



21st CCLC EXTERNAL PROVIDER APPLICATION

1. Contact Information

Name of Organization

Name of Authorized Representative

Title of Authorized Representative

Address

City/ State/ Zip Code

Website URL

Email Address

Phone Number

2. What is the organization's mission statement?

3. Select the organization's years of experience in operating, delivering services to or partnering with out-of-school time (OST) programs and activities.

- ☐ 5 years
- ☐ 6-10 years
- ☐ 11-15 years
- ☐ 16 years or more

4. How many staff members are in the organization?

5. How many staff members in the organization have experience working in or providing support to out-of-school time programs?

6. Indicate which activities the organization has five (5) or more years of experience providing or supporting. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Academic Enrichment, including tutorial services | <input type="checkbox"/> Financial Literacy Programs |
| <input type="checkbox"/> Youth Development Activities | <input type="checkbox"/> Environmental Literacy Programs |
| <input type="checkbox"/> Nutrition and Health Education | <input type="checkbox"/> Literacy |
| <input type="checkbox"/> Drug and Violence Prevention Programs | <input type="checkbox"/> Career and Technical Programs |
| <input type="checkbox"/> Counseling Programs | <input type="checkbox"/> Advocacy and/or Public Relations |
| <input type="checkbox"/> Internships or Apprenticeship Programs | <input type="checkbox"/> Mathematics and Science |
| <input type="checkbox"/> Physical Fitness and Wellness Programs | <input type="checkbox"/> Art or Music Programs |
| <input type="checkbox"/> Adult Literacy and Related Educational Development | <input type="checkbox"/> Fiscal Management or Fundraising |
| <input type="checkbox"/> Professional Development or Training for Afterschool Staff | <input type="checkbox"/> Technology Education Programs |
| <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> Service Learning |

7. Indicate the area(s) the organization serves.

- ☐ Statewide ☐ Urban

___ Regional

___ Rural

___ Other (please specify)

--

8. Provide a description of services that the organization has provided for programs serving students in grades PreK-12 during out-of-school time programs.

--

9. Please provide the following information with application.

- Please submit relevant evaluation or research summaries that document the organization's success in running or working with out-of-school time programs. Include the full source where the document is published, if applicable.

- Applicants are required to submit one or more of the following documents demonstrating the organization is a non-profit in good standing in the State of Arkansas:
 1. Copy of letter from the Internal Revenue Service recognizing that contributions to organization are tax deductible under Section 501(c)(3) of the Internal Revenue Code.
 2. Statement from a state taxing body or the state attorney certifying that the organization is a non-profit organization operating within the state and that no part of its net earnings may lawfully benefit any private shareholder or individual.
 3. Certified copy of the applicant's certificate of incorporation or similar document, if it clearly established the non-profit status of the applicant; or if the item submitted applies to a state or national parent organization, it must be submitted together with a statement by the parent organization that the applicant is a local non-profit affiliate. As part of the application process, the applicant will be required to certify that all information is correct.
 4. State of verification that the organization is a governmental agency.
- Provide a copy of the most recent audited financial statement or tax return to demonstrate the organization's financial status and performance.
- External organization must provide three letters of support from partners where similar work was performed.

10. By checking the boxes below, the authorized agent for the organization is certifying he or she has done the following:

____ Read and understood all necessary requirements.

____ Assures that the organization meets the criteria outlined.

____ Assures all sections of this form are complete, including the additional documentation regarding the organization's non-profit status.

____ Assures the contents of this application are completely accurate to the best of his/her knowledge.

11. By checking the boxes below, the applicant certifies that all information contained within each box is accurate.

____ The organization is a non-profit entity in good standing with the State of Arkansas and is not currently included on any state or federal suspended or debarred vendor list.

____ The applicant has read and understands all necessary requirements to become a prescreened external provider.

____ The content of this application is completely accurate to the best of his/her knowledge.

Signature of Authorized Agent Date

Please mail a signed copy to:

Office of Federal Programs
21st CCLC Program Office
Division of Elementary and Secondary Education
Arkansas Department of Education
1401 West Capitol Avenue, Suite 430
Little Rock, AR 72201