

SUSTAINABILITY PLAN

APPLICANT NAME (Fiscal Agent) - LEA OR ENTITY NAME	REGION, COUNTY, DISTRICT, TYPE CODE
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**Directions:** Describe in narrative form, how the 21<sup>ST</sup> CCLC program will be continued when funding ends in 2019. Address the projected size and scope of the program. Also, predict possible sources of leverage funding for this purpose. Complete the chart on Attachment 7B. A sample is provided. **Responses must be limited to not more than three (3) pages.**

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