

ILLINOIS STATE BOARD OF EDUCATION

Innovation and Improvement Division
 100 North First Street, N-242
 Springfield, Illinois 62777-0001
 217/524-4832

**FY 2013
 ILLINOIS 21ST CENTURY COMMUNITY LEARNING CENTERS PROGRAM
 Cover Page**

Directions: Submit 1 original application, 4 copies, and 2 electronic copies on separate CDs. Faxed copies or other electronic submissions will not be accepted.

APPLICANT NAME (Fiscal Agent) LEA OR ENTITY NAME	REGION, COUNTY, DISTRICT, TYPE CODE	
APPLICANT NAME SUPERINTENDENT OR CHIEF EXECUTIVE OFFICER	SCHOOL YEAR TELEPHONE (Include Area Code)	SUMMER TELEPHONE (Include Area Code)
APPLICANT ADDRESS (Street, City, State, 9 Digit Zip Code)	APPLICANT E-MAIL	
	APPLICANT COUNTY NAME	
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 E-MAIL	
PROGRAM CONTACT NAME	PROGRAM CONTACT TELEPHONE (Include Area Code)	FAX (Include Area Code)
PROGRAM CONTACT E-MAIL		

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 2013.

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

1. _____
 Type/Print Name Superintendent **Original** Signature of Superintendent Date

2. _____
 Type/Print Name of Chief Executive Officer **Original** 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 Chief Executive Officer **Original** Signature of Superintendent or Chief Executive Officer Date