Nita M. Lowey 21ST Century Community Learning Center Grant Competition

Application Template

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Description automatically generated

GPS Cover Sheet

Local Project Title:

Lead Agency:

Community-based Organization: Yes or NO

Contact Person and Contact Information

Fiscal Agency Contact person and Contact Information

\_\_ Check if Co-Applicant Partner Agency Contact Person information is Available (Add contact information

List other Collaborating Partnerships

Number of collaborating partners actively involved in the project:

|  |  |
| --- | --- |
|  | Schools |
|  | Community-based Organizations |
|  | Faith-Based Organizations |
|  | Community/Business |
|  | Other |

School Served:

|  |  |
| --- | --- |
| District | School |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Number of Sites |  |
| Funds Requested |  |
| Federal Employees Identification Number (FEIN) |  |
| Unique Entity ID (UEID) |  |
| West Virginia Vendor Number |  |
| Proposed Program Funding Dates | Predetermined |

|  |  |  |
| --- | --- | --- |
| Funding Type\* | Amount | Description |
| Matching |  |  |
| In-Kind |  |  |
| Cash |  |  |
| Other |  |  |

\*if you are seeking a transportation stipend grant, it is to be included in the above Funding Type.

Have you previously received 21st CCLC funding from WVDE? Yes or No

Assurances (Carefully read all assurances, which are located in GPS and in the RFP)

|  |  |  |
| --- | --- | --- |
| \* The applicant hereby assures that the applicant follows all regulations applicable for 21st CCLC, including those outlined below. | | |
| **State and Federal Requirements** | | |
| 1. | All applicants must provide an assurance that they will participate meaningfully in mandated annual evaluation activities consisting of the following: | |
| a. | Collection of a completed Annual Performance Report (APR) data through a WVDE data system |
| b. | Completion of Grantee Profile information in USDOE 21 APR SYSTEM |
| c. | Completion of the annual Teacher Survey by the regular classroom reading/language arts or mathematics teacher of regular attendees of the program. |
| d. | Submission of the completed annual Program Director Survey |
| 2. | Applicants must also provide an assurance that they will participate in program monitoring conducted by WVDE 21st CCLC staff consisting of the following: | |
| a. | Submission of required documentation, and |
| b. | Arrangement of focus group interviews with key stakeholders. |

Program Summary

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name & location of each site** | **Days and times of program operation throughout week** | | | | | | **Program Start and End Dates\*** | **Estimated average daily attendance** | **Federal Direct Certified Students Percentage at School (SES)\*\*** | **Estimated adults/ family members served** |
|  | *MON* | *TUES* | *WED* | *THURS* | *FRI* | *SAT* |  |  |  |  |
|  |  |  |  |  |  |
|  | *MON* | *TUES* | *WED* | *THURS* | *FRI* | *SAT* |  |  |  |  |
|  |  |  |  |  |  |
|  | *MON* | *TUES* | *WED* | *THURS* | *FRI* | *SAT* |  |  |  |  |
|  |  |  |  |  |  |
|  | *MON* | *TUES* | *WED* | *THURS* | *FRI* | *SAT* |  |  |  |  |
|  |  |  |  |  |  |
|  | *MON* | *TUES* | *WED* | *THURS* | *FRI* | *SAT* |  |  |  |  |
|  |  |  |  |  |  |
| **Totals for the entire program** |  | | | | | |  |  | **Average % Direct Certification for federal assistance** | **Total estimate of adults/family members served** |

*\*Start date of each site is no later than October 15th.*

*\*\* Use data from Table of School Attributes for 21st CCLC Grant Applicants located on the 21st CCLC* [*Application Resources webpage.*](https://wvde.us/21st-cclc/application-resources/)

Program Summary for Summer (if applicable)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name & location of each site** | **Days and times of program operation throughout week** | | | | | | **Estimated number of students to be served annually** | **Estimated average daily attendance** | **Estimated adults/ family members served** |
|  | *MON* | *TUES* | *WED* | *THURS* | *FRI* | *SAT* |  |  |  |
|  |  |  |  |  |  |
|  | *MON* | *TUES* | *WED* | *THURS* | *FRI* | *SAT* |  |  |  |
|  |  |  |  |  |  |
|  | *MON* | *TUES* | *WED* | *THURS* | *FRI* | *SAT* |  |  |  |
|  |  |  |  |  |  |
|  | *MON* | *TUES* | *WED* | *THURS* | *FRI* | *SAT* |  |  |  |
|  |  |  |  |  |  |
|  | *MON* | *TUES* | *WED* | *THURS* | *FRI* | *SAT* |  |  |  |
|  |  |  |  |  |  |
| **Totals** |  | | | | | |  |  | **Total estimate of adults/family members served** |

Application Narrative (123 Points)

# Statement of Need (9 Points)

# Action Plan (30 Points)

| **Goal 1: Increase Academic Achievement** | | | | |
| --- | --- | --- | --- | --- |
| **Objectives**  **(2-4)** | **Strategies** | **Outcomes** | **Progress Indicators** | **Evaluation Plan** |
| Detailed statements of intended **annual** results that must be SMART (S*pecific, Measurable, Achievable, Relevant, and Time-bound*)[*https://wvde.us/21st-cclc/application-resources/*](https://wvde.us/21st-cclc/application-resources/) | *Actions needed to meet* ***short-term outcomes and annual objectives*** | ***Short-term****, specific, measurable changes that will likely occur as a direct result of listed strategies, and that will be used to demonstrate progress toward annual objectives* | *Data sources and methods used to measure* ***short-term*** *outcomes such as students’ individual, small group, or whole-group progress toward annual objectives* | *Process for collecting evidence of progress toward* ***short-term outcomes and annual objectives*** *including how this information will be used to drive changes in program decision-making* |
|
|  |

|  |
| --- |
|  |

| **Goal 2: Increase Family Engagement** | | | | |
| --- | --- | --- | --- | --- |
| **Objectives**  **(2-4)** | **Strategies** | **Outcomes** | **Progress Indicators** | **Evaluation Plan** |
| Detailed statements of intended **annual** results that must be SMART (S*pecific, Measurable, Achievable, Relevant, and Time-bound*)[*https://wvde.us/21st-cclc/application-resources/*](https://wvde.us/21st-cclc/application-resources/) | *Actions needed to meet* ***short-term outcomes and annual objectives*** | ***Short-term****, specific, measurable changes that will likely occur as a direct result of listed strategies, and that will be used to demonstrate progress toward annual objectives* | *Data sources and methods used to measure* ***short-term*** *outcomes such as students’ individual, small group, or whole-group progress toward annual objectives* | *Process for collecting evidence of progress toward* ***short-term outcomes and annual objectives*** *including how this information will be used to drive changes in program decision-making* |
|
|  |

# Afterschool Quality Program & Implementation (24 Points)

# Parent, Family, and Community Involvement (10 Points)

# Parent, Family, and Community Involvement (12 Points)

# Facility Plan (9 Points)

# Program Personnel (9 Points)

# Collaboration (9 Points)

|  |  |  |
| --- | --- | --- |
| **Partnership Support Chart\*** | | |
| **Partner Organization** | **Summary of Services Provided** | **Objectives Supported by this Partnership** |
|  |  |  |
|  |  |  |
|  |  |  |
|  | | |

\*Identify the top three partners with the most support.

# Sustainability (6 Points)

# Organizational Capacity (6 Points)

Budget and Budget Narrative (9 Points)

All 21st CCLC budget information will need to be completed in the “Budget” section of the WVDE Grants and Planning System (GPS). Information related to matching and in-kind funding resources should be completed in the “Cover Sheet” section of GPS.

Provide Budget Detail and Narrative Descriptions for year one that clearly explain the mathematical basis for estimating the costs of personnel salaries, fringe benefits, program staff travel, student transportation, materials and supplies, consultant and subcontract fees, indirect costs, and all other program expenditures.

Separate all administrative costs from programmatic costs using the GPS budget function code 12211 “Supervision of Improvement of Instruction Services,” budget function code 12510 Fiscal Services-General,” and/or budget function code 12570 “Personnel Services-General” for administrative costs, as applicable. The applicant’s approved restricted indirect cost rate will already be placed in the “Budget” section of GPS.

Private School Consultation Document

**Applicant Affirmation of Consultation with Private School Officials**

Elementary and Secondary Education Act (ESEA) Section 1117 of Title I, Part A and Sections 8501-8504 of Title VIII Uniform Provisions require that timely and meaningful consultation occur between the 21st CCLC applicant and private school officials prior to any decision that affects the opportunities of eligible private school children, teachers, and other educational personnel to participate in programs under these acts. Consultation shall continue throughout the implementation and assessment of the grant under this section. The requirement to provide for the equitable participation of private school children and educators applies regardless of whether an applicant is an LEA, CBO, or other eligible entity.

The following topics must be discussed during the ongoing consultation process:

* How students will be identified.
* How the needs of the teachers, parents, and eligible children will be identified.
* What services will be offered.
* How, where, and by whom the services will be provided.
* When, including the approximate time of day, services will be provided.
* When the services will start.
* How the services will be academically assessed and how the results of that assessment will be used to improve those services, including how student level assessment results will be shared with the Nita M. Lowey 21st Century Community Learning Centers site as required for federal reporting.
* How students’ attendance data will be collected in the WVDE 21st CCLC Data Application.
* The size and scope of the equitable services to be provided to the eligible private school children, teachers, education personnel, and families.
* The amount of grant funding that may be available.
* The method or sources of data that are used to determine the number of children from low-income families in participating school attendance areas who attend private schools (Title IV Part B).
* How and when the applicant will make decisions about the delivery of services to the children.
* Whether services will be provided directly by the applicant or through a separate government agency, consortium, entity, or third-party contractor.
* Whether to provide equitable services to eligible private school children by pooling funds or on a school-by-school basis.
* Whether to consolidate and use funds available for Title I equitable services in coordination with eligible funds available for equitable services under programs covered under section 8501(b) to provide services to eligible private school children in participating programs.
* How, if the applicant disagrees with the views of the private school officials on the provision of services through a contract, the applicant will provide in writing an analysis of the reasons why the applicant has chosen not to use a contractor.

Once the initial consultation has occurred, the applicant representative and the private school representative **must sign one** of the following statements or if there is no private school the applicant signs number four:

1. We agree that timely and meaningful consultation **occurred before** the applicant made any decision that affected the participation of eligible private school children and teachers in the applicable Title IV Part B programs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Representative Date Private School Representative Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District Private School Agency or School Name

1. We believe timely and meaningful consultation **has not** occurred.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Private School Representative Date Private School Agency or School Name

1. We believe the program design **is not equitable** with respect to eligible private school children.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Private School Representative Date Private School Agency or School Name

1. There are **no private schools** in the attendance area(s) of the school(s) to be served by this grant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21st CCLC Applicant Representative Date 21st CCLC Applicant Entity

Community Notice Document

**Verification of Sharing Intent/Application with Community**

To comply with the ESEA Title IV Part B Section 4204 (b)(2)(L), each applicant must sign an assurance that the community was given notice of its intent to submit an application and that the application, and any waiver request be available for public review after submission of the application. To verify that this has been done, please complete the form below:

Please explain how the community was informed:

Applicant Signature: Date:

Evidence of Joint Planning and Partnership Document Examples

**Co-Applicant Agreement**

In determining whether an application has been “submitted jointly,” **states should look for evidence in the application that the local education agency and at least one other organization collaborated in the planning and design of the program, both have substantial roles to play in the delivery of services, share grant resources to carry out those roles, and have significant ongoing involvement in the management and oversight of the program.** States may want to consider what organization(s) wrote the application, what organization will be the fiscal agent, whether there is a history of these organizations working together, and whether there is evidence in integrating the after-school program activities with the regular school day program. **Letters of endorsement are not by themselves sufficient evidence that organizations or school districts have substantially been involved in the design of a program.** (This clarification comes from the USDE Nonregulatory Guidance for 21st CCLC programs.)

Evidence such as meeting agendas, sign-in sheets, and planning documents should be included in the pages after the Appendix E signature sheet. It is strongly advised that in each letter of support, a contribution table is included.

|  |  |  |
| --- | --- | --- |
| **CONTRIBUTION DESCRIPTION** | **SUPPORTS** | **OBJECTIVE CONTRIBUTION SUPPORTS** |
| Provide 2 skill-building activities for parents each year based on family needs | Family literacy and parent engagement | 2.2 – At the end of each program year, at least 85% of parents/family members taking part in adult educational activities will report improved skills and knowledge in the specific program(s) in which they took part. |
|  |  |  |
|  |  |  |

Co-Applicant/Partner Signature: Date:

# Administrative Costs Worksheet

**Applicant:**

**Project:**

**Fiscal Year:**

**Amount Requested:** $

The maximum amount of administrative costs that should be charged to the grant is 30% of the total grant award.  Use this worksheet to calculate the total administrative CAP and determine if budgeted administrative costs meet grant requirements. Upload the completed worksheet in the “Related Documents” section of GPS.  Submit a completed worksheet for each award.

**Calculate Total Administrative CAP:**

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ x .30 = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount Requested Total Administrative CAP**

Calculate your total administrative costs using the Direct Administrative Costs and Indirect Costs sections of this worksheet. Add additional rows to each table, as needed.

**Determine Direct Administrative Costs**

**Direct Administrative Costs Table**

|  |  |  |
| --- | --- | --- |
| **Item** | **Budget Narrative** | **Total** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Total Direct Administrative Costs** |  | **$** |

**Total Direct Administrative Costs from table above: $**

**Determine Indirect Costs**

Are you using an approved federally recognized restricted indirect cost rate or the de minimis indirect cost rate of 8%?

YES  NO

If yes, please provide the indirect cost rate being utilized and calculate the maximum allowable indirect costs.

$ x % = $

**Total Direct Costs ICR Total Indirect Costs**

**OR**

If no, please complete the Indirect Costs Table. Total indirect costs must be less than 8% of the total grant award.

**Indirect Costs Table**

|  |  |  |
| --- | --- | --- |
| **Item** | **Budget Narrative** | **Total** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Indirect Costs** |  | **$** |

**Calculate the percent of indirect costs:**

$ / $ = %

**Total Indirect Costs Amount Requested Percent Indirect Costs**

If the percentage of indirect costs equals 8% or less, then the budget meets guidelines. If the percentage of indirect costs exceeds 8%, the budget does not meet guidelines and adjustments to the budget are necessary.

**Total Administrative Costs**

**Calculate Total Administrative Costs:**

$ + $ = $

**Total Direct Admin Costs Total Indirect Costs Total Administrative Costs**

Are Total Administrative Costs equal or less than the Total Administrative CAP from page 1?

YES  NO

If yes, then the budget meets administrative costs guidelines. If no, then the budget does not meet guidelines and adjustments to the budget are necessary.

**Guidance Regarding Administrative Costs**

Total administrative costs consist of direct administrative costs and restricted indirect costs.

**Direct Administrative Costs**are defined as expenses directly related to the salaries and benefits of those responsible for the effective management and leadership of the 21st CCLC program or other administrative costs that can be directly allocated to the 21st CCLC grant. Examples include:

* Program Director/Program Coordinator/Program Manager
* COO, Executive Director, Compliance Officer
* Secretary/Data Entry/Assistant
* Financial Officer or Bookkeeper
* Advertising for recruitment of personnel
* Computer purchase
* Contracts for administrative services (e.g., payroll processing, background checks, staffing agency, etc.)
* Single Audit (must comply with federal requirement)
* Postage or Shipping

Direct Administrative Costs are to be listed under the one of the following GPS Budget Function Codes:

12211 Supervision of Improvement of Instruction Services

12317 Audit Services

12510 Fiscal Services-General

12570 Personnel Services-General

**Restricted Indirect Costs** are not to exceed 8% unless the entity has a different federally recognized restricted indirect cost rate. These costsare defined as expenses of a general nature that **are not readily identifiable with the activities of the grant**. However, they are incurred for the joint benefit of those activities and other activities of the organization.

Examples of indirect costs:

* Janitorial services and supplies
* Telephone, fax, software, and other communication services
* Building costs, whether owned or rented
* Building, grounds, and parking lot maintenance
* Utilities- light, heat, and power
* Office Supplies
* Communication Services or Contracts (e.g. Internet, Zoom)
* Equipment rental such as copier, printer, etc.

Indirect costs are to be listed on this worksheet unless the applicant is using their federally recognized restricted indirect cost rate or using the federal de minimis rate of 8%.