

FY 2012
ILLINOIS 21ST CENTURY COMMUNITY LEARNING CENTERS PROGRAM
Cover Page

APPLICANT NAME (Fiscal Agent) LEA OR COMMUNITY ORGANIZATION	REGION, COUNTY, DISTRICT, TYPE CODE	
APPLICANT NAME SUPERINTENDENT OR AUTHORIZED OFFICIAL NAME	SCHOOL YEAR TELEPHONE (Include Area Code)	
APPLICANT ADDRESS (Street, City, State, 9 Digit Zip Code)	SUMMER TELEPHONE (Include Area Code)	
	APPLICANT E-MAIL	
CO-APPLICANT NAME LEA OR COMMUNITY ORGANIZATION 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 E-MAIL	
CONTACT PERSON	CONTACT TELEPHONE (Include Area Code)	FAX (Include Area Code)
CONTACT E-MAIL	COUNTY	

The applicant and co-applicant assures the Illinois State Board of Education (ISBE) that:

- (1) Each 21ST Century Community Learning Center (21ST CCLC) program will be administered in accordance with all applicable statutes, regulations, program plans, and applications;
 - (a) the control of funds provided under each such program and title to property acquired with program funds will be in a public agency or in a nonprofit agency, institution, organization; and
 - (b) the public agency, nonprofit private agency, institution, or organization, will administer the funds and property to the extent required by the authorizing statutes;
- (2) The applicant and co-applicant will adopt and use proper methods of administering each 21ST CCLC program including;
 - (a) the enforcement of any obligations imposed by law on agencies, institutions, organizations, and other recipients responsible for carrying out each 21ST Century Community Learning Center program; and
 - (b) the correction of deficiencies in program operations that are identified through audits, monitoring, or evaluation.

The board-authorized representative understands to the assurances and the responsibilities for compliance placed upon the applicant and co-applicant by the assurances. The applicant and co-applicant will refund directly to ISBE any funds made available to the applicant and co-applicant that may be determined by ISBE or an auditor or evaluator representing ISBE to have been misspent or misapplied.

I certify that the program administrator or contact person identified above is authorized to act on behalf of the institution with 21ST Century Community Learning Centers grant for FY 2012.

A. APPLICANT SIGNATURE(S) (Prior to submission of this application, please review the requirements to receive the competitive priority.)

1. _____	_____	_____
Type/Print Name Superintendent	Signature of Superintendent	Date
2. _____	_____	_____
Type/Print Name of Chief Executive Officer	Signature of Chief Executive Officer	Date

B. FISCAL AGENT (Fiscal agent is responsible for submitting budgets, amendments, expenditure reports, paying bills, etc.)

1. _____	_____	_____
Type/Print Name of Superintendent or Authorized Official	Signature of Superintendent or Authorized Official	Date