Nita M. Lowey
21st Century Community Learning Centers

4-Year Grant (Summer 2025 - Spring 2029)

ARKANSAS DEPARTMENT OF EDUCATION

INTRODUCTION

Created in 1994 through the reauthorization of the Elementary and Secondary Education Act of 1965 (ESEA) by the Improving America's Schools Act and expanded through the No Child Left Behind Act of 2001 (NCLB), the Nita M. Lowey 21st Century Community Learning Centers (21st CCLC) program was reauthorized in 2015 in Title IV, Part B of the ESEA by the Every Student Succeeds Act (ESSA). 21st CCLC programs provide academic enrichment and support a well rounded education, including a broad array of additional services, programs, and activities during non-school hours or periods when school is not in session, such as before and after school, weekends, summer, or during school breaks.

GRANT DESCRIPTION

The Nita M. Lowey Arkansas 21st Century Community Learning Centers (21st CCLC) program supports the creation of community learning centers that provide academic enrichment during non-school hours for children, particularly students who attend high-poverty and low-performing schools. 21st CCLC programs help students meet state and local standards in core academic subjects, such as reading, literacy, math, and science; offers students a broad array of enrichment activities that can complement their regular academic programs; and offers literacy and other educational services to the families of participating children. Arkansas 21st CCLC Programs are not a part of the Expanded Learning Program (ELP)

Application Timeline
November 15, 2024 - Intent to Apply and Application Released
January 31, 2025 - 21st CCLC Applications are Due by 11:59 PM CST
February 5, 2025 - Applications Dispersed to Reviewers
February 28, 2025 - Application Scores and Comments Due
March 14, 2025 - Awarded Grantees Notified

All applicants receiving the grant must begin programming by October 1, 2025, however, programs may start programming as early as May 1, 2025. Please review the application and note the following Technical Assistance opportunities that may help as you begin filling out the application.

November 20, 2024 - Zoom Link
December 4, 2024 - Zoom Link
December 18, 2024 - Zoom Link

All applicants must provide documentation of a Public Notice given to the community regarding the targeted site this grant will serve. Previously awarded applicants must complete Section 1 accurately to continue in the review process.

DIRECTIONS:

1. ☑ Complete the Intent to Apply for the 21st CCLC 2025-2026 Grant by the required date.

2. ☑ DESE will communicate acceptance or denial of the Intent to Apply.

3. ☑ Download/Make a personal copy of the application workbook.

4. ☑ Complete all sections of the application and other required documents.

5. ☑ Applications and other required documents **must** be submitted by 11:59 PM on January 31, 2025, using the GRANT SUBMISSION LINK .

Applicants will need to reference the Resources Section below. We ask that you please fully review the Arkansas 21st CCLC Grant Guidance document before submitting the 21st CCLC grant application. For additional technical assistance with the application and grant guidance, the DESE 21st CCLC Program Office will provide virtual meetings listed above to allow potential applicants the opportunity to fully understand the guidance and the expectations of 21st CCLC programs in Arkansas.

Arkansas 21st CCLC Grant Guidance
Arkansas 21st CCLC Website
Title IV, Part B, of the Elementary and Secondary Education Act (ESEA), as amended by the Every Student Succeeds Act (ESSA)
21st CCLC Program Information
21st CCLC Non-Regulatory Guidance

All applications will be scored by a minimum of three (3) trained, out-of-state reviewers.

Applicants who achieve a rating of **"Meets Standard"** in all sections (Scoring Rubric) will move to the priority round for review.

Priority points will be added to the calibrated score and are determined by the corresponding graphic.

Applicants that wish to appeal a grant award decision can find information in the Grant Guidance Handbook.

Priority Points (added by ADE-DESE)	Possible Points
This application is for a program that has never received 21st CCLC funding	10 Points
This application is for a program located in a county with no 21st CCLC programs. (MAP)	5 Points
This application is for a program that has no other 21st CCLC program within a 30-mile radius (MAP)	5 Points
This application is for a program for a School-Wide Title-1 School	5 Points
This application describes how evidence-based practices will be used to increase student attendance and intellectual engagement	5 Points
This application provides programming for summer (minimum of 64 hours)	5 Points
Possible Priority Points Available	**35 Points**
This application is for a previously awarded site that did not meet monthly and yearly required fiscal, programmatic, and program data requirements on time and in an accurate manner. (Negative points will be applied to the applicant that meets this criteria)	**-15 Points**

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APPLICANT INFORMATION

Organization/District Information

Unique Number Approved by ADE-DESE		Application Type	Re-Application (Has been awarded a 21st CCLC grant under the DUNS and Tax ID listed)	Entity Type	Local Education Agency
Name		Unique Entity Number (UEI)*		Tax ID Number(TIN)**	
Organization's Superintendent/CEO		Phone #	Alternate #	Email	
Organization's Fiscal Agent (If different than above)		Phone #	Alternate #	Email	
Organization's Mailing Address		City, State Zip code		County	

Program Information

Site Address		City, State Zip code		County	
Organization's Point of Contact Program Director's Name		Phone #	Alternate #	Email	
Site Coordinator's Name (#2)		Phone #	Alternate #	Email	
Site Coordinator's Name		Phone #	Alternate #	Email	
School District Served		Grades Served by Program			

Target School(s) Information

| Targeted School Name(s)*** | School-wide Information | | | | | Number of Targeted Students | | | | |
	District Name	School Enrollment	Grades Served by school	Free and Reduced Lunch Rate	Most Recent School Letter Grade / Rating	SUMMER	Before School	After School	Modified	Totals
Tim Bullington	Bullington District	400	K-5			30		100	50	180
										0
										0
										0
										0
					TOTALS	30	0	100	50	**180**
					DAILY REGULAR ATTENDANCE GOAL ****	30		80		

* UEI	Please enter numbers only. Example: 123456789. Refer to the fact sheet linked regarding the transition from DUNS numbers to Unique Entity Identifiers.
** Tax ID	Please enter numbers only. Example: 123456789
*** Schools	Students may be pulled from a maximum of 3 schools within one district.
****Attendance Goal	In general, a 21st CCLC program receiving full funding will serve 80-100 students on average daily. Regular attendees are students who attend a minimum of 100 hours of programming per year.

Letter of Support

☑ **Provide a signed letter of support from the Superintendent for each participating school.**
Upload using the Grant Submission Link provided in your Intent-to-Apply approval email.
(Acceptable file types: pdf)
(Title: School Name.Document Name)

Assurances

☑ I understand that programming must be operational by October 1, 2025

☑ **Provide a signed PROGRAM ASSURANCE document.**
Upload using the Grant Submission Link provided in your Intent-to-Apply approval email.
(Acceptable file types: pdf)
(Title: School Name.Document Name)

1A Describe how the 21st CCLC site will supplement and not supplant other Federal, State, and local public funds expended to provide programs and activities authorized by 21st CCLC. Consider ways to enhance and expand day school offerings.

TYPE HERE - THE BOX SHOULD EXPAND

NEEDS ASSESSMENT

(Be thorough in the information provided below to answer, "Why does this target site need out-of-school time programming?"
The following resources are needed to complete this section: Youth for Youth Needs Assessment tool, ADE Data Center, & My School Info.)

Survey of Student Needs

Provide the "Youth for Youth" needs assessment tool.
Upload using the Grant Submission Link provided in your Intent-to-Apply approval email.
(Acceptable file types: pdf)
(Title: School Name.Document Name)

Survey Information		
	# of Students Surveyed	
	# of Teachers Surveyed	
	# of Families Surveyed	
	# of Community Members Surveyed (Non-student families)	

4A	Based on the data collected, describe the academic needs of the target population.	TYPE HERE - THE BOX SHOULD EXPAND
4B	Based on the data collected, describe the action steps the program will take to address the identified needs and close the achievement gaps. Provide evidence of previous success in operating out-of-school programming including evidence of student recruitment, student retention, and attainment of academic outcomes.	TYPE HERE - THE BOX SHOULD EXPAND
4C	Describe the process and timeframe in which the Family and Community needs assessment survey was administered. Based on the data collected, describe the identified family and community needs.	TYPE HERE - THE BOX SHOULD EXPAND
4D	Based on the data represented above, describe the action steps the program will take to address the identified family and community needs and how families will have the opportunity for active and meaningful engagement in their student's education and the 21st CCLC program.	TYPE HERE - THE BOX SHOULD EXPAND

VISION, MISSION, & GOALS
(Goals must be measurable and will be utilized in the Grants Management for the Annual Performance Report. Support for writing smart goals can be found here.)

Program Vision

7A	Describe the program's vision. The program vision is a vital piece that guides long term planning and goals that will evolve the program over time. (Where do we want to go?)	*TYPE HERE - THE BOX SHOULD EXPAND*

Program Mission

7B	Describe the program's mission. The program mission is key for creating focus and grounding work in the near term. (What is our purpose?)	*TYPE HERE - THE BOX SHOULD EXPAND*

Program Goals

In the table below, list the objectives, activities, performance measures, and assessment strategies for each of the three (3) 21st CCLC program goals. A partial example is shown below to assist applicants.

A. Objectives, performance measures, and activities may differ for elementary, middle, and high schools, if all are served under the same grant

B. Programs are required to use separate tables for each program sites if they serve youth in different types of schools (e.g., school age K-6th or youth 4th-12th).

C. The table must list the following three (3) goals:

I.	**Improve Academic Achievement**	**REQUIRED** - Provide at least two ELA grade measures and two math grade measures.
II.	**Improve Social and Behavioral Outcomes**	**REQUIRED** - Choose a minimum of 2 and a maximum of 4 measures from the following list: Healthy Choices, Social/Emotional Learning, In-School or Afterschool Behavior, College and Career Readiness.
III.	**Increase Family Involvement**	**REQUIRED** - Use the following measures: Involvement in Student's Education at Home and Involvement with Student's School.

Ensure the following exist when reviewing performance measures:

- Each goal should have at least two (2) objectives, and directly correlate with the academic needs identified in the needs assessment data provided.
- Performance measures that fall under each objective must be measurable, specific, timely, challenging, and achievable.
- Applicants must utilize evidence-based curriculum to guide their program content and activities.
- A combination of other measures of continuous academic progress such as report card grades, teacher surveys, local assessments, etc. should be utilized.

TARGETED SCHOOL(s): _____ **SCHOOL TYPE:** _____

Program Goal	Program Objectives	Program Activities	Performance Measures	Assessment Strategies
Improve Academic Achievement Outcomes				
Improve Social and Behavioral Outcomes				
Increase Family Involvement				

TARGETED SCHOOL(s): _____ **SCHOOL TYPE:** _____

Program Goal	Program Objectives	Program Activities	Performance Measures	Assessment Strategies
Improve Academic Achievement Outcomes				
Improve Social and Behavioral Outcomes				
Increase Family Involvement				

TARGETED SCHOOL(s): _____ **SCHOOL TYPE:** _____

Program Goal	Program Objectives	Program Activities	Performance Measures	Assessment Strategies
Improve Academic Achievement Outcomes				
Improve Social and Behavioral Outcomes				
Increase Family Involvement				

TARGETED SCHOOL(s):	**EXAMPLE ELEMENTARY SCHOOL**		**SCHOOL TYPE:**	SCHOOL AGE K-6
Program Goal	**Program Objectives**	**Program Activities**	**Performance Measures**	**Assessment Strategies**

Improve Academic Achievement	1. Increase reading comprehension skills among regular participants	1.1.1 High-leverage tutoring 1.1.2 Small group reading 1.1.3 Independent reading program 1.1.4 I - LEARN 1.1.5 Power Hour homework help and academic enrichment	1.1 – 1.5) 50% of Raising Attainment Plans (RAP) will maintain a B or better or improve their E/LA grade from fall to spring. 1.1 – 1.5) 70% of RAPs will maintain grade level	School grade data School academic assessment School grade data School academic
	2. Increase mathematics achievement among regular participants	1.2.1 High-leverage tutoring 1.2.2 Math games 1.2.3 Project LEARN 1.2.4 Power Hour homework help and academic enrich	increase their score on the reading portion of the sc____minister____ acad____ benc____ asse____ from fa____ sprin____ 2.1 – 2.4) 50% of RAPs will maintain ____ better or improve th____ grade from fall to s____ 2.1 – 2.4) 70% of ____ will maintain grade level performance or increase ____ing portion of the school administered academic benchmark assessment from fall to spring.	
Improve Social and Behavioral Outcomes	1) Support social and emotional learning 2) Improve interest in STEM and STEM Careers, and support the development of a STEM identity	2.1.1) Triple Play physio-social group activities 2.1.2) Participation in the prosocial modeling and culture of learning inherent in the BGCA Club Model 2.1.3) Formal BGCA character-building activities 2.2.1) Think like a Scientist program 2.2.2) Regular informal STEM activities 2.2.3) Socialization in a culture of learning and discovery that promotes a scientific identity and reasoning from evidence	2.1.1 – 2.1.3) 65% of regular participants will improve by at least one point on an index of interpersonal skills growth based on the annual teacher survey. 2.1.1 – 2.1.3) 65% of regular participants will improve by at least one point on an index of individual resilience growth based on the annual teacher survey. 2.2.1 – 2.2.3) 60% of RAPs will score at least a 32 (of 40) on a survey of STEM Interest and Identity administered in the spring, or increase their score from fall to spring	
Increase Family Involvement	1) Improve family engagement in child's education and development 2) Improve communication between school and parents to assist in education	3.1.1) Literacy focused family night events 3.1.2) Recreational family night events for community building and family bonding 3.1.3) relationship building between staff and families 3.2.1) Newsletter to parents with input		

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SITE CALENDAR & PROFILE

TOTAL PROGRAM HOURS
(≥ 300 hours is required)   **320**

Calendars					
SUMMER - SITE OPERATIONS					
Service Dates (ex. 9/22, 10/23, etc.)	10/1-05/31				
	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Start Time	8:00		8:00		8:00
End Time	2:00		2:00		2:00
Hours	6		6		6
Total Service Days	6		Total Services Hours (SUM)		36

BEFORE SCHOOL - SITE OPERATIONS					
Start Date ___ End Date ___	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Start Time					
End Time					
Hours					
Non-Service Dates (ex. 9/22, 10/23, etc.)					
Total Service Days			Total Services Hours		

AFTER SCHOOL - SITE OPERATIONS					
Start Date ___ End Date ___	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Start Time	3:30		3:30		3:30
End Time	6:30		6:30		6:30
Hours	3		3		3
Non-Service Dates (ex. 9/22, 10/23, etc.)					
Total Service Days			Total Services Hours		270

MODIFIED (Weekend, Holiday, Breaks, Early Release, Other) - SITE OPERATIONS					
Service Dates (ex. 9/22, 10/23, etc.)	11/5, 03/18 PT Conf				
	Weekend	**Holiday**	**Breaks**	**Early Release**	**Other**
Start Time					8:00
End Time					3:00
Hours					7
Total Service Days	2		Total Services Hours (SUM)		14

Staffing		
STAFF		
2B	List the positions, job descriptions, responsibilities for each staff member.	*TYPE HERE - THE BOX SHOULD EXPAND*
2C	Describe the hiring process and the plan for recruiting and retaining high quality staff members.	*TYPE HERE - THE BOX SHOULD EXPAND*
2D	Describe the process for recruiting volunteers and how they can aid in program sustainability.	*TYPE HERE - THE BOX SHOULD EXPAND*
Academic Staff to Student Ratio		**Enrichment Activities Staff to Student Ratio**

PROGRAM DESIGN

(Complete all questions and the appropriate schedules based on the Program's Site Calendar. A limited daily schedule example is provided below.
All program activities, academic, enrichment, etc., should be included in the schedule.)

DESCRIPTIONS

☑ **Provide the Program Safety Plan and Handbook.**
Programs should have well written documented policies and procedures that provides students, families, staff, communities and other stakeholders information, expectations, timelines, etc. about the program. Policies and procedures should address everything that pertains to the daily, monthly, and yearly operations of the program.
(Acceptable file types: pdf)
(Title: School Name.Document Name)

☑ I understand snacks and/or meals must be provided to all participating students and that 21st CCLC funds cannot be used to purchase the snacks and/or meals. Additionally, I understand snacks and/or meals must be approved by the U.S. Department of Agriculture (USDA) and the Arkansas Department of Education's Child Nutrition Unit.
(Programs are encouraged to work with the target school's cafeteria staff or other meal providers.)

3A	Briefly describe the program from the perspective of the students, teachers, and families who encounter it daily.	*TYPE HERE - THE BOX SHOULD EXPAND*
3B	Describe how the program schedule will be based upon an assessment of objective data regarding the need for before and after school (including during summer, weekends, and holiday breaks) programs and activities for the school(s) and community.	*TYPE HERE - THE BOX SHOULD EXPAND*
3C	Describe how the program will provide opportunities for academic enrichment, including providing tutorial services to help students meet the challenging State academic standards.	*TYPE HERE - THE BOX SHOULD EXPAND*
3D	Describe how the program will offer students a broad array of additional services, programs, and activities that are designed to reinforce and complement the regular academic program of participating students. (Examples of a diverse range of activities include youth development activities, service learning, nutrition, and health education, drug and violence prevention programs, counseling programs, arts, music, physical fitness and wellness programs, technology education programs, financial literacy programs, environmental literacy programs, mathematics, science, career and technical programs, internship or apprenticeship programs, and other ties to an in-demand industry sector or occupation for high school students.)	*TYPE HERE - THE BOX SHOULD EXPAND*

Program Quality

☑ **New Applicants must provide a certificate of completion for the free online Continuous Quality Improvement (CQI) course provided by the Forum for Youth Investment (Weikert).**
Upload using the Grant Submission Link provided in your Intent-to-Apply approval email.
(Acceptable file types: pdf)
(Title: School Name.Document Name)

Master Schedule

TIME FRAME	Summer				
Activities (Sessions)/ Meals (Snacks) **Grade Level(s) Served**					
Activity / Session Times	**Monday**	**Wednesday**	**Friday**		**Saturday**
7:30AM-8:30AM	Homework Help	Homework Help	Homework Help		
3:30PM-3:45PM	Check-In and Snack/Student Reflections	Check-In and Snack/Student Reflections	Check-In and Snack/Student Recognitions		
8:00AM-2:00PM					Youth Sports Intramurals

Activity / Session	**Description of Each Activity** (Master Schedule)	**Student Targeted Goal(s) Aligned to Activity**	**Arkansas State Standard(s) Aligned to Activity**
Homework Help	Morning session for any student who needs assistance with school day needs.	Goal: Improve academic performance in the classroom. Based on staff administered sessions, 50% of students with regular attendance who have a GPA of less than 3.0 will improve.	All literacy and math standards specific to the student's course
Check-In and Snack/Student Reflections/Recognitions	Snack time and opportunity to reflect on the week and recognize student from each team who have excelled during the week.	Provide program participants with activities that promote self-reflection, provide opportunities for discussion, encourage participants to explore new concepts, and work together. 75% of students will share an overall satisfaction with the program utilizing a pre and post survey.	21st CCLC Snack Requirement

(EXAMPLE stamp overlaid on Master Schedule table)

TIME FRAME	Summer
Activities (Sessions)/ Meals (Snacks) **Grade Level(s) Served**	

Activity / Session Times					

Activity / Session	Description of Each Activity on Master Schedule	Grant Awarded Goal(s) Aligned to Activity	Arkansas State Standard(s) Aligned to Activity

TIME FRAME   **Before School**

Activities (Sessions)/ Meals (Snacks) Grade Level(s) Served					
Activity / Session Times					

Activity / Session	Description of Each Activity on Master Schedule	Grant Awarded Goal(s) Aligned to Activity	Arkansas State Standard(s) Aligned to Activity

TIME FRAME   **After School**

Activities (Sessions)/ Meals (Snacks) Grade Level(s) Served					
Activity / Session Times	Monday	Wednesday	Friday		
3:30-3:45	Check-in/Snack	Check-in/Snack	Check-in/Snack		
3:45-4:15	Free Play (K-2) - Biweekly Homework help (3-5) - Biweekly	Free Play (K-2) Homework help (3-5)	Free Play (K-2) Homework help (3-5)		
4:15-4:45	Free Play (3-5) Homework help (K-2)	Free Play (3-5) Homework help (K-2)	Free Play (3-5) Homework help (K-2)		
4:45-5:00	STEM				
6:30					

Activity / Session	Description of Each Activity on Master Schedule	Grant Awarded Goal(s) Aligned to Activity	Arkansas State Standard(s) Aligned to Activity

TIME FRAME   **Modified**

Activities (Sessions)/ Meals (Snacks) Grade Level(s) Served					
Activity / Session Times					

Activity / Session	Description of Each Activity on Master Schedule	Grant Awarded Goal(s) Aligned to Activity	Arkansas State Standard(s) Aligned to Activity

FACILITY & TRANSPORTATION
(Be thorough in the information provided below to ensure adequate space for out-of-school time programming.)

Documentation

☑ **Provide the photos of all utilized spaces including academic, enrichment, and transportation spaces.**
Upload using the Grant Submission Link provided in your Intent-to-Apply approval email.
(Acceptable file types: pdf)
(Title: School Name.Document Name)

Descriptions

5A Describe the location of the facility within the community and its accessibility for all students and considers the need of working families.

TYPE HERE - THE BOX SHOULD EXPAND

5B Describe how the spaces will be conducive to the services and curriculum offered by the program. Provide details on how the spaces are safe and secure for students and staff.

TYPE HERE - THE BOX SHOULD EXPAND

5C Describe the process used for determining transportation needs of students and how safe transportation to and from the program will be provided for all students.

TYPE HERE - THE BOX SHOULD EXPAND

COMMUNICATION
(Include details as the frequency and mode of communication with all stakeholders for each question. Stakeholders include students, families, community members, school staff, etc.)

Public Notice

☑ **Provide evidence that the public was notified of your intent to apply for the 21st CCLC Grant.**
A newspaper clipping and/or image captured of the announcement posted on the school website will be the only accepted proof of notice.
Upload using the Grant Submission Link provided in your Intent-to-Apply approval email.
(Acceptable file types: pdf)
(Title: School Name.Document Name)

Communication

7A Provide details on the program's communication plan which includes **All** involved stakeholders (i.e. school, students, families, community, program partners, etc.)
(Participants, Frequency, and Duration)
(At Minimum Quarterly Family/Community Communications is Required)

TYPE HERE - THE BOX SHOULD EXPAND

Total Number of Meetings [   ] **Total Number of Targeted Student-Focused Data Meetings** [   ]

7B Describe the plan of ongoing communication with the principal, school leadership teams, and targeted students' teachers.
(Participants, Frequency, and Duration.)

TYPE HERE - THE BOX SHOULD EXPAND

Parent & Family Engagement

7C Describe opportunities, frequency, and duration for activities that provide meaningful engagement for parents and families of students participating in the 21st CCLC program.
(Please provide dates if known)

TYPE HERE - THE BOX SHOULD EXPAND

Total Number of Sessions [   ] **Total Number of Adult Family Members Served** [   ]

ALLOCATION OF FISCAL RESOURCES

<div align="center">**Budgets**</div>

All approved grantees will receive funding for 4-Years. Funds will be increased or reduced, Grant Guidance page 17, based on the program's average daily attendance. A partial completed budget example is provided below. Applicants should adhere to Grant Guidance when completing the budget.

PROGRAM YEAR	1 of 4		
Yearly Budget Amount:	**$200,000.00**		
	Award Amount		

BUDGET ITEM	BUDGETED AMOUNT	%	DETAILED EXPLANATION OF EXPENDITURES
Certified Salaries	$80,000.00	40.00%	PD $30 x 350 = 10150 SC $25 x 350 = $7500 Certified $20 x 330 x 10 = 66000
Certified Benefits (FICA, Medicare & Retirement)	$17,000.00	8.50%	22% estimate
Classified Salaries		0.00%	
Classified Benefits (FICA, Medicare & Retirement)		0.00%	
Substitute Teachers		0.00%	
Purchase Services	$10,000.00	5.00%	Dance Instructor $2000 Tae Kwon do $2500 Coding Teacher $2000 Athletic Coaching volleyball basketball soccer $3500
Student Transportation	$25,000.00	12.50%	2.52 x 10000 =
Professional Development/Trainings (Including Travel)	$5,000.00	2.50%	April C2onf 2 days = 2 nights @ $107 @ food June 2 day conf = FAll 2 days Winter 2 day
Materials and Supplies/Equipment	$38,000.00	19.00%	4 Tvs portable @ 250 = 10000 10 portable smarts board (vibe) @ 1000 = 10000 5 Sewing machines @ $200 = 10000 15 walkie-talkies @ 100 = 1500
Background Checks	$1,000.00	0.50%	
Indirect Cost Rate	$24,000.00	12.00%	
TOTALS	**$200,000.00**	**100.00%**	

PROGRAM YEAR	2 of 4		
Yearly Budget Amount:	**$200,000.00**		
	Award Amount		

BUDGET ITEM	BUDGETED AMOUNT	%	DETAILED EXPLANATION OF EXPENDITURES
Certified Salaries		0.00%	
Certified Benefits (FICA, Medicare & Retirement)		0.00%	
Classified Salaries		0.00%	
Classified Benefits (FICA, Medicare & Retirement)		0.00%	
Substitute Teachers		0.00%	
Purchase Services		0.00%	
Student Transportation		0.00%	
Professional Development/Trainings (Including Travel)		0.00%	June 2 day conf = FAll 2 days Winter 2 day Beyond school 3 days @ $190 per night food, plane
Materials and Supplies/Equipment		0.00%	
Background Checks		0.00%	
Indirect Cost Rate		0.00%	
TOTALS	**$0.00**	**0.00%**	

PROGRAM YEAR	3 of 4		
Yearly Budget Amount:	**$180,000.00**		
	Award Amount		

BUDGET ITEM	BUDGETED AMOUNT	%	DETAILED EXPLANATION OF EXPENDITURES
Certified Salaries		0.00%	
Certified Benefits (FICA, Medicare & Retirement)		0.00%	
Classified Salaries		0.00%	
Classified Benefits (FICA, Medicare & Retirement)		0.00%	
Substitute Teachers		0.00%	
Purchase Services		0.00%	
Student Transportation		0.00%	
Professional Development/Trainings (Including Travel)		0.00%	
Materials and Supplies/Equipment		0.00%	
Background Checks		0.00%	
Indirect Cost Rate		0.00%	
TOTALS	**$0.00**	**0.00%**	

PROGRAM YEAR	4 of 4		
Yearly Budget Amount:	**$160,000.00**		
	Award Amount		

BUDGET ITEM	BUDGETED AMOUNT	%	DETAILED EXPLANATION OF EXPENDITURES
Certified Salaries		0.00%	
Certified Benefits (FICA, Medicare & Retirement)		0.00%	
Classified Salaries		0.00%	
Classified Benefits (FICA, Medicare & Retirement)		0.00%	
Substitute Teachers		0.00%	
Purchase Services		0.00%	
Student Transportation		0.00%	
Professional Development/Trainings (Including Travel)		0.00%	
Materials and Supplies/Equipment		0.00%	
Background Checks		0.00%	
Indirect Cost Rate		0.00%	

TOTALS	$0.00	0.00%	

Salary Schedule

Schedule should include all positions paid by 21st CCLC grant funds. Applicants should adhere to Grant Guidance when completing the budget.

POSITION	HOURLY RATE

PROGRAM YEAR	1 of 4		
Budget Amount:	$200,000.00		
	Award Amount		

BUDGET ITEM	BUDGETED AMOUNT	%	DETAILED EXPLANATION OF EXPENDITURES
Certified Salaries	$94,000.00	47.00%	Program Director: $40/hr x 5hr/day x 100days = $20,000, Site Coordinator: $35/hr x 4hr/day x 100days = $14,000, Certified Staff(6): $25/hr x 4hr/day x 100 days = 60,000,
Certified Benefits (FICA, Medicare & Retirement)	$21,291.00	10.65%	94,000 x 22.65%
Classified Salaries	$10,800.00	5.40%	
Classified Benefits (FICA, Medicare & Retirement)	$2,446.20	1.22%	10800 x 22.65%
Substitute Teachers	$1,800.00	0.90%	$15/hr x 120 hrs
Purchase Services	$6,000.00	3.00%	STEM workshops $60 x students $3,000, Engaging students in the Arts $30 x 2 students , Taekwon 2.50 x 20 students = 2,250
Student Transportation	$11,300.00	5.67%	$2.00 x 4 buses
Professional Development/Trainings (including travel)	$3,500.00	1.75%	Travel, Hotel, Beyond Sc and Meals for new Program Training (2 days in April), Summer Institute (2 days June), PD Basi (2 Days in October), Planning with Data (2 D January), Sch Hou (2 Days in July out of state) for two people.
Materials and Supplies/Equipment	$40,322.80	20.16%	Daily Products (pens, pencils, highlighters, paper, crayons, color pencils, markers) (linked) $3,500, ELA Curriculum (specified) $5,500, Math Curriculum (specified) $4,500, 3D Printer $1,500, PE Equipment (specified) $2,000, Portable Vibe Boards (6) $6,500, Sewing Machines (12) $3,600, variety of board games $1,000, Walkie talkies $500,
Background Checks	$500.00	0.25%	As needed for staff
Indirect Cost Rate	$8,000.00	4.00%	4% provided by state
TOTALS	$200,000.00	100.00%	

15

EQUITABLE ACCESS

☐ I understand 21st CCLC programs may not charge participation fees during the grant program and grant period.
(Grant Guidance)

Consultation

☐ **Provide the required Private School Consultation Form.**
Upload using the Grant Submission Link provided in your Intent-to-Apply approval email. Private school(s), within the targeted school's boundaries, must be consulted. A list of private schools can be found here.
(Acceptable file types: pdf)
(Title: School Name.Document Name)

6A Describe the process for contacting and communicating with private and homeschool students of the opportunity to participate in the 21st CCLC program.

> TYPE HERE - THE BOX SHOULD EXPAND

Equal Access

☐ I understand that Private school and homeschool students residing in the attendance area of the targeted school shall be given an opportunity to enroll in the program.

6C Describe how equitable access to quality programming activities will be provided to students including but not limited to persons with disabilities who reside in the attendance area of the targeted school.

> TYPE HERE - THE BOX SHOULD EXPAND

Student Identification

☑ I understand for students to enroll they must have or will obtain a ten-digit State identification number (ID). Failure to obtain ten-digit State Identification numbers within five (5) days upon the student enrolling may result in the site being suspended and/or program closure.

6B Describe how the program will obtain student data such as the State student 10-digit identification number (ID) and other required data in the Arkansas 21st CCLC Guidance.

> TYPE HERE - THE BOX SHOULD EXPAND

PROGRAM EVALUATION & PROFESSIONAL DEVELOPMENT

Local Evaluation	

10A	Describe how the program will ensure that measures of student success align with the regular school day academic program and the academic needs of participating students.	*TYPE HERE - THE BOX SHOULD EXPAND*
10B	Describe how the program will reflect on program data collected and improve program components as a process of Continual Quality Improvement.	*TYPE HERE - THE BOX SHOULD EXPAND*

State Reporting

☐ I agree to collect, review, and report data as directed by the ADE-DESE for all students participating in the 21st CCLC programming during the school year and summer.

10C	Describe the program's assessment strategies and how it will collect the data necessary to measure program goals.	*TYPE HERE - THE BOX SHOULD EXPAND*

Federal Reporting

The U.S. Department of Education is subject to the Government Performance and Results Act and the GPRA Modernization Act of 2010 (GPRA). The provisions of GPRA require that all entities receiving Federal Funds report quantifiable data annually to the Federal Government. The implementation guide provides specific information for reporting and requirements for 21st CCLC programs. Some of the GPRA standards may not be applicable to all programs.

☑ If applicable, I agree to collect, review, and report data as directed by the ADE-DESE for students in grades 4-8 participating in 21st CCLC programming during the school year and summer to determine the percentage of growth in reading, language arts, and mathematics on state assessments.

☐ If applicable, I agree to collect, review, and report data as directed by the ADE-DESE for students in grades 7-8 and 10-12 participating in 21st CCLC programming during the school year and summer with a prior-year unweighted GPA of less than 3.0 GPA to determine an improved GPA.

☑ If applicable, I agree to collect, review, and report data as directed by the ADE-DESE for students in grades 1-12 participating in 21st CCLC programming during the school year to determine the percentage of students that had a school day attendance rate at/or below 90% in the prior school year and that demonstrated an improved attendance rate in the current school year.

☑ If applicable, I agree to collect, review, and report data as directed by the ADE-DESE for students in grades 1-12 participating in 21st CCLC programming during the school year and summer to determine the percentage of students that experienced a decrease in in-school suspensions compared to the previous school year.

☑ If applicable, I agree to collect, review, and report data as directed by the ADE-DESE for students in grades 1–5 participating in 21st CCLC programming during in the school year and summer to determine an improvement in teacher-reported engagement in learning.

Professional Development

☑ I agree to attend all professional develop sessions required by the ADE-DESE 21st CCLC Program Office.

SUSTAINABILITY & PARTNERS

<table><tr><td colspan="3" align="center">Sustainability</td></tr>
<tr><td>12A</td><td>Describe the grantee's plan for continued sustainability for **YEAR-1** of 21st CCLC program. Include any resources, partnerships, and collaborations to support 21st CCLC program and the methods they will use to help support program</td><td>*TYPE HERE - THE BOX SHOULD EXPAND*</td></tr>
<tr><td>12B</td><td>Describe the grantee's plan for continued sustainability for **YEAR-2** of 21st CCLC program. Include any resources, partnerships, and collaborations to support 21st CCLC program and the methods they will use to help support program</td><td>*TYPE HERE - THE BOX SHOULD EXPAND*</td></tr>
<tr><td>12C</td><td>Describe the grantee's plan for continued sustainability for **YEAR-3** of 21st CCLC program. Include any resources, partnerships, and collaborations to support 21st CCLC program and the methods they will use to help support program</td><td>*TYPE HERE - THE BOX SHOULD EXPAND*</td></tr>
<tr><td>12D</td><td>Describe the grantee's plan for continued sustainability for **YEAR-4** of 21st CCLC program. Include any resources, partnerships, and collaborations to support 21st CCLC program and the methods they will use to help support program</td><td>*TYPE HERE - THE BOX SHOULD EXPAND*</td></tr></table>

Partners Table

Partner Agency Name (Provide the legal name of the partner agency.)	Agency/Organization Type (Select the appropriate type)	Contribution Type (Select the appropriate type)	Contribution Description (Briefly describe the contribution: e.g., 100 volunteer hours, materials for science experiments for 50 students, accounting services)	Identify the Grant Goal(s)/Needs in which the Contribution Aligns (Identify and briefly describe how the contribution supports the 21st CCLC program objectives or needs: e.g., Improve Academic Achievement - science experiments support STEM activities which enrich and expand academic needs of students.)	Letter of Commitment or MOU from Partner is Provided
		CURRICULUM: Any formal curricula contributed to the program at no cost to 21st CCLC. The contribution must be complete and usable, appropriate for the students served by the program and contribute to the program objectives.			☐
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Letters of Commitment

Provide Letters of Commitment or Memorandums of Understanding (MOU) for all partnerships and/or collaborators documenting their commitment to the 21st CCLC program. If not attached, explanation must be provided in the Partners Table Below.
Upload using the Grant Submission Link provided in your Intent-to-Apply approval email. Private school(s), within the targeted school's boundaries, must be consulted. A list of private schools can be found here.
(Acceptable file types: pdf)
(Title: School Name.Document Name)

REFLECTION
(This section is to be completed only if application is for a previously awarded 21st CCLC program)

☑ **Re-Application**
(Program has been previously awarded a 21st CCLC grant under the same DUNS and Tax ID listed)

Rationale

12A	Describe why the current or past 21st CCLC program is requesting additional 21st CCLC funding. Provide previous program success, the progress toward previous grant goals, the results from any 21st CCLC monitoring visits, and any corrective actions that were cited. If corrective actions were cited, describe how the program resolved the issues. Lastly describe how additional funding will be used to enhance and expand current program offerings.	*TYPE HERE - THE BOX SHOULD EXPAND*

PRIORITY POINTS

(The responses provided will be used to determine grant award priority for all grants that move past the peer review phase.)

Check all true statements in the list below

☐ This application is for a program that has never received 21st CCLC funding

☐ This application is for a program located in a county with no 21st CCLC programs. (MAP)

☐ This application is for a program that has no other 21st CCLC program within a 30-mile radius (MAP)

☐ This application is for a program for a Comprehensive or Targeted Support School

☐ This application is a Joint Appication between an LEA and Community Based Organization.

☐ This application describes how evidence-based practices will be used to increase student attendance and intellectual engagement.

☐ This application provides programming for summer (minimum of 64 hours)

☐ **This application is for a previously awarded site that did not meet monthly and yearly required fiscal, programmatic, and program data requirements on time and in an accurate manner.**
(Negative points will be applied to the applicant that meets this criteria)