

FY 2013 21<sup>ST</sup> CENTURY COMMUNITY LEARNING CENTERS AFTER-SCHOOL SITES AND SCHOOLS

**INSTRUCTIONS: Complete for each proposed after-school site. (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)	(10)	(11)	(12)	(13)
DISTRICT NAME AND NUMBER	NAME AND ADDRESS OF SCHOOL	PRINCIPAL CONTACT INFORMATION (Name, Address, Telephone Number, E-Mail)	POVERTY RATE	CHECK IF IN FEDERAL SCHOOL IMPROVEMENT STATUS	CHECK IF IN STATE ACADEMIC STATUS	CHECK IF TITLE I FUNDED	CHECK IF TIER I	CHECK IF TIER II	SCHOOL GRADE SPAN	ENROLLMENT	PROJECTED NUMBER OF 21 <sup>ST</sup> CCLC PARTICIPANTS	PROJECTED NUMBER OF 21 <sup>ST</sup> CCLC PARTICIPANTS 30 DAYS OR MORE	GRADES TO BE SERVED BY 21 <sup>ST</sup> CCLC AFTERSCHOOL PROGRAM
1.	<input type="checkbox"/> Previously served by applicant. <input type="checkbox"/> Not previously served by applicant.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
2.	<input type="checkbox"/> Previously served by applicant. <input type="checkbox"/> Not previously served by applicant.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3.	<input type="checkbox"/> Previously served by applicant. <input type="checkbox"/> Not previously served by applicant.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

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1.	<input type="checkbox"/> Previously served by applicant. <input type="checkbox"/> Not previously served by applicant.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
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