTACHMENT EIGHT-B.**

If an individual, entity, organization, etc. is paid for a majority of their service or good, it is considered a vendor (purchased service), not a partner.

At a minimum, all letters must include:

- What service(s), contribution(s), or resource(s) the partner is providing to the program
- When the service(s), contribution(s), or resource(s) will be provided and how often (frequency)
- Where the service(s), contribution(s), or resource(s) will be provided
- Who receives the service(s), contribution(s), or resource(s) being provided to the program
- Estimated monetary value of identified service(s), contribution(s), or resource(s) being provided
- If there is a small amount of grant money being charged for services/resources provided by partner, then that amount must also be specified in the letter and in the purchased services category of the budget
- Signed and dated by partner

Note: If applicant is not able to partner due to geographic proximity, applicant must provide such explanation in lieu of Letters of Commitment.

A sample partner letter has been provided for you as ATTACHMENT EIGHT-B. You may use this form or provide your own letter with the same requirements.

21ST CENTURY COMMUNITY LEARNING CENTER LETTER OF COMMITMENT

Thank you for your interest in the _____ afterschool program and in becoming a valued partner. Community partners play a key role in the success of our program. It is vital for our program to have organizations such as yours to assist with our growth and development. Please complete the information below and sign in the appropriate place.

Name of partnering organization:

What service(s), contribution(s), or resource(s) will your organization be providing to our program?

When will the service(s), contribution(s), or resource(s) be provided, and how often?

Where will the service(s), contribution(s), or resource(s) be provided?

Who receives the service(s), contribution(s), or resource(s) being provided to the afterschool program?

What is the estimated monetary value of the identified service(s), contribution(s), or resource(s) being provided?

Will there be a charge to the afterschool program? If so, how much?

AUTHORIZED SIGNATURE OF ORGANIZATION	TITLE
PRINT NAME	DATE

PROGRAM EVALUATION (DO NOT INCLUDE THIS PAGE)

Each grantee must undergo an annual external evaluation to assess their progress toward achieving their goals of providing high-quality opportunities for academic assistance and educational enrichment. The evaluator should be an integral part of your programming.

For the 2024-25 program year (and each grant year thereafter), grantees must select a certified evaluator from the list of individuals completing the certification process. For the external evaluation, the certified evaluator will meet with the program director and key personnel to review the Program Quality Assessment (PQA), survey data, Kids Care Center (KCC) data, and other selected DESE data to complete a Guided Reflection (evaluation) highlighting strengths, gaps, and other trends. Programs with multiple sites will submit one report that summarizes the data and trends for all sites.

Applicants will not pick an evaluator at this time; grantees will select from the DESE Afterschool Programs Section's list of approved certified evaluators (the list will be provided to grantees in February/March of each year). It is the grantee's responsibility to select their evaluator and make all necessary arrangements with that individual as it relates to the required evaluation process.

Grantees may not use grant funds for any additional evaluators/evaluations.

Label these narrative pages as **ATTACHMENT NINE**. For each section, provide the number at the start your response:

1. How program staff will use local and state evaluation data to refine, improve, and strengthen the program annually, as well as, to provide accountability for each site.
2. Describe the plan for disseminating evaluation findings/reports at any time of the year to the public and/or interested stakeholders in a language and format that is easily understood. The plan should include target dates for sharing information, specify targeted stakeholders and the method in which the information will be shared.

ADEQUACY OF RESOURCES (DO NOT INCLUDE THIS PAGE)

In this section, applicants must explain how the resources available, from all sources, are adequate to accomplish the program as proposed. The detailed budget and budget narrative will appear in the Cost of Program component.

Label these narrative pages as **ATTACHMENT TEN**. For each section, provide the number and letter at the start of your response:

1. Describe the applicant's prior experience or promise of success in providing educational and related activities that will complement and enhance the academic performance, achievement, and positive development of students.
2. Describe other federal, state, and local programs that will be combined or coordinated with the proposed program for the most effective use of public resources (i.e., collaboration with Title I, A+, USDA's Afterschool Snacks, etc.). Additionally, the purpose of such other funds received should be briefly explained to ensure that the services requested under this application are not a replacement of such funding already received (supplanting rule).
3. **(Non-LEAs Only)** Any non-LEA applicant must provide evidence that it is financially stable and capable of administering programs with similar levels of funding. **Cohort 21st CCLC-11, 21st CCLC-12, 21st CCLC-13, SAC-10 (who may be applying for additional sites), as well as ARP-10 or ARP-12 grantees, are all exempt from this requirement.**
 - a. Describe the organizational history and structure, including length of existence, general information about the governing body, and previous federal award experience, if any.
 - b. Describe how the organization is financially stable and capable of managing these funds and attach such evidence as **APPENDIX D**.
 - c. Evidence of financial stability and capacity may include the following
 - summary schedule of audit findings from the most recent audit report, and/or
 - financial statement that has been conducted within the last 12 months.

Note: Any non-LEA awarded a grant must be financially stable to operate program without relying solely on immediate grant reimbursement. Be mindful that DESE reimburses for services and purchases monthly, contingent upon successful completion and compliance of required deliverables and approval of properly and accurately submitted payment request forms.

COST OF PROGRAM (DO NOT INCLUDE THIS PAGE)

1. Complete *Projected Five Year Budget*, labeled **ATTACHMENT ELEVEN-A**.
2. Complete the *Itemized Budget* for each site, labeled **ATTACHMENT ELEVEN-B** for year one. Failure to do so may result in items or services not being approved for funding.
3. Complete the *Budget Narrative*, labeled **ATTACHMENT ELEVEN-C**.
4. Complete the *Sustainability of Programs* document, labeled **ATTACHMENT TWELVE**.
5. Please note the following for completing budgets
 - Refer back to the grant guidance for a listing of what funds can and can't be used for.
 - Do not use acronyms for budget items. If items are not clearly spelled out or if there is any confusion as to what they stand for, the budget items are at risk of not being approved for funding.
 - Be realistic when developing your budgets. They will be reviewed based on the number of students to be served to demonstrate the most cost effective use of these funds.
 - Minor budget amendments (in line with program design, intent, goals, etc.) may be submitted for prior approval throughout year one. When completing renewal applications, budgets may need to change for year two, in which case applicants must describe the reason for the change at the time of renewal for each budget change.
 - All budget items should pertain to a specific budget category provided on the budget pages.
 - If awarded, unexpended money does not carryover from one year to the next.
 - **Salaries and Benefits:** provide details by each title/role in the program.
 - **Travel and Transportation:** specify by each type of transportation and travel (i.e., field trip transportation, busing transportation to/from home and center, professional development activity travel). **If you are requesting a field trip you must state where the trip is to and why you are taking the trip; you may need to attach an additional page with this information.**
 - **Supplies Category:** supplies (and materials) are items which are either consumed in nature, have a useful life of less than one year, cost less than \$1,000 per unit, or are more feasibly replaced than repaired. Most computers, iPads, tablets, cameras, etc. fall under the supply category; however, because they are considered attractive or easily pilfered, they are subject to inventory management and control. IT software/systems that are less than \$1,000 per-user license cost would be considered a supply.
 - **Equipment Category:** Equipment means tangible personal property (including information technology systems) that have a useful life of more than one year and a per-unit acquisition cost which equals or exceeds \$5,000. Purchases of items greater than \$5,000 or items which have the potential to be shared with regular school day activities must have a cost-share in place and obtain written approval from DESE prior to purchase (i.e., Smart Boards, 3D printers, fitness equipment, robotics, etc.). Please note, for IT systems or software, inventory is based on the per-user license cost and not the total cost.
 - All equipment purchased with this grant must be listed and maintained in equipment inventory records so DESE can validate its use for 21st CCLC Programs (this includes any items budgeted under materials/supplies that are considered attractive or easily pilfered/walk-away items; (i.e., iPads, computers, cameras).
 - The state has increased the threshold of capital outlay from \$1,000 to \$5,000. Programs will need to keep their inventory list with the \$1,000 threshold for equipment incurred prior to June 30, 2024.
 - **Professional Development:** should include all required training specified in the application as well as any additional professional development to be provided.
 - **Purchased Services:** specify all services that grant funds are paying for (i.e., an evaluator). All purchased services *must* have a contract and be available upon request.
 - **Indirect Cost:** based on your expenditures and not the amount of funds you are requesting. Capital Outlay/Equipment cannot be included in your indirect cost. (Refer to the grant guidance for additional information.)
 - The following is an example of how to complete the itemized justification page:

Acceptable example: \$7770 Travel and Transportation:
 - 3 busses @ \$35/hr X 74 days = \$7770

Unacceptable example: \$7770 for 3 buses for student transportation

GUIDANCE FOR APPLICATIONS

During continuation years, grantees will be required to submit an itemized budget and narrative at that time. Additionally, during continuation periods, budget category amounts may change (with an explanation). Grand total per year cannot exceed total amount listed on the five-year budget table on **ATTACHMENT ELEVEN-A** in this application.

PROJECTED FIVE YEAR BUDGET

APPLICANT'S NAME:

INSTRUCTIONS

List the cumulative amount of funds for each year funds are requested. In cases of multiple sites, applicants shall add all sites and only list the cumulative amount on this page. (Refer to grant guidance and **ATTACHMENT ELEVEN** for additional information on budget category specifications.)

No program can be awarded less than \$50,000 or more than the maximum of \$400,000 per year.

BUDGET CATEGORY	YEAR ONE Maximum dollars requested ROUND TO NEAREST DOLLAR	YEAR TWO Maximum dollars requested ROUND TO NEAREST DOLLAR	YEAR THREE Maximum dollars requested ROUND TO NEAREST DOLLAR	YEAR FOUR Maximum dollars requested ROUND TO NEAREST DOLLAR	YEAR FIVE Maximum dollars requested ROUND TO NEAREST DOLLAR
BUDGET CATEGORIES FOR AFTERSCHOOL 3812					
Certificated Salaries 6100					
Non-certificated Salaries 6150					
Employee Benefits 6200					
Purchased Service 6300					
Materials and Supplies 6400					
Capital Outlay (Equipment) 6500					
BUDGET CATEGORIES FOR SUPPORT SERVICES-INSTRUCTIONAL STAFF (FORMERLY PROFESSIONAL DEVELOPMENT) 2200					
Purchased Services 6300					
Materials and Supplies 6400					
BUDGET CATEGORIES FOR BUSINESS SUPPORT SERVICES (FORMERLY TRAVEL AND TRANSPORTATION) 2500					
Certificated Salaries 6100					
Non-certificated Salaries 6150					
Employee Benefits 6200					
Purchased Services 6300					
Materials and Supplies 6400					
SUBTOTAL Direct Costs (all costs above)					
Quality Improvement Resources 5% of Subtotal Above - <i>Required</i>					
SUBTOTAL DIRECT COSTS					
Indirect Costs - if applicable/not required (do not include Capital Outlay amount in this calculation)	Figured at %	Figured at %	Figured at %	Figured at %	Figured at %
GRAND TOTAL PER YEAR (DIRECT COSTS PLUS INDIRECT COSTS): You cannot exceed this total requested per year, if awarded.					

ITEMIZED BUDGET

APPLICANT'S NAME:

Provide a **detailed itemized budget for year one**. Items must be allocable, reasonable, and necessary. Failure to detail items will delay the process. If additional space is needed, copy this page; however, no substitute page designs or reformatting is allowed. Each page must be totaled, with the grand total only provided on the first page. **DO NOT** list leveraged funds on itemized budget.

BUDGET CATEGORY	BUDGET CALCULATION	EXPLANATION/PURPOSE OF ITEM OR SERVICE	TOTAL PRICE
BUDGET CATEGORIES FOR AFTERSCHOOL 3812			
Certificated Salaries (list by each title/role)			
Subtotal (Certificated Salaries)			
Non-certificated Salaries (list by each title/role)			
Subtotal (Non-certificated Salaries)			
Employee Benefits (list by each title/role)			
Subtotal (Employee Benefits)			
Purchased Services			
Subtotal (Purchased Services)			

ATTACHMENT ELEVEN – B (cont.)

Materials and Supplies			
Subtotal (Materials Supplies)			
Capital Outlay (Equipment)			
Specify numbers of each piece and prices per item type unless prices as a unit – all equipment must be listed here			
Subtotal (Capital Outlay/Equipment)			\$
BUDGET CATEGORIES FOR SUPPORT SERVICES-INSTRUCTION STAFF (FORMERLY PROFESSIONAL DEVELOPMENT) 2200			
Purchased Services			
State Conference (MOSAC and/or AS Leadership Conf) - Required			
Other (list separately)			
Subtotal (Purchased Services)			\$
Materials and Supplies			
Subtotal (Materials and Supplies)			\$
BUDGET CATEGORIES FOR BUSINESS SUPPORT SERVICES (FORMERLY TRAVEL AND TRANSPORTATION) 2500			
Certificated Salaries (list by each title/role)			
Subtotal (Certificated Salaries)			\$

ATTACHMENT ELEVEN – B (cont.)

Non-certificated Salaries (list by each title/role)			
Subtotal (Non-certificated Salaries)			\$
Employee Benefits (list by each title/role)			
Subtotal (Employee Benefits)			\$
Purchased Services			
Subtotal (Purchased Services)			\$
Materials and Supplies			
Subtotal (Materials and Supplies)			\$
SUBTOTAL			\$
(Direct Costs)			
Quality Improvement Resources (Refer to grant guidelines for guidance.)	Calculated at 5% (required) of Direct Costs subtotal in row above		\$
Indirect Costs (Optional) (Do not include capital outlay category amount in this calculation. Use the unrestricted rate or less.)	Calculated at _____%		\$
GRAND TOTAL			\$
(Direct + Indirect)			

BUDGET NARRATIVE (DO NOT INCLUDE THIS PAGE)

In this section, applicants are to explain how the proposed budget is reasonable for the scope of the grant for each site. You are advised that costs should be allocated, and will be judged, against the scope of the program, its anticipated benefits, and the number of regularly attending students (30+ attendance days).

Label these narrative pages as **ATTACHMENT ELEVEN-C**. For each section, provide the number at the start of your response.

1. List the annual cost per 21st CCLC student for each of the five years. Use the following formula: total cost of program per year divided by the proposed total number of students to be served per year.
2. Describe how you will ensure the funds provided under the application will be used solely for the purposes set forth in the award program.
3. Describe how 21st CCLC funds will supplement and NOT supplant other federal, state, and local funds.
4. Describe how the proposed number of regularly attending students to be served, listed in **ATTACHMENT THREE**, aligns to the proposed budget.
5. Salary Costs:
 - Describe how the salary costs are necessary, reasonable, and allocable for year one and the number of proposed regularly attending students to be served and the overall program design.
 - **If applicable** — if you list an administrator/superintendent and/or principal as receiving a salary or stipend, describe why it is necessary and provide an assurance that they are not being compensated from another source of funds during the same time, or provide a reason why it is not considered a part of their duties in their full-time position as an administrator/superintendent or principal.
6. Describe the purpose of the requested funds for year one, and how the costs are reasonable, necessary, and allocable, to the overall program design for each individual category listed below.
 - Travel and Transportation
 - Materials and Supplies
 - Capital Outlay (Equipment)
 - Professional Development (as specified in budget under Purchased Services)
 - Purchased Services (except Professional Development)
 - Indirect Costs (if applicable)

Note: Programs are prohibited from using 21st CCLC grant funds to pay for existing levels of service funded through any source (if something is currently being paid for, you can't 'replace' that funding with 21st CCLC as this would be considered supplanting).

7. **If applicable**, for year one, describe other sources of cash and/or in-kind contributions that will be combined with 21st CCLC grant funds. Include dollar value and type of contribution.

SUSTAINABILITY OF PROGRAM (DO NOT INCLUDE THIS PAGE)

This preliminary plan should describe how the program will continue beyond the five-year award period and provide more detail than simply looking for more funding to sustain the program. Applicants should demonstrate a thoughtful and systematic plan for sustainability.

Provide the following labeled as **ATTACHMENT TWELVE**. For each section, provide the number at the start your response.

1. Plans for maintaining important components of a high-quality program (i.e., transportation, staff retention, volunteer participation, resources, and academic enrichment activities).
2. Applicants may address whether or not in-kind contributions are planned. Sustainability resources may include, but are not limited to, coordination of funds from federal, state, city, county, or school district sources as well as from corporations or community or private foundations. Any USED approved fees collected during the five-year grant cycle may NOT be saved for sustainability purposes after the five-year grant period.
3. The roles of any partners that have been specified in this application beyond the award period, if applicable.

GUIDANCE FOR APPLICATIONS

It is vital that you plan beyond the five-year award period. You must plan beyond the fifth year and have a strong sustainability plan in place.

Programs with proven effectiveness are those that are most likely to be sustained after the grant funding ends. Information and material on sustainability can be found at the following sites:

- <http://www.afterschoolalliance.org/>
- <http://beyondthebell.org>

STATEMENT OF ASSURANCES

By signing these assurances, the applicant hereby assures DESE that:

- The program will take place in a safe and easily accessible facility.
- 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), all participants of the eligible entity, and any partnership entities, in compliance with applicable laws relating to privacy and confidentiality; and
 - in alignment with the challenging state academic standards and any local academic standards.
- The LEA agrees to collect and share education achievement data annually of all students enrolled in the 21st CCLC program (i.e., grades, teacher surveys), attendance/behavior data, and any other data requested by DESE that is necessary for federal and state reporting and evaluation of the program.
- Funds under the program will be used to increase the level of state, local, and other non-federal funds that would, in the absence of these federal funds, be made available for authorized programs and activities, and in no case supplant federal, state, local, or non-federal funds.
- The community was given prior notice of the applicant's intent to submit an application and that the application will be available for public review after submission of the application.
- The applicant includes a preliminary plan for continuation (sustainability) of the program after federal grant funding ends.
- The applicant will consult with officials of public/nonpublic schools on an ongoing basis in a meaningful and timely manner, and provide public/nonpublic participants genuine access to equitable services. The applicant will ensure that equitable participation of public/nonpublic participants (if any) will be provided.
- No funds provided pursuant to this program shall be expended to support religious practices, such as religious instruction, worship, or prayer. If such practices are offered by the organization, they may not be offered as a part of the program receiving assistance. Grantees must use generally applicable cost accounting procedures to ensure that 1) funds will not be used to support religious practices, 2) the governance of the award program shall operate independently from religious practices of the organization and 3) the program activities are not held in conjunction with religious instruction, worship, or prayer.
- Programs will offer services no less than four days per week and no less than 12 hours per week.
- The applicant meets the absolute priorities to be eligible to apply and receive funds as stated in the grant guidelines.
- A safe student transportation plan indicating the options provided to students to ensure that all students eligible and/or interested in the 21st CCLC program are able to attend and participate, as well as how the students will travel safely to and from the center and home.
- Grantees will annually evaluate the program to assess progress toward achieving the goal of providing high-quality opportunities for academic enrichment. The results will be made public in a form and language that is easily understood and accessible.
- The applicant agrees to cooperate with technical assistance teams and site visits each year.
- Program activities will meet the measures of effectiveness.
- The program will provide academic enrichment activities to students in low-performing schools to help them meet the state academic standards in the core content subjects of at least reading/language arts, mathematics, and science (subjects are Missouri specific).
- Students will be offered a broad array of additional services, programs, and activities.
- The program will offer families of students served by the program opportunities for active and meaningful engagement in their children's education, including opportunities for literacy and related educational development.
- The applicant agrees to keep records and provide information to DESE as required.
- Grantees will use the KCC web-based data system as stated in the grant guidelines.
- Progress will be measured and reported to DESE to demonstrate academic achievement (i.e., attendance, grades, MAP/state assessment, behavior) and for federal and state reporting via KCC and any other reporting means as identified by DESE.
- If the applicant is a community/faith-based organization, the school district administration signing this assurance agrees that a partnership between the school district(s) in which the students attend and the applicant has been made with agreement that the school will provide the necessary data as specified within these assurances. Please note: it is mandatory for the schools to provide this data.
- Generally accepted cost accounting methods will be utilized to ensure funds are not used to support activities that do not conform to this application.
- All applicants awarded a 21st CCLC grant by DESE must ensure that records directly associated with the program's funding are available for viewing by members of the public upon request.
- The applicant has inquired with DESE's Office of Childhood for licensing determination of all sites (refer to the grant guidance for details).
- If awarded, the grantees agree to follow all requirements as outlined in the application and any additional requirements authorized by DESE.
- If awarded, grantees will administer the 21st CCLC project in accordance with all applicable statutes, regulations, program plans, and applications.

STATEMENT OF ASSURANCES

The applying district/organization/agency, through the authorized representative, and any partnering organization fully understands the assurances and the responsibility for compliance placed upon the applicant by the assurances.

Additionally, if awarded

- any misused funds will be refunded directly to DESE and
- any significant revision of the approved proposal must be requested and approved by DESE prior to the enactment of the change.

AUTHORIZED SIGNATURE OF APPLICATION	TITLE
PRINT NAME	DATE
SIGNATURE OF PRIMARY CONTACT PERSON	TITLE
PRINT NAME	DATE

CERTIFICATION REGARDING PLAGIARISM

By signing and submitting this form, the undersigned certifies to the best of his or her knowledge and belief, that

- the work product in this application is the original work of the district/organization and its agents who worked on the application, and
- applicants may not use AI for completion of any part of the application.

If a discovery of plagiarism is made known or brought to the attention of officials at DESE during a current grant competition, then at the discretion of DESE, DESE has the right to remove the application for funding consideration because of the occurrence of cause.

SIGNATURE		PRINT NAME	
TITLE	DISTRICT/ORGANIZATION	DATE	

DETERMINATION OF LICENSURE

Check the box below that best fits your program situation:

- Program is currently licensed. If yes, attach your certificate(s) and label as APPENDIX B. You must have a certificate for **each** site.
- Program has an exempt letter. If yes, attach the exemption letter and label as APPENDIX B. You must have a letter for **each** site.
- Neither of the above applies — program has submitted the Program Evaluation Questionnaire (PEQ) form to DESE's Office of Childhood/Child Care Regulation Section and is currently awaiting determination.

The form can be found
at [PEQ Form](#).

DATE PEQ FORM WAS SUBMITTED TO DESE

ACTIVE COLLABORATION AND ACADEMIC STANDARDS ALIGNMENT ASSURANCE

By signing and submitting this assurance form, the undersigned certify to the best of their knowledge and belief that 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), all participants of the eligible entity and any partnership entities, in compliance with applicable laws relating to privacy and confidentiality (Reference 4204 (b)(2)(D)(i)); and
- in alignment with the state academic standards and any local academic standards (Reference 4204 (b)(2)(D)(ii)).

Additionally, the school district(s) being served by this 21st CCLC program further agree to share federally required education achievement data annually for all students enrolled in this 21st CCLC program (see Statement of Assurances – **ATTACHMENT THIRTEEN**).

AUTHORIZED SIGNATURE OF APPLICATION	TITLE
PRINT NAME	DATE
SIGNATURE OF PRIMARY CONTACT PERSON	TITLE
PRINT NAME	DATE
SIGNATURE OF SUPERINTENDENT*	SCHOOL DISTRICT NAME
PRINT NAME	DATE

* From district in which the students served by this program attend. If there is more than one superintendent/district, make copies of form for all signatures. If the applicant is an LEA, it is possible that the authorized signature above will be the same as the superintendent and they will sign twice.

Replace this page with evidence of financial stability for

Non-LEA applications

(Refer to the grant guidance, Financial Requirements, for more information)

Cohort 21st CCLC-11, 21st CCLC-12, 21st CCLC-13, and SAC-10 applying for additional sites, as well as ARP-10 or ARP-12 grantees are all exempt from this requirement.

(Be sure to label such attachments as APPENDIX D)

COMPETITIVE PRIORITY

Complete this form only if you are applying for competitive priority points. Refer to Section IV of the grant guidance for additional information and requirements. You do not have to apply for all points; answer **no** for those you are not applying for.

A. Application proposes to serve students at a site in a county that does not currently have an afterschool program funded by 21st CCLC funds. In order to receive the additional points, the applicant’s agency must also have an established domicile within the same county (maximum 5 points).

- Yes No

If yes, what county do you propose to serve?

B. Application proposes to target services to students who attend a comprehensive and/or targeted school OR other schools determined by the LEA to be in need of intervention and support to improve student academic achievement and other outcomes, **and** enroll students who may be at risk for academic failure, dropping out of school, involvement in criminal activities, or who lack strong positive role models, as well as the families of these students (maximum 2 points).

- Yes No

i. If yes, list the district, school(s), and whether they are listed as a comprehensive school, targeted school, or identified by the LEA to be in need of intervention and support.

District	School	Comprehensive or Targeted LEA Identified School

ii. Describe how you will target students who may be at risk for academic failure, dropping out of school, involvement in criminal activities, or who lack strong positive role models, as well as the families of these students?

iii. **If applicable** — If the proposed school is not a comprehensive or targeted school, describe how the LEA determined that the identified school needed intervention and support to improve student academic achievement and other outcomes.

C. Application is submitted jointly by eligible entities consisting of at least one LEA receiving funds under Title I, Part A and at least one other eligible entity (refer to the grant guidance for additional information to be eligible for these points) (maximum 2 points).

Yes No

i. If yes, all pages requiring signatures have been copied and signed by each agency, entity, or organization.

Yes No

ii. Who will serve as the fiscal agent?

iii. How will the LEA and other eligible entity collaborate in the sharing, planning, and designing of the program?

iv. What roles will each co-applicant play in the delivery of the services?

v. How will the co-applicants share grant resources in order to carry out their roles?

vi. How will the co-applicants ensure that there is significant and ongoing involvement in the management and oversight of the program by all entities?

D. Application proposes activities that are, as of the date of the submission of the application, not accessible to students who would be served, or would expand accessibility to high-quality services that may be available in the community (maximum 2 points).

Yes No

i. If yes, describe the activities proposed in the application that are not currently accessible to the students who would be served or the activities that would expand accessibility to high-quality services available in the community to the students who would be served.

Replace this page with evidence of Private School Consultation

(Refer to the grant guidance, Private Schools Consultation, for more information)

No private schools in the service area of (each) school district served under this grant

(Be sure to label such attachments as APPENDIX F)