

100 North First Street
Springfield, Illinois 62777-0001

ATTACHMENT 1

Uniform Application for State Grant Assistance

Agency Completed Section		
1.	Type of Submission	☐ Preapplication ☒ Application ☐ Changed/Corrected Application
2.	Type of Application	☒ New ☐ Continuation (i.e. multiple year grant) ☐ Revision (modification to initial application)
3.	Date/Time Received by State (Completed by State Agency upon Receipt of Application)	
4.	Name of the Awarding State Agency	Illinois State Board of Education
5.	Catalog of State Financial Assistance (CSFA) Number	586-46-0423
6.	CSFA Title	Title IV - Nita M. Lowey 21st Century Comm Learning Centers
Catalog of Federal Domestic Assistance (CFDA) ☐ Not applicable (No federal funding)		
7.	CFDA Number	84.287
8.	CFDA Title	Twenty-First Century Community Learning Centers
9.	CFDA Number	
10.	CFDA Title	
Funding Opportunity Information		
11.	Funding Opportunity Number	25-4421-A7
12.	Funding Opportunity Title	Title IV - 21st Century Comm Learning Centers
13.	Funding Opportunity Program Field	Education
Competition Identification ☒ Not Applicable		
14.	Competition Identification Number	
15.	Competition Identification Title	

**Uniform Application for State Grant Assistance
Illinois State Board of Education**

Applicant Completed Section

APPLICANT NAME (District Name and Number, if applicable)

APPLICANT'S REGION COUNTY DISTRICT TYPE CODE

16. Legal Name
(Name used for UEI registration
and grantee prequalification)

17. Common Name (DBA)

18. Employer/Taxpayer Identification
Number (EIN, TIN)

19. Organizational UEI Number

20. SAM CAGE Code

21. Business Address
(Street, City, State, County,
ZIP Code + 4)

Applicant's Organizational Unit

22. Department Name

23. Division Name

Applicant's Name and Contact Information for Person to be Contacted for *Program* Matters involving this Application

24. First/Last Name

25. Suffix

26. Title

27. Organizational Affiliation

28. Telephone Number
(Include Area Code)

29. Fax Number
(Include Area Code)

30. Email Address

Applicant's Name and Contact Information for Person to be Contacted for *Business/Administrative Office* Matters involving this Application

31. First/Last Name

32. Suffix

33. Title

34. Organizational Affiliation

35. Telephone Number
(Include Area Code)

36. Fax Number
(Include Area Code)

37. Email Address

**Uniform Application for State Grant Assistance
Illinois State Board of Education**

Applicant Completed Section (Continued)

Areas Affected

40.	Areas Affected by the Project (cities, counties, state-wide) <i>Add Attachments (e.g., maps), if needed</i>	
41.	Legislative and Congressional Districts of Applicant	
42.	Legislative and Congressional Districts of Program / Project <i>Attach an additional list, if needed</i>	

Applicant's Project

43.	Description Title of Applicant's Project <i>Text only for the title of the applicant's project.</i>	
44.	Proposed Project Term	Start Date: _____ End Date: _____
45.	Estimated Funding <i>(Include all that apply)</i>	☐ Amount Requested from the State: \$ _____ ☐ Applicant Contribution (e.g., in kind, matching): \$ _____ ☐ Local Contribution: \$ _____ ☐ Other Source of Contribution: \$ _____ ☐ Program Income: \$ _____ ☐ Total Amount: \$ _____

Applicant Certification:

By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001)

☐ I agree

Authorized Representative

46.	First/Last	
47.	Suffix	
48.	Title	
49.	Telephone Number <i>(Include Area Code)</i>	
50.	Fax Number <i>(Include Area Code)</i>	
51.	Email Address	
53.	Signature of Authorized Representative	
54.	Date Signed	

JOINT APPLICATION AGREEMENT

APPLICANT NAME (Fiscal Agent)	APPLICANT'S REGION, COUNTY, DISTRICT, TYPE CODE	
CO-APPLICANT NAME - LEA OR ENTITY NAME	CO-APPLICANT NAME - SUPERINTENDENT OR CHIEF EXECUTIVE OFFICER	
CO-APPLICANT ADDRESS (Street, City, State, 9 Digit ZIP Code)	CO-APPLICANT TELEPHONE (Include Area Code)	FAX (Include Area Code)
	CO-APPLICANT - SUPERINTENDENT OR CHIEF EXECUTIVE OFFICER EMAIL	

Joint Applications: A consortium of two or more eligible applicants may apply as co-applicants by submitting a joint proposal. An administrative agent must be designated for each proposal. **The co-applicant is equally responsible for the implementation of the grant and will sign off on all certifications and assurances. Joint proposals must have a Memorandum of Understanding between co-applicants which includes** the signature of each district superintendent or official authorized to submit the proposal signifying that they agree to participate in the joint application. Co-applicants in a consortium may submit multiple proposals in response to this NOFO.

Joint applicants must document the commitment to a partnership for the implementation of the 21st CCLC program in an MOU. **The MOU must be established and signed by the LEA, the principal at each school to be served by the grant, and any other organization included as a co-applicant.** The MOU must outline the terms of the agreement, including the services that will be provided, designation of responsibilities, timelines for actions, and all financial arrangements. **All MOUs must be submitted with the proposal as Attachment A.**

At a minimum, the MOU must include the following information:

- A description of the collaboration among the co-applicants regarding the planning and design of the program;
- An assurance that the 21st CCLC program was developed together with the LEA, the building principals, and the teachers, and that the program will be carried out in collaboration with all parties;
- A description of each co-applicant's role in the delivery of services;
- An explanation of how resources will be shared to carry out each co-applicant's role;
- An explanation of how each co-applicant will have significant and ongoing involvement in the management and oversight of the program;
- A description of how the students will be chosen for the program;
- A clear description of the linkage between the school day and the 21st CCLC programming; and
- A description of how and when data, surveys, and information about the 21st CCLC will be collected, compiled, and shared over the term of the grant, including surveys of students, parents, and teachers; a comparison of students' grades for the first and fourth quarters; and the collection of state assessment scores.

Services provided by a co-applicant within the grant and as required by the assurances and the terms of the grant should be provided in partnership and neither party should benefit or profit from services provided or required within the grant.

Applicant and Co-Applicant Signatures

Original or Digital Signature of Applicant

Date

Original or Digital Signature of Co-Applicant

Date

**FY 2027 NITA M. LOWEY 21ST CENTURY COMMUNITY LEARNING
CENTERS (CCLC) PROGRAM SUMMARY (Continued)**

APPLICANT NAME (Fiscal Agent)

APPLICANT'S REGION, COUNTY, DISTRICT, TYPE CODE

PROGRAM SUMMARY

Applicant has consulted with private or public schools during the development of this proposal.
(If Yes, Attachment 11A or 11B must be included.)

☐ Yes ☐ No

A. End Date Requested

☐ June 30, 2027

☐ August 31, 2027 (This option is only available for grantees providing a summer program ending after June 30, 2027.)

B. Total Nita M. Lowey FY 2027 21st Century Community Learning Centers (CCLC) program funds requested. \$ _____

C. Total number of students proposed to be served _____

D. Total number of proposed program sites (physical location where services are provided). _____

E. Please provide the following information about each school your application is proposing to serve. **Failure to identify the school site to be served, its RCDT code, NCES locale code and Low-income rate from the IL School Report Card, will result in the application not being scored for funding.** Ensure all data provided is specific to the *school*, not the district.

School Being Served	RCDTS Code	NCES Locale Code	Low-Income Rate

RCDTS Code lookup: <https://www.isbe.net/Pages/RCDTS-Lookup.aspx> provide RCDTS of school, not district

NCES Locale Code lookup: <https://nces.ed.gov/ccd/schoolmap/> provide school locale code, not district

Low-Income Rate: <https://www.illinoisreportcard.com/> for each school served, rate found under "Students"

F. Competitive Priority Points

Application is being submitted as a joint application between at least one LEA receiving funds under Title I Part A and at least one public or private community organization, or the applicant is an LEA unable to partner with another eligible entity in reasonable geographic proximity and of sufficient quality. Yes No (If no, skip to G.)

If yes, please provide the indicated information about schools you are proposing to serve that qualify the application to be eligible for priority points under the following areas. Priority areas are defined in full beginning on page 10 of the NOFO document.

▪ **Comprehensive, Targeted, or Intensive Schools and Joint Applications**

Summative designation found via the Illinois Report Card (utilize 2024 designation): <https://www.illinoisreportcard.com/>

Comprehensive School(s) Proposed	Targeted School(s) Proposed	Intensive School(s) Proposed

▪ **Tier 1 or Tier 2 School Districts Not Served and Joint Applications**

District(s) Proposing to Serve	District Currently Served by 21 st CCLC Grant?		District Tier Status
	☐ Yes	☐ No	
	☐ Yes	☐ No	
	☐ Yes	☐ No	
	☐ Yes	☐ No	
	☐ Yes	☐ No	

District needs to currently not be served by a 21st CCLC grant from Cohorts 25 OR 26. Verify via:

<https://www.isbe.net/Pages/21st-Century-Community-Learning-Centers.aspx#dashboard>

Tier status found: <https://www.isbe.net/Pages/ebfdistribution.aspx> under Calculations, use "Full FY 2026 EBF Calculation"

▪ **Middle and High Schools and Joint Applications**

List the Middle School(s) and/or High School(s) you are proposing to serve:

For the purpose of this NOFO, middle schools are defined as eligible schools that contain grades 5 through 8, 6 through 8, or 7 and 8. High schools are defined as eligible schools that serve any combination of grades 9 through 12 that grant a diploma upon completion. These are typical grade bands and special consideration can be made for extenuating circumstances.

▪ **Rural Schools and Joint Applications**

A school district in Illinois is considered rural if it meets any of these following criteria:

- School(s) within a district with a National Center for Education Statistics (NCES) local code of 31, 32, 33, 41, 42, or 43.
- School(s) within a Community Unit District with a student enrollment of 3,500 or fewer.
- School(s) within an Elementary District with a student enrollment of 2,500 or fewer.
- School(s) within a High School District with a student enrollment of 1,100 or fewer.

Verification of rural status will be made by using the National Center for Education Statistics provided by ED at [NCES School and District Navigator](#) for NCES locale codes and the [2024-2025 Illinois Report Card](#) for district enrollment. Rural status will be assessed based upon the status of the school(s) proposing to be served.

- **Novice Grantees:** These are grantees and programs that have not had a 21st CCLC grant since Fiscal Year (FY) 2014. Grantees or sites that have had 21st CCLC grants in FY2015 - Present, do not qualify as novice grantees.

- G. List all partners and requested information below. NOTE: The co-applicant shares the responsibilities of grant deliverables and is meant to have a permanent relationship with the primary applicant for the purposes of this grant. Partnerships may be temporary or are contracted to assist with aspects of programming

PARTNER NAME	Dollar Value of Cash or In-Kind Services for FY 2027
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

**FY 2027 NITA M. LOWEY 21ST CENTURY COMMUNITY LEARNING
CENTERS (CCLC) PROGRAM SITES AND SCHOOLS**

ATTACHMENT 4

Page _____ of _____

INSTRUCTIONS: Complete for each proposed program site (physical location programming will be offered). Use additional pages as needed.

AFTER-SCHOOL SITE # _____ NAME OF FACILITY _____	ADDRESS (Street, City, State, ZIP Code) _____	SITE CONTACT PERSON _____ TELEPHONE NUMBER _____
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LIST ALL SCHOOLS WHOSE STUDENTS WILL BE SERVED AT THIS SITE. PROVIDE THE REQUESTED INFORMATION ABOUT EACH SCHOOL.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
DISTRICT NAME AND NUMBER	NAME AND ADDRESS OF SCHOOL	PRINCIPAL CONTACT INFORMATION (Name, Address, Telephone Number, Email)	CHECK IF THIS WILL BE AN ELT SITE	CHECK IF TITLE I FUNDED	SCHOOL GRADE SPAN	SCHOOL ENROLLMENT	PROJECTED MINIMUM NUMBER OF 21 ST CCLC STUDENTS SERVED	GRADES TO BE SERVED BY 21 ST CCLC PROGRAM
1.			☐	☐				
2.			☐	☐				
3.			☐	☐				

**FY 2027 NITA M. LOWEY 21ST CENTURY COMMUNITY LEARNING
CENTERS (CCLC) PROGRAM SITES AND SCHOOLS**

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2.			☐	☐				
3.			☐	☐				

**FY 2027 NITA M. LOWEY 21ST CENTURY COMMUNITY LEARNING
CENTERS (CCLC) PROGRAM SITES AND SCHOOLS**

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1.			☐	☐				
2.			☐	☐				
3.			☐	☐				



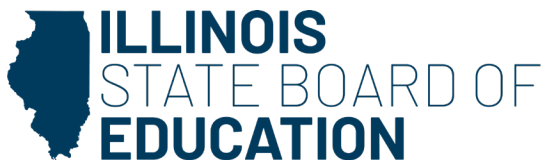
Wellness and Student Care Department
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FY 2027
NITA M. LOWEY 21ST CENTURY COMMUNITY
LEARNING CENTERS (CCLC) PROGRAM

PROJECT SERVICE CHART

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EXPANDED LEARNING TIME OFFERED: ☐ YES ☐ NO	ESSA INCLUDES LANGUAGE THAT WOULD ALLOW 21ST CCLC FUNDS TO BE USED FOR SPECIFIC 'AFTERSCHOOL-LIKE' ACTIVITIES AS PART OF EXPANDED LEARNING PROGRAMS IN CASES WHERE <u>AT LEAST 300 HOURS ARE ADDED TO THE SCHOOL DAY DURING THE YEAR.</u>	AMOUNT BUDGETED FOR EXPANDED LEARNING TIME (ELT) NOT TO EXCEED 25% OF TOTAL BUDGET: \$ _____			
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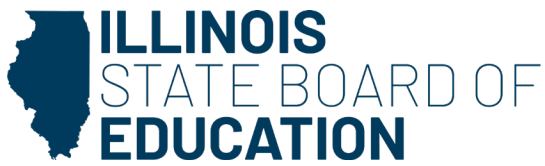
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FY 2027
NITA M. LOWEY 21ST CENTURY COMMUNITY
LEARNING CENTERS (CCLC) PROGRAM

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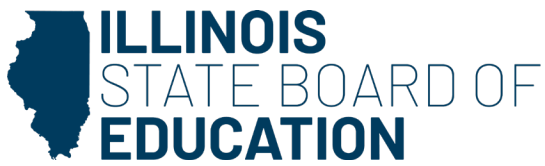
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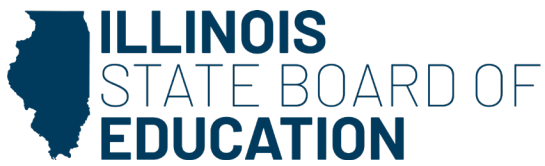
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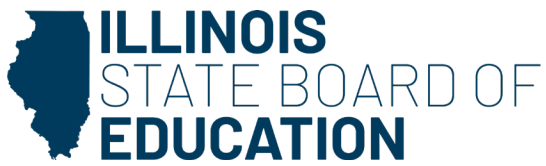
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Springfield, Illinois 62777-0001

FY 2027
NITA M. LOWEY 21ST CENTURY COMMUNITY
LEARNING CENTERS (CCLC) PROGRAM

EQUITABLE PARTICIPATION OF PRIVATE SCHOOLS

The equitable participation requirements in Subpart 1 of Part E of Title IX of the ESEA apply to the Title IV, Part B, 21st CCLC program. Applications proposing to serve public school students need to consult with non-public schools within the catchment area of each site that align with the grades proposed to be served under the application. One form should be submitted for each site being served under the proposal. Non-public school participation requirements cannot be satisfied by simply inviting non-public schools to participate in programs and/or activities designed for public school students, teachers, or other educational personnel. Consultation must occur before the state education agency (SEA) or grantee makes any decision that affects the opportunities of eligible non-public school children, families, teachers, and other educational personnel. Further, each grantee must provide the SEA with a written affirmation signed by officials of each participating non-public school that such consultation has occurred.

School districts and eligible local entities must engage in timely and meaningful consultation with appropriate non-public school officials during the design and development of programs and continue the consultation throughout the implementation of these programs. School districts and local entities must provide, on an equitable basis, special educational services or other benefits that address the needs under the program of children, teachers, and other educational personnel in public schools in areas served by the districts and local entities. Expenditures for educational services and other benefits for private school children, families, teachers, and other educational personnel must be equal, taking into account the number and educational needs of the children to be served, to the expenditures for participating public school children.

The law requires the consultations to address:

- How children's needs will be identified;
- What services will be provided;
- How, where, and by whom services will be offered;
- How services will be assessed and how results of the assessment will be used to improve those services;
- The size and scope of the equitable services to be provided to the eligible non-public school children, families, teachers, and other educational personnel and the amount of funds available for those services; and
- How and when the grantee will make decisions about the delivery of services, including a thorough consideration and analysis of views of non-public school officials on the provision of contract services through potential third-party providers.

We hereby testify as indicated by the below signatures that appropriate consultation as described above has occurred.

☐ Yes, we wish to participate. ☐ No, we do not wish to participate. ☐ Yes, we wish to participate and request further consultation ☐ There are no private schools in the service area. (Documentation must be provided to support this statement.)

Name of Private School

Address of Private School

Grades Served by Private School

Type Name of Private School Administrator

Signature of Private School Administrator

Date

Name of Administrative Organization

Type Name of Administrative Agent

Signature of Administrative Agent

Date

Wellness and Student Department
100 North First Street, E-222
Springfield, Illinois 62777-0001

FY 2027
NITA M. LOWEY 21ST CENTURY COMMUNITY
LEARNING CENTERS (CCLC) PROGRAM

EQUITABLE PARTICIPATION OF PUBLIC SCHOOLS

The equitable participation requirements in Subpart 1 of Part E of Title IX of the ESEA apply to the Title I, Part B, 1st CCLC program. Applications proposing to serve non-public school students need to consult with public schools within the catchment area of each site that align with the grades proposed to be served under the application. One form should be submitted for each site being served under the proposal. Public school participation requirements cannot be satisfied simply by inviting public schools to participate in programs and or activities designed for non-public school students, teachers or other educational personnel. Consultation must occur before the state education agency (SEA) or grantee makes any decision that affects the opportunities of eligible public school children, families, teachers, and other educational personnel. Further, each grantee must provide the SEA with a written affirmation signed by officials of each participating public school that such consultation has occurred.

Local entities (**Community Based Organizations [CBOs] and Faith Based Organizations [FBOs]**) must engage in timely and meaningful consultation **with appropriate local education agency (LEA) or officials during the design and development** of programs and continue **the consultation throughout** the implementation of these programs. **Local entities must provide, on an equitable basis, special educational services or other benefits that address the needs under the program of children, families, teachers, and other educational personnel in public schools in areas served by the districts and local entities.** Expenditures for educational services and other benefits for public school children, teachers, and other educational personnel must be equal, taking into account the number and educational needs of the children to be served, to the expenditures for participating private school children.

The law requires the consultations to address:

- How children's needs will be identified;
- What services will be provided;
- How, where, and by whom services will be offered;
- How services will be assessed and how results of the assessment will be used to improve those services;
- The size and scope of the equitable services to be provided to the eligible public school children, families, teachers, and other educational personnel and the amount of funds available for those services; and
- How and when the grantee will make decisions about the delivery of services, including a thorough consideration and analysis of views of non-public school officials on the provision of contract services through potential third-party providers.

The Equitable Participation of Public Schools Form only must be completed by applicants/grantees who are primarily serving or proposing to serve non-public school. All other applicants/grantees (e.g. LEAs, most CBOs, ROEs) may check the box stating "Public schools are the primary entities intended to be served" and sign the form in the Administrative Agents fields.

We hereby testify as indicated by the below signatures that appropriate consultation as described above has occurred.

☐ Yes, we wish to participate. ☐ No, we do not wish to participate. ☐ Yes, we wish to participate and request further consultation ☐ Public schools are the primary entities intended to be served

District Name and Number

Name of Public School

Type Name of Public School Administrator

Signature of Public School Administrator

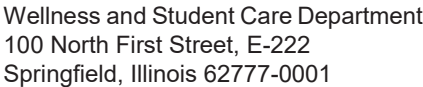
Date

Name of Administrative Organization

Type Name of Administrative Agent

Signature of Administrative Agent

Date



**NITA M. LOWEY 21ST CENTURY COMMUNITY
LEARNING CENTERS (CCLC) PROGRAM**

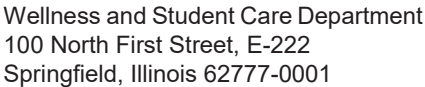
If this form does not apply to application, indicate N/A, sign, and submit with proposal.

APPLICANT NAME (Fiscal Agent) - LEA OR ENTITY NAME	APPLICANT'S REGION, COUNTY, DISTRICT, TYPE CODE
--	---

COURSE NAME	COURSE DESCRIPTION
AMOUNT OF CREDIT: _____ Is this course offered during the regular school year? ☐ Yes ☐ No	If "yes," explain how offering the course will be supplemental to, rather than supplanting, courses offered in the regular school curriculum? (May have to attach rationale.)
COURSE NAME	COURSE DESCRIPTION
AMOUNT OF CREDIT: _____ Is this course offered during the regular school year? ☐ Yes ☐ No	If "yes," explain how offering the course will be supplemental to, rather than supplanting, courses offered in the regular school curriculum? (May have to attach rationale.)

The undersigned certifies that each class listed in this chart meets the minimum requirements of the **school district** that will be issuing credit for the course. The school district superintendent further certifies that this course will be taught by an individual appropriately qualified to teach the course and that the course in the before-school, after-school, or summer school setting does not reduce the number of such offerings at the school and in no way supplants other federal, state, or local funds.

District Name And Number	Signature of Superintendent	Date
Region, County, District, Type Code	Signature of Fiscal Agent	Date



**NITA M. LOWEY 21ST CENTURY COMMUNITY
LEARNING CENTERS (CCLC) PROGRAM**

If this form does not apply to application, indicate N/A, sign, and submit with proposal.

APPLICANT NAME (Fiscal Agent) - LEA OR ENTITY NAME	APPLICANT'S REGION, COUNTY, DISTRICT, TYPE CODE
--	---

COURSE NAME AMOUNT OF CREDIT: _____ Is this course offered during the regular school year? ☐ Yes ☐ No	COURSE DESCRIPTION If "yes," explain how offering the course will be supplemental to, rather than supplanting, courses offered in the regular school curriculum? (May have to attach rationale.)
COURSE NAME AMOUNT OF CREDIT: _____ Is this course offered during the regular school year? ☐ Yes ☐ No	COURSE DESCRIPTION If "yes," explain how offering the course will be supplemental to, rather than supplanting, courses offered in the regular school curriculum? (May have to attach rationale.)

The undersigned certifies that each class listed in this chart meets the minimum requirements of the **school district** that will be issuing credit for the course. The school district superintendent further certifies that this course will be taught by an individual appropriately qualified to teach the course and that the course in the before-school, after-school, or summer school setting does not reduce the number of such offerings at the school and in no way supplants other federal, state, or local funds.

District Name And Number	Signature of Superintendent	Date
Region, County, District, Type Code	Signature of Fiscal Agent	Date

FY 2027 NITA M. LOWEY 21ST CENTURY COMMUNITY LEARNING CENTERS (CCLC) PROGRAM

Page ____ of ____

GOALS AND OBJECTIVES

APPLICANT NAME (Fiscal Agent) - LEA OR ENTITY NAME	APPLICANT'S REGION, COUNTY, DISTRICT, TYPE CODE	SOURCE OF FUNDS CODE 4421-A7
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Directions: Create a goal for the program and describe your program's objectives; measurable outcomes to help reach that goal; include a strategy to help achieve the objective; and a target date for completion. Each goal must be aligned to one of the seven state performance indicators. The grantee must have at least seven local goals and objectives related to the areas specified in the Program Objectives. Goals must be **s**pecific, **m**easurable, **a**ttainable, **r**ealistic, and **t**ime bound (S.M.A.R.T.). All goals should focus on improvement of student achievement and overall student success.

Example:

Goal: 70% of regular attendees will demonstrate an increase in involvement in at least one school activity and in other subject areas such as technology, arts, music, theater, sports, and other recreation activities by the end of the five-year grant period.

Program Objective #1: Schools will improve student achievement in core academic areas.

21st CCLC Goal #1: *Example:* By (date), (percentage of students) of students will (accomplishment) by (percentage of increased achievement). This will be measured by (tool used to see if students are improving academically).

Objective			Target Date for Completion
Example: Participants will demonstrate an increased involvement in school activities and in participating in other subject areas such as technology, arts, music, theater, sports, and other recreation activities	Attendees will have an increase in attendance rates by 10%. Attendees will have an increased graduation rate of 10%.	Incorporate age-appropriate enrichment activities that foster an appreciation in subject areas such as technology, arts, music, theater, sports, and other recreation activities.	June 30, 2027 June 30, 2027

Program Objective #2: Schools will show an increase in student attendance and graduation from high school.

21st CCLC Goal #2: *Example:* By (date), (percentage of students) of students will (accomplishment) by (percentage of increased achievement). This will be measure by (tool used to see is students attendance and graduation rates are improving).

Objective	Measurable Outcome(s)	Strategy or Activity	Target Date for Completion

FY 2027 NITA M. LOWEY 21ST CENTURY COMMUNITY LEARNING CENTERS (CCLC) PROGRAM

Page ____ of ____

GOALS AND OBJECTIVES

APPLICANT NAME (Fiscal Agent) - LEA OR ENTITY NAME	APPLICANT'S REGION, COUNTY, DISTRICT, TYPE CODE	SOURCE OF FUNDS CODE 4421-A7
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Program Objective #3: Schools will see an increase in the social-emotional skills of their students.

21st CCLC Goal #3:

([DPSOH %y (date) (percentage of students) of students will (accomplish) by (percentage of increased achievement). This will be measured by (tool used to verify improvement of social-emotional skills).

Objective	Measurable Outcome(s)	Strategy or Activity	Target Date for Completion

Program Objective #4: Programs will collaborate with the community.

21st CCLC Goal #4:

([DPSOH %y (date) the program will collaborate with the community by (how collaboration will be achieved) at a rate of (number of times partnerships etc.). This will be measured by (tool used to verify that collaborations with the community took place).

Objective	Measurable Outcome(s)	Strategy or Activity	Target Date for Completion

FY 2027 NITA M. LOWEY 21ST CENTURY COMMUNITY LEARNING CENTERS (CCLC) PROGRAM

Page ____ of ____

GOALS AND OBJECTIVES

APPLICANT NAME (Fiscal Agent) - LEA OR ENTITY NAME	APPLICANT'S REGION, COUNTY, DISTRICT, TYPE CODE	SOURCE OF FUNDS CODE 4421-A7
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Program Objective #5: Programs will coordinate with schools to determine the students and families with the greatest need.

21st CCLC Goal #5:

([DPSOH %y (date) the program will coordinate with the schools to determine the students and families with the greatest need by (how will coordination occur) and selecting criteria to determine "greatest need".) This will be measured by (tool used to verify that coordination has occurred).

Objective	Measurable Outcome(s)	Strategy or Activity	Target Date for Completion

Program Objective #6: Programs will provide ongoing professional development to program personnel.

21st CCLC Goal #6:

([DPSOH %y (date) (percentage of program personnel) of program personnel will complete (minimum number of professional development activities attended) out of (total number of professional development activities offered) professional development opportunities provided by the program. This will be measured by (tool used to verify that program personnel attended the professional development opportunities).

Objective	Measurable Outcome(s)	Strategy or Activity	Target Date for Completion

FY 2027 NITA M. LOWEY 21ST CENTURY COMMUNITY LEARNING CENTERS (CCLC) PROGRAM

Page ____ of ____

GOALS AND OBJECTIVES

APPLICANT NAME (Fiscal Agent) - LEA OR ENTITY NAME	APPLICANT'S REGION, COUNTY, DISTRICT, TYPE CODE	SOURCE OF FUNDS CODE 4421-A7
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Program Objective #7: Programs will collaborate with schools and community-based organizations to provide sustainable programs.

21st CCLC Goal #7:

([DPSOH %y (date) the program schools and community-based organization will be able to sustain (percentage of programming) of the st &&/& funded programming. This will be measured by how much funding is secured and how many partnerships are secured to sustain programming.

Objective	Measurable Outcome(s)	Strategy or Activity	Target Date for Completion

☐ Initial Budget

☐ Amendment No. _____

☐ Revised Initial Budget

☐ Multi-district Application

ILLINOIS STATE BOARD OF EDUCATION

Wellness and Student Care Department

100 North First Street, E-222

Springfield, Illinois 62777-0001

FY 2027

Nita M. Lowey 21ST Century Community Learning Centers
(CCLC) Program Federal Budget Summary

FEDERAL BUDGET SUMMARY

Use whole dollars only. Omit Dollar Signs, Commas,
and Decimal Places, e.g., 2536

ISBE USE ONLY

Please check:
☐ COMPLETED Notice of State Award (NOSA)
☐ COMPLETED Uniform Grant Agreement (UGA)

PROGRAM APPROVAL DATE AND INITIALS

TOTAL FUNDS

CARRYOVER FUNDS

CURRENT FUNDS

BEGIN DATE

END DATE

FISCAL YEAR 27	SOURCE OF FUNDS CODE 4421-A7	REGION, COUNTY, DISTRICT, TYPE CODE	SUBMISSION DATE (mm/dd/yyyy)
APPLICANT NAME (District Name and Number, if applicable)			
CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)	
E-MAIL ADDRESS		FAX NUMBER (Include Area Code)	

LINE	FUNCTION NUMBER (1)	EXPENDITURE ACCOUNT (2)	SALARIES (3) (Obj. 100s)	EMPLOYEE BENEFITS (4) (Obj. 200s)	PURCHASED SERVICES (5) (Obj. 300s)	SUPPLIES AND MATERIALS (6) (Obj. 400s)	CAPITAL OUTLAY (7) (Obj. 500s)	OTHER OBJECTS (8) (Obj. 600s)	NON-CAPITALIZED EQUIPMENT (9) (Obj. 700s)	TOTAL (11)
1	1000	Instruction								0
2	2110	Attendance & Social Work Services								0
3	2120	Guidance Services								0
4	2130	Health Services								0
5	2140	Psychological Services								0
6	2150	Speech Pathology & Audiology Services								0
7	2210	Improvement of Instruction Services								0
8	2220	Educational Media Services								0
9	2230	Assessment & Testing								0
10	2300	General Administration								0
11	2400	School Administration								
12	2510	Direction of Business Support Services								
13	2520	Fiscal Services								0
14	2530	Facilities Acquisition and Construction								
15	2540	Operation & Maintenance of Plant Services								0
16	2550	Pupil Transportation Services								0
17	2560	Food Services								0
18	2570	Internal Services								0
19	2610	Direction of Central Support Services								
20	2620	Planning, Research, Development & Evaluation Services								0
21	2630	Information Services								0
22	2640	Staff Services								0
23	2660	Data Processing Services								0
24	2900	Other Support Services								0
25	3000	Community Services								0
26	3700	Nonpublic School Pupil Services								
27	4000	Payments to Other Districts or Government Units								0
28	5000	Debt Services								
29	Total Direct Costs		0	0	0	0	0	0	0	0
30	INDIRECT COSTS (Direct Cost X _____ %) *									
31	TOTAL BUDGET									

* Contact the GATA Department for indirect cost restrictions.

Date

Original Signature of Superintendent or Administrator

Date

Original Signature of ISBE Division Administrator

Page ____ of ____

REGION, COUNTY, DISTRICT, TYPE CODE

FUNCTION NUMBER (1)	EXPENDITURE DESCRIPTION AND ITEMIZATION (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASES SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY (7)	OTHER OBJECTS (8)	NON-CAPITALIZED EQUIPMENT (9)	TOTAL (11)
		(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	
TOTAL									

APPLICANT NAME (District Name and Number, if applicable)
REGION, COUNTY, DISTRICT, TYPE CODE

FUNCTION NUMBER (1)	EXPENDITURE DESCRIPTION AND ITEMIZATION (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASES SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY (7)	OTHER OBJECTS (8)	NON-CAPITALIZED EQUIPMENT (9)	TOTAL (11)
		(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	
TOTAL									

Page of

REGION, COUNTY, DISTRICT, TYPE CODE

FUNCTION NUMBER (1)	EXPENDITURE DESCRIPTION AND ITEMIZATION (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASES SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY (7)	OTHER OBJECTS (8)	NON-CAPITALIZED EQUIPMENT (9)	TOTAL (11)
		(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	
TOTAL									

Page ____ of ____

REGION, COUNTY, DISTRICT, TYPE CODE

FUNCTION NUMBER (1)	EXPENDITURE DESCRIPTION AND ITEMIZATION (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASES SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY (7)	OTHER OBJECTS (8)	NON-CAPITALIZED EQUIPMENT (9)	TOTAL (11)
		(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	
TOTAL									

Page ____ of ____

REGION, COUNTY, DISTRICT, TYPE CODE

FUNCTION NUMBER (1)	EXPENDITURE DESCRIPTION AND ITEMIZATION (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASES SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY (7)	OTHER OBJECTS (8)	NON-CAPITALIZED EQUIPMENT (9)	TOTAL (11)
		(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	
TOTAL									



**FY 2027
NITA M. LOWEY 21ST CENTURY COMMUNITY
LEARNING CENTERS (CCLC) PROGRAM**

2. Under what circumstances will this Applicant be generating program income/fees adhering to the statute, State Plan, Uniform Guidance or any other federal or state regulations, as-well-as the approved application?

3. How will the proposed program maintain an itemized list of fees/income gained and spent?

- a. Describe how income collected from fees will be used to fund program activities during the fiscal year in which they are received and as specified in the grant application.

- b. How will 50% of the income collected from fundraising be used to fund program activities during the fiscal year in which it is received and as specified in the grant application? The remaining 50% must be used to fund program activities during the grant period in which it is received and as specified in the grant application.

- c. Will all uses of fees and income generated only be used for items and activities that are allowable expenses within the grant program?

NOTE: Completion of Attachment 11 does not automatically grant the proposed project permission to collect program income/fees.

Requests must be approved in writing by both ISBE and the United States Department of Education before program income and/or fees may be collected. The Department will consider the specific circumstances of any such request. Because 21st CCLC programs must primarily target low-income students, unless program fees are required by another coordinated Federal program, the Department will apply a rebuttable presumption that fees are not necessary to achieve the goals and objectives of the program. Because the 21st CCLC program prioritizes serving students from low-income backgrounds and does not prioritize maximizing the number of students served, the Department generally does not consider the ability to provide more programs, or larger programs, to be, on its own, a sufficient justification for charging program fees.

SIGNATURE OF SUPERINTENDENT OR ADMINISTRATOR

DATE



Wellness and Student Care Department
100 North First Street, E-222
Springfield, Illinois 62777-0001

FY 2027
NITA M. LOWEY 21ST CENTURY COMMUNITY
LEARNING CENTERS (CCLC) PROGRAM

PROPOSAL ABSTRACT

APPLICANT NAME (FISCAL AGENT) - LEA OR ENTITY NAME	APPLICANT'S REGION, COUNTY, DISTRICT, TYPE CODE
DISTRICT NAME AND NUMBER	SCHOOL NAME

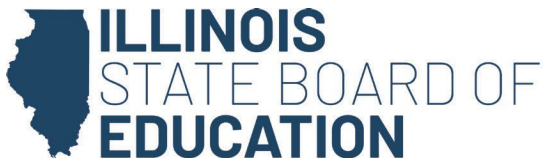
INSTRUCTIONS: Briefly describe the overall objectives and activities of the 21ST CCLC project, including students' and families' needs, the activities proposed, how the activities are expected to improve student academic achievement and overall student success, the intended outcomes, and key people who will be involved in the project. ***Responses limited to this page.***

PROGRAM NARRATIVE RESPONSES

GENERAL INSTRUCTIONS

For Attachments 13A - 13R:

- Respond to each prompt in the space provided, ensuring your responses do not exceed the page limit specified.
 - Provide your responses directly within the attachment form (i.e. do not add to or replace with other pages).
 - **Portions of responses that exceed the page limit will not be read or completed.**
 - Unless otherwise directed, responses should be composed in paragraph format. Including occasional bulleted lists within otherwise paragraph-formatted responses is acceptable.
 - If an attachment is not applicable to your proposal, do not leave the response field blank. Enter N/A.
-



Wellness and Student Care Department
100 North First Street, E-222
Springfield, Illinois 62777-0001

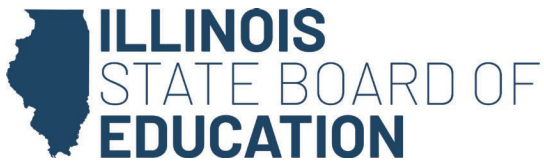
FY 2027
NITA M. LOWEY 21ST CENTURY COMMUNITY
LEARNING CENTERS (CCLC) PROGRAM

PROGRAM NARRATIVE RESPONSES

APPLICANT'S NAME (FISCAL AGENT) - LEA OR ENTITY NAME	APPLICANT'S REGION COUNTY DISTRICT TYPE CODE
--	--

INSTRUCTIONS: As needed, refer to the instructions on Attachment 13.

The community must be notified at least 45 days prior to submission of the proposal. Describe how information about the 21st CCLC program, including its availability and location, will be disseminated to the community in a manner that is understandable and accessible. Describe the method for outreach and a plan for securing the student's regular participation. Indicate how the entity will maintain before and after school programming that will meet the needs of working families and students **(1 page limit)**



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FY 2027
NITA M. LOWEY 21ST CENTURY COMMUNITY
LEARNING CENTERS (CCLC) PROGRAM

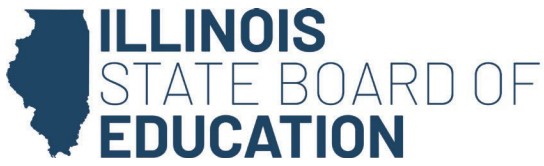
PROGRAM NARRATIVE RESPONSES

APPLICANT'S NAME (FISCAL AGENT) - LEA OR ENTITY NAME	APPLICANT'S REGION COUNTY DISTRICT TYPE CODE
--	--

INSTRUCTIONS: As needed, refer to the instructions on Attachment 13.

MANAGEMENT & RESOURCES: Provide brief background information about the applying entity. **(1 page limit)**

1. Provide a summary of the types of services you provide and to whom.
2. Provide evidence of the applying entity's cultural and linguistic competence to provide services as described in this proposal
3. Provide a description of existing linkages, or a plan to establish linkages, with community resources and services, particularly the organizations addressing substance abuse treatment, mental health treatment, and other human services that will not be provided by the applying entity.



Wellness and Student Care Department
100 North First Street, E-222
Springfield, Illinois 62777-0001

FY 2027
NITA M. LOWEY 21ST CENTURY COMMUNITY
LEARNING CENTERS (CCLC) PROGRAM

PROGRAM NARRATIVE RESPONSES

APPLICANT'S NAME (FISCAL AGENT) - LEA OR ENTITY NAME	APPLICANT'S REGION COUNTY DISTRICT TYPE CODE
--	--

INSTRUCTIONS: As needed, refer to the instructions on Attachment 13.

Provide a statement describing past after-school programming, whether through 21st CCLC programs or not. Include the length (per day and per year), frequency, average number of students served, and any differences between proposed services and actual services delivered. Describe the successes and challenges of the previous after-school program(s). **(1 page limit)**



Wellness and Student Care Department
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Springfield, Illinois 62777-0001

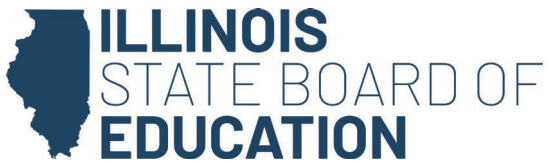
FY 2027
NITA M. LOWEY 21ST CENTURY COMMUNITY
LEARNING CENTERS (CCLC) PROGRAM

PROGRAM NARRATIVE RESPONSES

APPLICANT'S NAME (FISCAL AGENT) - LEA OR ENTITY NAME	APPLICANT'S REGION COUNTY DISTRICT TYPE CODE
--	--

INSTRUCTIONS: As needed, refer to the instructions on Attachment 13.

Address the results of the needs and resources assessment. Include a gap analysis of strengths and weaknesses of the youth developmental needs and available community services. Use the gap analysis to draw conclusions and discuss how the proposed program will address the needs of the community; the students, including homeless children; neglected, delinquent, and migrant youth; and the families, including the needs of working families. **(2 page limit)**



Wellness and Student Care Department
100 North First Street, E-222
Springfield, Illinois 62777-0001

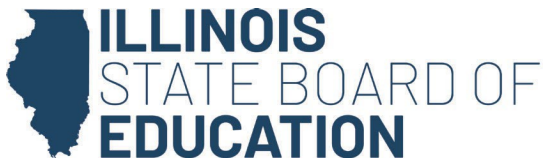
FY 2027
NITA M. LOWEY 21ST CENTURY COMMUNITY
LEARNING CENTERS (CCLC) PROGRAM

PROGRAM NARRATIVE RESPONSES

APPLICANT'S NAME (FISCAL AGENT) - LEA OR ENTITY NAME	APPLICANT'S REGION COUNTY DISTRICT TYPE CODE
--	--

INSTRUCTIONS: As needed, refer to the instructions on Attachment 13.

PROJECT: Describe how the program will identify, recruit, and retain those students who are underperforming academically and most in need of academic assistance, including what criteria will be used to recommend students for services, and what process will be used to select students for participation. **(2 page limit)**



Wellness and Student Care Department
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Springfield, Illinois 62777-0001

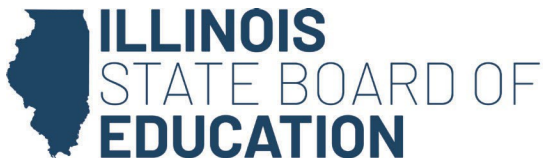
FY 2027
NITA M. LOWEY 21ST CENTURY COMMUNITY
LEARNING CENTERS (CCLC) PROGRAM

PROGRAM NARRATIVE RESPONSES

APPLICANT'S NAME (FISCAL AGENT) - LEA OR ENTITY NAME	APPLICANT'S REGION COUNTY DISTRICT TYPE CODE
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INSTRUCTIONS: As needed, refer to the instructions on Attachment 13.

Describe the partnership between the LEA, CBO, and any other public or private entity, and the relevance and commitment of each collaborative partner in the proposed program to the implementation and success of the project. Describe how the historical performance of each partner demonstrates its capacity to collaborate with the applicant to implement the services as described in either the written agreement or the MOU, including the commitment of the partners to sustain the project after the grant has expired. **(1 page limit)**



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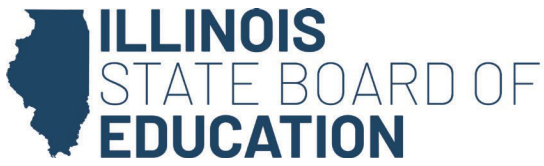
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INSTRUCTIONS: As needed, refer to the instructions on Attachment 13.

Identify and describe how program systems, policies, services, and activities are developed and delivered in equitable ways for all students served. This includes ensuring that there is adequate funding for staff training in issues such as equity; ability to collect robust data at disaggregate levels; establishment of high standards; differentiation of learning (especially for English Learners, students with disabilities, and students living in poverty); allocation of resources in responsive ways; ensuring that all programming takes place in safe and accessible facilities that are compliant with the Americans with Disabilities Act; ensuring that students are able to travel safely between the center and home; and collaboration with key stakeholders to better leverage and coordinate supports. **1 page limit)**



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INSTRUCTIONS: As needed, refer to the instructions on Attachment 13.

Describe the established plan for implementing extended learning time (ELT), if applicable. If not applicable, respond "N/A." (1 page limit)



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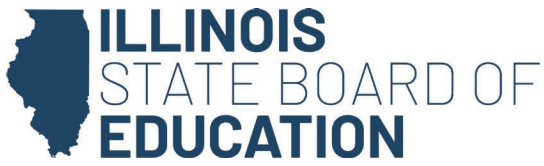
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INSTRUCTIONS: As needed, refer to the instructions on Attachment 13.

Describe how the transportation needs of participating students will be addressed. **(1 page limit)**



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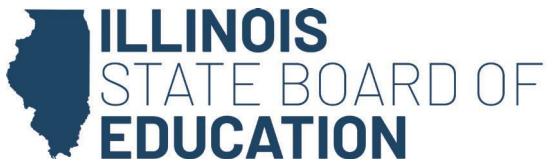
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INSTRUCTIONS: As needed, refer to the instructions on Attachment 13.

Describe how the proposed program will coordinate with Federal, State, and local programs. **(1 page limit)**



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INSTRUCTIONS: As needed, refer to the instructions on Attachment 13.

Describe how proposed activities will meet the measures of effectiveness (Targets, Objectives, Goals). **(2 page limit)**

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INSTRUCTIONS: As needed, refer to the instructions on Attachment 13.

Describe in detail how the proposed activities are expected to improve student academic achievement and overall student success, including how they will:

1. support college and career readiness skills,
2. be aligned to the Illinois Learning Standards,
3. use best practices, including research- or evidence-based practices, to provide educational and related activities that will complement and enhance academic performance, achievement, postsecondary and workforce preparation, and positive youth development of the students.
4. incorporate innovative and evidence-based practices to support the enhancement of students' academic, social, and career skills.

Sufficient detail must be provided to relay that the program will supplement programs already being provided to improve student achievement and not supplant federal, state, and local funding. **(3 page limit)**

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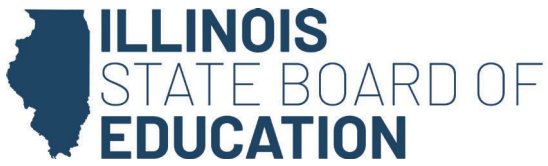
APPLICANT'S NAME (FISCAL AGENT) - LEA OR ENTITY NAME	APPLICANT'S REGION COUNTY DISTRICT TYPE CODE
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INSTRUCTIONS: As needed, refer to the instructions on Attachment 13.

Provide the information requested in the 21st CCLC "Program Design" and "Program Evaluation" sections of the NOFO. **2 page limit)**

Applicant's response should:

1. Indicate who will be responsible for conducting the evaluation i.e., name of individual and/or company) along with rationale for selecting evaluator;
2. Have a compelling rationale for the selected evaluation approach;
3. Be technically sound with regard to the evaluation design and measurement of the program toward goals and objectives;
4. Be clearly tied to the state and local goals and objectives;
5. Describe the methods to be used to gather, organize, summarize, analyze, and present data;
6. Identify the quantitative and qualitative data to be collected. Describe and/or include the data collection tools, if applicable. Data collection efforts must be aligned to Illinois 21st CCLC goals, objectives, performance measures, targets, and performance standards as outlined in the Program Objectives and Performance Measures, Targets, and Performance Standards, of this NOFO and aligned to local goals and objectives as submitted in Attachment 8 of the NOFO/RFP forms;
7. Indicate how the applicant will facilitate the collection of both formative and summative evaluation data;
8. Provide the organizational structures that will be employed to oversee the evaluation process;
9. Indicate how the resulting recommendations will be incorporated into the program on an annual basis for continuous improvement; and
10. Describe the process to disseminate the evaluation results to the target audiences.



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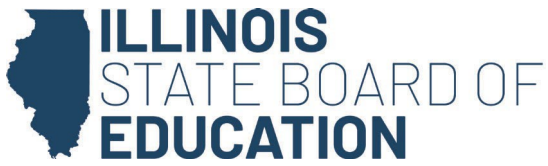
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INSTRUCTIONS: As needed, refer to the instructions on Attachment 13.

Describe how federal, state, and local funding will be used in coordination with 21st CCLC grant funds to maximize the effective use of public resources. Indicate any after-school programs already in operation and identify specifically all other funding sources that will be used to supplement the program. **(1 page limit)**



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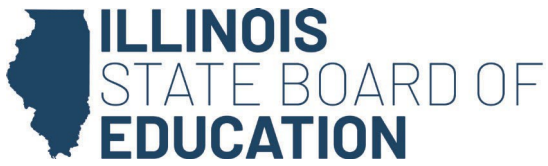
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INSTRUCTIONS: As needed, refer to the instructions on Attachment 13.

Job Descriptions: Include detailed job descriptions with duties and required qualifications for each position to be funded by the 21st CCLC grant as outlined in the Program Narrative Requirements section. **5 page limit)**



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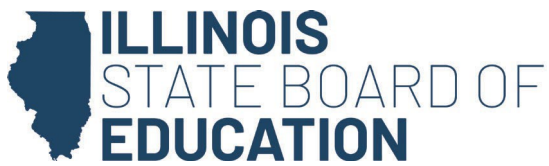
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INSTRUCTIONS: As needed, refer to the instructions on Attachment 13.

Describe how appropriately qualified persons will be encouraged and used to serve as volunteers if you plan to use volunteers in activities carried out through the community learning center. **(1 page limit)**



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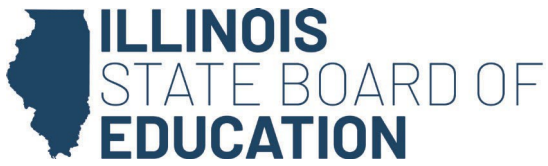
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INSTRUCTIONS: As needed, refer to the instructions on Attachment 13.

Identify and describe the ongoing staff professional development, including activities, frequency, format, etc., and explain how the opportunities will contribute to student achievement. Describe how the staff will be trained on the Illinois Quality Statewide Afterschool Standards, and describe how you plan to use ED's [21st CCLC National Technical Assistance Center](#) (NTAC) website and/or other applicable offerings for professional development purposes. **1 page limit)**



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INSTRUCTIONS: As needed, refer to the instructions on Attachment 13.

Describe how the community learning center will continue after the 21st CCLC funding ends. **(3 page limit)**

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APPLICANT-GENERATED ATTACHMENTS

GENERAL INSTRUCTIONS

For Applicant-Generated Attachments (Attachments A and B):

- Use the provided form as a cover for your grantee-generated attachments. Do not write or insert any other content directly on the provided form.

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APPLICANT-GENERATED ATTACHMENTS

APPLICANT'S NAME (FISCAL AGENT) - LEA OR ENTITY NAME	APPLICANT'S REGION COUNTY DISTRICT TYPE CODE
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INSTRUCTIONS: As needed, refer to the instructions on Attachment 14.

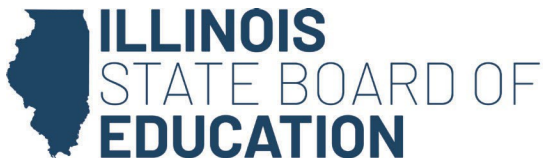
Attachment 14A of the proposal must include all relevant Memoranda of Understanding (MOUs). **No Page Limit**

All MOUs must include, at a minimum, the following information:

- The entity name of all parties on the MOU;
- The dates for which the MOU will be valid;
- **Wet ink** signatures (and date), printed name, and title of individuals authorized to commit the partners' staff and/or resources to the grant (see below for authorized individuals);
- A description of the collaboration among the co-applicants regarding the planning and design of the program;
- An assurance that the 21st CCLC program was developed together with the LEA, the building principals, and the teachers, and that the program will be carried out in collaboration with all parties;
- A description of each co-applicant's role in the delivery of services;
- An explanation of how resources will be shared to carry out each co-applicant's role;
- An explanation of how each co-applicant will have significant and ongoing involvement in the management and oversight of the program;
- A description of how the students will be chosen for the program;
- A clear description of the linkage between the school day and the 21st CCLC programming; and
- A description of how and when data, surveys, and information about the 21st CCLC will be collected, compiled, and shared over the term of the grant, including surveys of students, parents, and teachers; a comparison of students' grades for the first and fourth quarters; and the collection of state assessment scores.

Include a MOU between the parties of all relevant relationships. An MOU must be submitted for relationships including, but not limited to:

- Primary Applicant and Co-Applicant(s)
 - o MOUs involving LEAs must have the District Superintendent's signature;
 - o MOUs involving CBOs must have the signature of the proposed project director AND senior executive (e.g. CEO) of the CBO.
 - o If an application has multiple co-applicants, separate MOUs must be submitted between the primary applicant and each co-applicant;
 - o If an LEA applicant is unable to partner with another eligible entity in reasonable geographic proximity and of sufficient quality, the LEA must upload a letter that demonstrates their efforts to identify and obtain a co-applicant and an explanation of why they were unable to partner to maintain eligibility for priority points.
- Primary Applicant and each school that is proposed to be served
 - o The principal of each school must sign their applicable MOU.
 - o The proposed project director AND senior executive/official (whether an LEA or a CBO) must sign such MOU(s).



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INSTRUCTIONS: As needed, refer to the instructions on Attachment 14.

Provide a sample program schedule of operation for one week of programming for each location. If summer programming is taking place, provide a sample schedule for one week of summer programming, as well. For each activity proposed in the sample schedule, provide the name of the proposed activity; rationale for the proposed activity; a description of the proposed activity, including covered content; the frequency of the proposed activity (e.g., daily, weekly); the number of sessions the proposed activity will meet; the length of each session of the proposed activity (e.g., 1 hour); and the target population for the proposed activity (e.g., grade levels, parents, etc.). **No page Limit)**