

Alabama State Department of Education (ALSDE)

Evaluation, Accountability and Support

Federal Programs Sections

21st Century Community Learning Centers (21st CCLC)

Form 1: FY 2025 Application Cover Page

Applicant Name/ Fiscal Agent: _____

School(s) to be served: _____

The 21st CCLC will serve students (check one):

- **Year-long (Academic Year + Summer)**
- **Academic Year Only**
- **Summer Only**

Academic Year: Proposed # of Students Served _____ Proposed # of Program Hours _____

Summer: Proposed # of Students Served _____ Proposed # of Program Hours _____

Base Funding Calculation:

Academic year:

_____ (# of students) x _____ (# of program hours) x \$6.00 = \$ _____
(during academic year) (during academic year) (academic year base funding requested)

Summer:

_____ (# of students) x _____ (# of program hours) x \$6.00 + \$ _____
(during summer) (during summer) (summer base funding requested)

Transportation Supplement:

Will transportation be provided?

Yes (add \$10,000) No (add \$0) + \$ _____
(transportation supplement)

Will the 21st CCLC serve students that attend a school in an LEA/school district that is REAP (Rural Education Achievement Program) eligible?

Yes (add an additional \$10,000) No (add \$0) + \$ _____
(rural supplement)

Total Amount of Funds Requested: = \$ _____

Priority Points Claimed:

- This application is a joint/co-applicant proposal (5 points): Yes No
- This 21st CCLC will serve schools in Improvement

- | | | |
|---|-----|----|
| (CSI, TSI, ATSI) (5 Points): | Yes | No |
| • This 21st CCLC will target students at risk of academic failure, dropping out, criminal or delinquent behavior, etc. (5 points) | Yes | No |
| • This 21st CCLC will serve middle and high school students (5 points): | Yes | No |
| • This 21st CCLC will serve a county without a current 21st CCLC program (5 points): | Yes | No |
| • This 21st CCLC will commit to providing dedicated Literacy and/or STEM activities to students (5 points): | Yes | No |

Total Number of Priority Points Claimed _____

For LEA Applicants Only: Cost Center Code _____

(For grants serving more than one school, enter the selected primary school served as the cost center.)

Designated Project Manager Name: _____

Phone Number _____ Email: _____

_____	_____
Signature of Designated Project Manager	Date

I certify that I am authorized by the governing board of the above-named school system or other eligible entity to submit this application or amendment: that all assurances, certifications, and disclosures submitted with the application will be observed; that the program will be implemented as described; and that the governing board is responsible for complying with all state and federal requirements, including any audit exceptions.

_____	_____	_____
Signature of LEA Superintendent or Authorized Official	Typed or Printed Name	Date

FOR ALSDE USE ONLY:

Base Score _____ **Approved** _____ **Grant Award \$** _____

Priority Points _____ **Rejected** _____

Total Score _____

Signature of Authorized ALSDE Official