

ILLINOIS 21st CENTURY BIANNUAL COMMUNICATION FORM JANUARY - JUNE

100 North First Street, E-222 Springfield, Illinois 62777-0001

	WELLNESS DEPARTMENT					
GRANTEE NAME			CONTACT PERSON			
COHORT YEAR(S)			GRANT NUMBER			
ISBE CONSULTANT			DATE OF CALL			
STANDARD COMMUNICATION ITEMS FOR EACH BIANNUAL COMMUNICATION						
Program Organization	1.		.g., grantee names, superintendent, program directors, etc.) for your grant? (If			
Project Design	2.	Describe your registration process, noting any recent cha	anges.			
Project Design	3.	How many students do you have registered? How does application? (If you have multiple grants, please list the r	this number compare to the number you projected to serve in your IWAS numbers for each grant.)			
Project Design	4.	How many regular attendees do you have? (A regular at registrations compare to the number of attendees?	tendee attends 46 or more hours of programming.) How does the number of			
Project Design	5.	Did you need to upload a recruitment-and-retention plan	in your most recently submitted application?			
Building Supportive Relationships in After School	6.	What are you doing to involve families in a continuous ar	nd ongoing manner this year?			

Building Supportive Relationships in After School	7.	How is your family programming aligned with what was stated in your most recently submitted application?
Fiscal	8.	Do you have staff time-and-effort sheets in place and available for review if you would receive a monitoring visit or be subject to a fiscal audit?
Fiscal	9.	Are you collecting any program income or fees? If yes, are you maintaining a ledger in the event of an audit? If yes, how will you be spending these funds before the end of the grant cycle?
Sustainability	10.	Please describe the progress that has been made toward ensuring sustainability of programming at the end of grant funding? (If you have multiple [21st CCLC] grants, please provide a response for each grant.)
Sustainability	11.	What key program elements will likely continue or need to be discontinued if your grant funding decreases or ends? (If you have multiple grants, please provide a response for each grant.)
Sustainability	12.	Identify any factors that are preventing you from achieving sustainability? (If you have multiple grants, please provide a response for each grant.)
Sustainability	13.	What is the status of your sustainability timeline? Do you feel your plan is on target? (If you have multiple grants, please provide a response for each grant.)
		• If "Yes," What steps are you currently working on?
		If "No," What assistance can we, our technical assistance partners, or other grantees in the field provide to ensure that you stay on track with this plan?

JANUARY -	JUNE	
Program Organization	1.	How have you modified your recruitment/retention efforts to continue working toward meeting your projected number of students served?
Building Supportive Relationships in After School	2.	Identify the individual family engagement events that have been or will be held separate from the school district's events/activities.
Program Organization	3.	What professional development efforts provided by ISBE's technical assistant or any other entities have taken place separate from the school district?
Quality Assurance	4.	How are you continuing to coordinate with your evaluator to inform programming since submitting your most recent evaluation?
Data Collection	5.	How are the data collection and evaluation methods that you have in place proving to be effective?
Fiscal	6.	To date, are there discrepancies between the budget expenditures and what was proposed? Will you need to submit an amendment?
Program Organization	7.	What preparations have you made for the next grant year (e.g., Memoranda of Understanding, principal letters, private school forms, etc.)?
	8.	What questions do you have for me?
	9.	(Additional box for added ISBE consultant questions)
	10.	Do you need technical assistance with anything? If yes, please specify what type of assistance is needed.