

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.	Have you had any changes to the contact information (e.g., grantee names, superintendent, program directors, etc.) for your grant? (If yes, submit an amended application with updates to the Applicant Information Pages tab).
Project Design	2.	Describe your registration process, noting any recent changes.
Project Design	3.	How many students do you have registered? How does this number compare to the number you projected to serve in your IWAS application? (If you have multiple grants, please list the numbers for each grant.)
Project Design	4.	How many regular attendees do you have? (A regular attendee attends 46 or more hours of programming.) How does the number of registrations compare to the number of attendees?
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 and 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 [21 st 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.	<p>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.)</p> <ul style="list-style-type: none"> • 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?

JULY - DECEMBER

<p>Program Organization</p>	<p>1.</p>	<p>How does the program secure and maintain required staffing at each site?</p>
<p>Program Organization</p>	<p>2.</p>	<p>What 21st CCLC professional development efforts have taken place, separate from the school/district, and how many are planned?</p>
<p>Project Design</p>	<p>3.</p>	<p>Provide examples of your student recruitment and retention efforts this year.</p>
<p>Project Design</p>	<p>4.</p>	<p>Please confirm that you have completed and/or understand the upcoming requirements for the following:</p> <ul style="list-style-type: none"> • New and/or Continuation Application in IWAS <input type="checkbox"/> YES <input type="checkbox"/> NO • Expenditure Reports in IWAS <input type="checkbox"/> YES <input type="checkbox"/> NO • Illinois Benchmarking and Data Collection <input type="checkbox"/> YES <input type="checkbox"/> NO • Local Evaluation <input type="checkbox"/> YES <input type="checkbox"/> NO • Spring Survey <input type="checkbox"/> YES <input type="checkbox"/> NO • Fall Workshop and Spring Conference <input type="checkbox"/> YES <input type="checkbox"/> NO • Tier II or Tier III Monitoring <input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Building Supportive Relationships in After School</p>	<p>5.</p>	<p>How many individual family engagement events have been held thus far, separate from the school/district, and how many are upcoming?</p>
<p>Academic Programming</p>	<p>6.</p>	<p>How do you plan to align your objectives to programming this year?</p>
<p>Academic Programming</p>	<p>7.</p>	<p>How many hours of programming per week can each individual student access? How many weeks of programming per year can each individual student access?</p>
<p>Fiscal</p>	<p>8.</p>	<p>Did you spend all of your allocation from the previous year? If not, why? How do you plan to do so this year?</p>

Quality Assurance	9.	How have you used last year's evaluation data to improve programming per site this year?
Data Collection	10.	What tools do you have in place to obtain the necessary data, such as student grades, state assessment scores, teacher surveys, etc., for your evaluation?
	11.	What questions do you have for me?
	12.	Additional box has been added for ISBE consultant question.
	13.	Do you need technical assistance? If so, please specify the type of assistance needed.