

**FY 2015 21ST CENTURY COMMUNITY LEARNING CENTERS (CCLC)
PROGRAM SITES AND SCHOOLS**

INSTRUCTIONS: Complete for each proposed program 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)
DISTRICT NAME AND NUMBER	NAME AND ADDRESS OF SCHOOL	PRINCIPAL CONTACT INFORMATION (Name, Address, Telephone Number, E-Mail)	POVERTY RATE	CHECK IF THIS WILL BE AN ELT SITE	CHECK IF TITLE I FUNDED	PRIORITY SCHOOL	SCHOOL GRADE SPAN	ENROLLMENT	PROJECTED NUMBER OF 21ST CCLC PARTICIPANTS	PROJECTED NUMBER OF 21ST CCLC PARTICIPANTS 30 DAYS OR MORE	GRADES TO BE SERVED BY 21ST CCLC 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"/>					
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"/>					
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"/>					

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